

What's Happening Now...

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EMDR Humanitarian Assistance Programs

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DOMESTIC TRAINING SURGES

HAP's EMDR training for clinicians in domestic US agencies is reaching record levels as the current fiscal year heads toward its close at the end of June. Both Part I and Part II enrollments surpassed all of 2005-6 by the end of March this year. Virtually all agencies scheduling EMDR training have scheduled both Part I and Part II, reflecting a wider understanding that basic training in EMDR requires both parts.

All sections of the country, and all types of agencies, have been requesting HAP training, from New England and the middle Atlantic states to the deep South, Northwest and mountain states, California and the great plains.

General community mental health agencies, both public and private, as well as clinics for children and families, for victims of abuse, and for addiction services are all represented. Taken all together, clinicians at these agencies will account for about 55% of the more than 1300 enrollments in HAP training expected this fiscal year.

ONE IN FOUR PARTICIPANTS ARE VA OR MILITARY CLINICIANS

Clinical directors at VA and military installations continue to turn to HAP for EMDR training, in several cases returning for second and third rounds of training. Enrollments this year will likely top

300. A recent highpoint was a combined Part I and Part II training event in Yokosuka, Japan for 42 Navy clinicians. A scheduled event in late May will train clinicians at West Point.

Public attention has recently focused strongly on the quality of health care available to US servicemen and their families, including mental health services. As two government commissions investigate this question, the specific issue of treatment for combat PTSD remains underreported and many policy makers are not clear about what expectations it is reasonable to hold for effective treatment. Repeat requests for EMDR training tell us that clinicians in the trenches find it effective in their work with military personnel.

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HAP WORKS INTERNATIONALLY

Several international projects have engaged the attention of HAP volunteers since January.

In Aceh, Indonesia – the epicenter of destruction from the tsunami of December, 2004 – HAP has been conducting a multifaceted project to train clinicians working in local agencies in EMDR, while also teaching traumatology and techniques of psychological stabilization to a larger group of paraprofessionals who often work along side the clinicians. Following a Part I training, project members have revisited their participants monthly for consultation and to prepare for a Part II training in May. At that time a second group of clinicians will begin their EMDR training.

HAP had an earlier project in Aceh several years ago, and this time some of the participants in that venture are visiting the new work in their role as government health officials. The project is funded by Robert Wood Johnson Foundation through this fall. Meanwhile, colleagues in HAP Europe have begun a nearby and similar project with funding from a European foundation. Indonesian authorities have been observing the training process and results with interest.



A small team of HAP volunteers have focused their efforts on the Middle East for several years, especially the West Bank. HAP trainer Peggy Moore was scheduled to return to the YMCA clinic in Beit Sahour outside

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A MESSAGE FROM HAP'S PRESIDENT

Dear Friends

I could repeat all of the wonderful things that EMDR HAP is doing currently – which you will be reading elsewhere in this newsletter, but I'd rather give you my Wish List.

It only has one item:

1) World Peace

Lest you think I'm being grandiose, let me remind you that EMDR HAP has a mission: to stop the cycle of violence through training clinicians worldwide in EMDR.

Much of the trauma that the HAP trained clinicians will treat involves relational trauma, aka human caused--primarily war and family violence.

As we all know, soldiers, as well as the civilians who survive societal conflict, often develop PTSD and related symptoms. In addition to the intrusive thoughts, dreams and depression, many of these war victims suffer with rages and anger dyscontrol.

In the US they are frequently unemployed, homeless, and often become substance abusers. These folks may be more likely to perpetrate violence individually, or in groups... leading to more violence.

In some cultures, the cycles of violence endure for hundreds of years. Every person with PTSD negatively affects the lives of the people around them. EMDR HAP can make a huge difference to change this sad situation.

I'm sure you all know where this is leading. We need your help to expand the training cycles in the US and internationally. We need you to donate whatever you can to EMDR HAP. 100 % of every dollar you send us goes directly to support the trainings.

I want to thank those of you who have donated for your past support. You have been incredibly generous.

*Warmly,
Carol Forgash*

BACK TO THE GULF COAST: ROUND 5

The 2007 hurricane season begins June 1. So does HAP's fifth round of EMDR training for Gulf Coast clinicians.

Two hundred clinicians from Louisiana and Mississippi completed HAP training in the first year after Katrina and Rita. Up to 50 participants are expected for a Part I training at Kingsley House in New Orleans, June 1-3.

Part II will follow July 13-15. By design at least half of the participants will be child clinicians, and a follow up specialty training on EMDR with children will follow later in the year. Participants are expected from across the region.

The First Hand Foundation, sponsored by Cerner Corporation in Kansas City, is underwriting this effort to address the continuing trauma responses of children and parents still living in trailer camps, or coping with storm-disrupted families, schools and communities.

First Hand Foundation has not forgotten HAP's "alumni" from earlier training. Over a long weekend at the end of June, a special daylong workshop will visit Lake Charles, LA; New Orleans; and Gulfport, MS.

Besides a "refresher" on basic EMDR, the workshop will respond to local requests for specialty presentations on EMDR with addictions, and with grief and mourning. Each workshop day will conclude with small-group consultation sessions led by HAP consultants.

HAP BOARD CREATES QUALITY COMMITTEE

A new committee on the HAP Board of Directors will work with the staff to ensure that HAP continuously monitors the quality of its work and takes appropriate actions based on what it learns.

New EMDRIA training standards aim to improve training outcomes, but we need to check and see if they do. The agencies where HAP provides training have special needs in relation to EMDR.

Their clients' cases are often quite complex; treatment conditions are constrained; and an agency that trains all its clinicians in EMDR may find that only a fraction remain after a few years.

Checking for quality in such settings means that HAP needs to determine how training and follow-up can best

adapt to these agency circumstances.

The Quality Committee is just beginning, but it will likely gather data and use surveys to gain feedback from clinicians we have trained, from their supervisors and from the HAP faculty who trained them.

"I REGISTERED TO VOLUNTEER; WHY DON'T YOU CALL?"

Someone asks us this from time to time. It is a fair question, and others probably would have asked if the opportunity had presented itself.

The fact is that nearly 500 volunteers have gone to our online site www.emdrhap.org and registered by providing contact and background information, along with indications of work they would like to do through HAP.

All of the people who serve as HAP trainers, facilitators, and consultants come from that list, as well as the people who are in training for those roles, and people who have been sent to respond to emergencies like Hurricane Katrina as providers of direct services.

So why didn't we call you, if you are one of the registered?

The single most important reason is staff shortages. We had plans to keep in closer touch with our volunteers, to let you know what volunteers have been doing, what

skills are needed for specific assignments and how to get those skills. We also intended by now to have activated additional volunteer roles, including some that do not require the volunteer to be such an advanced EMDR clinician. But our intentions got sidetracked as our training projects took off and we barely had time to support them.

Now, however, we have added a Volunteer Coordinator to our team – part-time, like all our staff. She is Terry Baber, MSW, and if you are a registered volunteer, you will hear from her soon on email.

With Terry's help, we will be doing a lot more to keep in touch, to connect volunteers to work where they are needed, and to move some important new projects forward, in particular our long-planned Trauma Recovery Network.



BUILDING THE HAP FACULTY

Experience has taught us that HAP's greatest potential for good is to train clinicians who would not otherwise have access to EMDR and who serve communities where traumatization is under-treated.

To meet this challenge, HAP needs a skillful and dedicated corps of EMDR trainers, facilitators, and consultants. These are the HAP Faculty.

In the past four years, the active EMDR trainers working regularly with HAP have grown from four or five to over

20, with 10 more currently listed as trainers in training.

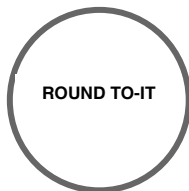
Each of these volunteers has gone through a rigorous and extended training project, beginning with a seminar with Francine Shapiro. The facilitators who work with them have included a substantial fraction of the facilitators who work for the EMDR Institute, now joined by more than a dozen facilitators trained recently by HAP.

Still more consultant-level clinicians have joined a queue, waiting for us to be able to train them as new facilitators. And with the new EMDRIA training standards, we will also need consultant volunteers just to fulfill the demand for consultation in HAP basic training.

Of course a real faculty is more than a group of people engaged in training. Our aim is not only to expand the ranks but to find ways to link the HAP faculty together as a community that shares power and responsibility for creating and sustaining excellence in EMDR training.

Here's What You've Been Waiting For ...

HAP's fundraising goal for the year ending June 30 is \$110,000. We are not there yet, but you can help make the difference. Just use the return envelope we provided. You always planned to do this when you got "around to it." So, here it is...



You can also donate on HAP's secure web site at www.emdrhap.org/donations



EMDRIA SETS NEW BASIC TRAINING FORMAT

HAP provides basic EMDR training in the US and abroad to qualified clinicians who work in the public and non-profit sector to treat underserved communities. Now the EMDR International Association, a separate organization which sets standards for practice and training, has established new standards for basic EMDR training, effective July 2007. HAP will be adjusting our training practices accordingly.

The major changes are an increase from 34 to 40 hours in the total time devoted to lecture and practicum, and the addition of 10 required hours for individual or small-group consultation with an EMDRIA approved consultant.

At HAP, Part I and Part II workshops will each be extended by three hours,

and consultation sessions of two additional hours will be added, so that typical workshops will require three full days, rather than 2.5 days, to cover 22 hours of training and consultation.

Each workshop will also be followed, several weeks later, by a three-hour small-group consultation session for each participant. These consultation sessions will be included in the workshop fees.

Adapting to the new requirements will challenge all concerned. EMDRIA itself will need to review and approve the new approaches of all approved training providers, including HAP. For our participants, the new requirements will add time away from their agency tasks or their break time, and in some cases extra travel time and costs to attend consultation events. And for

HAP, the new requirements will increase our costs and our need for volunteers who are EMDRIA approved consultants to serve as HAP facilitators and consultants.



Like EMDRIA, we hope that basic EMDR training will become more effective with the added hours, and especially with the required consultation time. We know anecdotally that clinicians who make use of consultants generally reap the greatest benefit from EMDR training for themselves and their clients, so we welcome the challenges of the new EMDRIA regulations.

Bob Gelbach, Executive Director

HAP Works Internationally *(Continued from page 1)*

Bethlehem this spring. She made that trip and trained an overflow class of 28 Palestinian clinicians. But first, she returned to Beirut, where she had once been a student at the American University of Beirut. There, with support from several colleagues from HAP France, she provided Part I training to 20 members of the Lebanese Association of Psychologists, who are serving communities traumatized by the recent warfare there. This first-time collaboration with HAP France was a great success and will be continued.

- Back in the West Bank, four early participants in the HAP training program had progressed to the point of being able to facilitate at trainings and provide consulta-

tion. Two of them, Mona Zaghrou and Ferdoos al-Ayasa, were finally able to attend a class conducted by Dr. Arne Hoffman in Germany. They are now EMDR trainers in training – the first ever who are native Arabic speakers. They have also been invited to present on their work at the YMCA clinic during the EMDR Europe conference this June.

- Future projects have begun to take promising shape. HAP has been invited to begin an ongoing project this summer with the trauma clinic at the University of St Thomas in Manila. A social service program in Nairobi, Kenya, has also requested our assistance and we hope to be working with them in the near future. And in Nicaragua, two different communities may be ready to bring in EMDR training through HAP.

VISIT THE HAP STORE...

If you haven't gone online to the HAP Store in a while, you may want to review the resources for sale there.

Relatively recent additions include Francine Shapiro's summary of last year's presentation at EMDRIA, together with practice worksheets, under the title [New Notes on Adaptive Information Processing](#).

Another top seller is Natalie Robinson's new [Flow Chart](#) of standard EMDR practice. And more new items will be coming soon.

NOT in the HAP Store, but we can't help mentioning it: [Handbook of EMDR and Family Therapy Processes](#), edited by Francine Shapiro, Florence W. Kaslow, and Louise Maxfield (John Wiley, 2007) is just out with many chapters by HAP volunteers (and a final chapter on HAP's experience with family system issues in disaster settings.)

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