

What's Happening Now...

Volume 2, No. 3

EMDR Humanitarian Assistance Programs

Spring 2006

New Vistas for HAP Volunteers

Many people ask us how to join HAP. Technically HAP is not (for legal and financial reasons) a membership organization. But in every meaningful sense, each of our volunteers and donors can truly say "We are HAP."

Fortunately, volunteer support has been growing, making it possible for HAP to train more clinicians in the last nine months than in all of the previous year; to issue over 500 Part I or Part II certificates to military clinicians since January 2005; to conduct major projects in India, Sri Lanka and Thailand after the tsunami, in Louisiana and Mississippi after Hurricanes Katrina and Rita, and in Palestine in cooperation with the East Jerusalem YMCA. And we

don't forget 30 "regular" training events for agency clinicians in cities and towns across the USA in the last year.

A growing HAP depends on a growing corps of volunteers and a widening array of volunteer roles that need to be filled. More than 100 volunteers served for two or more days last year, triple the number from the year before. Many others helped for shorter periods of time, and more than 400 individuals have answered our call for assistance at one time or another in recent years.

With its tiny paid staff, and a commitment to keep administrative costs low, HAP has created an integrated information system to help us manage our training events and support our volunteer corps more adequately. The new system enables us to receive, store and retrieve information on each volunteer, including contact

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More Trainings in Louisiana and Mississippi

Forty-three Mississippi clinicians gathered in Biloxi at the end of January for HAP's second Part I EMDR training since Hurricane Katrina laid waste the Gulf coastal region. They joined 49 colleagues previously trained.

Six weeks later, HAP's second Part I training in New Orleans attracted 50 clinicians, while 50 non-clinical social service workers attended HAP's day-long Traumatology Workshop.

Two weeks after that, a third HAP training team delivered a Part II workshop to 63 Mississippi clinicians in Hattiesburg, and at the end of April, clinicians in Lake Charles, LA – hard hit by Hurricane Rita – assemble for a Part I training. Most

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Trauma Recovery Network: Because Disasters Can Happen Anywhere...

Imagine a disaster in your community, with widespread psychological trauma as a partial consequence. Research shows that early and brief treatment for appropriate clients can short-circuit harmful consequences and help individuals, families and whole communities get back to mental well-being.

So why not create a "reserve force" of mental health clinicians trained in EMDR, a treatment that research confirms can meet the need? This is the simple concept behind HAP's emerging Trauma Recovery Network (TRN). While most HAP work

consists of training new EMDR clinicians, this initiative will need the support of clinicians who are good EMDR therapists, but not necessarily clinical educators.

TRN is simply a coalition of volunteer EMDR clinicians who have completed Part II training and are either EMDRIA certified or progressing toward certification. TRN will have local units at a city or substate regional level.

In each local TRN there will be a leader and at least one consultant

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New Vistas for HAP Volunteers

data, professional background, volunteer skills and interests. More than a dozen different volunteer roles are currently defined, along with the skills needed to fill them.

When volunteers are needed to fill positions, we will increasingly depend on the password-protected volunteer database to find candidates and offer them opportunities for service.

HAP will also continue and expand its recent efforts to help interested volunteers train for roles they are not yet qualified to fill.

In the past year, we have provided HAP facilitator training to more than a dozen EMDRIA certified clinicians who were recommended by current facilitators.

We have also assisted several experienced facilitators to begin or complete training as Part I or Part II trainers, or to be presenters of the HAP traumatology workshop.

Family Life Chaplains Welcome EMDR and Traumatology

Sixty-three leaders in the Family Life Chaplains program of the US Army gathered at their annual conference in Orlando this February.

The focus of their program was a Part I EMDR training led by Susan Rogers for those who are clinicians and the HAP workshop on Traumatology led by HAP facilitator Lu Ann Baylock for the others.

Within days after the conference, participants who are stationed in Germany had requested a Part II training in late March and an ex-

Volunteers Needed... to Register OnLine



HAP's new information system enables volunteers to register with us, providing key information on how we can reach them, on their professional background, skills and experience, and on their interests as volunteers. (More than a dozen volunteer roles are described in the system.)

Over 100 volunteers have already registered online through our website. The data they provide is kept confidential and used only to support HAP projects.

By the beginning of September, we hope that registered volunteers will have increased to 500, including all of the recently active volunteers who have not gotten around to registering yet.

There is no specific obligation involved in registering, and no guarantee that we will have an assignment for you. Registration simply tells us that you are interested in helping when you can and that you would like us to keep you informed about volunteer opportunities that will interest you.

And we *will* keep you informed: A periodic news bulletin: "VIP" (Volunteer Information Bulletin) will be sent by e-mail to all registered volunteers, telling you what recent volunteers have been doing and what new projects are currently scheduled.

The bulletin will include a "help wanted" section. And when we have a specific need for help, we will be able to search the database and find and contact registered volunteers with the interests and skills we are looking for.

panded Traumatology workshop for a larger group at a chaplains conference in Garmisch, near Munich. In particular, they wanted HAP to train senior chaplains to be able to teach the traumatology materials to their own colleagues at many locations around the world.

HAP trainer Nancy Errebo delivered the Part II training, and traumatology workshop developers Leslie Weiss and Katherine Davis provided an enhanced traumatology workshop to "train the trainers."

Family life chaplains provide direct counseling and clinical care to combat soldiers and their family members. They play a growing role in treatment of combat stress and they have identified EMDR as a resource they need to master to meet their mission.



HOW TO REGISTER AS A HAP VOLUNTEER:



Go to the HAP webpage (www.emdrhap.org) and select the drop-down menu choice "volunteers."

You will find further information about our volunteer program, as well as an online questionnaire.

Create a username and password, answer the questions as fully as you wish, and select "SAVE" before you leave the questionnaire.

You can come back at any time, using your username and password, to complete or edit your record. We can't promise you will love the minutes you spend registering, but it will be a very real service to HAP.

So make Registration the first thing you do as a new volunteer, and the next thing you do if you are already a HAP veteran.

TRNs: Because Disasters Can Happen Anywhere...

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level clinician. The members would agree to:

- offer brief pro bono EMDR service in the event of a local disaster
- use agreed standards in screening clients to be sure they are appropriate for brief disaster-focused treatment
- make use of pro bono TRN consultation as needed
- refrain from converting TRN clients to paying clients
- participate in periodic TRN training opportunities provided by HAP to remain ready for possible emergencies
- collaborate with local emergency preparedness officials and assist them to understand the potential benefits of TRN

TRN volunteers can set their own limit on the amount of pro bono work they will take on. Active members of the local TRN will decide whether a local event calls

for mobilization of the TRN. Local TRNs that find their community

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facing overwhelming needs will be able to request assistance from EMDR colleagues in other local TRNs.

HAP's role in TRN will be to provide coordination and set standards; develop and deliver training to local TRNs as our knowledge of best practices in disasters continues to grow; and collaborate with local TRNs to form strong liaison with local emergency planners in their area as well as with national planners.

As we continue to train community based clinicians around the country, we will also encourage our training participants to consider joining or starting a local TRN.

While the TRN is a simple concept, it will be a big task to get it established. Today it is a work in progress. It will move much faster as we attract some major funding, but we believe we can establish at least a small number of local TRNs as pilots over the next six months. And it is already possible for individual clinicians anywhere to express their interest in serving in a TRN by declaring that interest when they register online as HAP volunteers.

Military training continues to grow

EMDR training for clinicians in the US Department of Defense has exploded since early 2005, after publication of the VA and DoD treatment guidelines that recommend EMDR as a treatment of choice for combat PTSD.

Military clinicians have earned over 500 certificates from HAP for completion of Part I or Part II training in that period.

At several military bases, we have conducted our third training event and are looking ahead to a fourth.



Some History Behind the Trauma Recovery Network

After 9/11, the sizable community of EMDR clinicians in metropolitan New York coalesced around HAP's pro bono direct service program, dubbed the "Disaster Mental Health Recovery Network". Hundreds of survivors, near-neighbors and next-of-kin benefitted from brief (five sessions or less) treatment. A study by Silver, Rogers, Knipe and Colelli, published in the *International Journal of Stress Management* (2005) reported that clients made highly significant positive gains on a range of outcome

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Some History Behind the Trauma Recovery Network

variables, including validated psychometrics and self-report scales. Analyses of the data indicated that EMDR is a useful treatment intervention both in the immediate aftermath of disaster as well as later.

With that solid evidence behind us, HAP faced a new challenge after Hurricanes Katrina and Rita. Not only was there a great need for trauma treatment in the cities directly damaged, but evacuees were initially dispersed to over 800 communities, before gradually concentrating in a much smaller number. In many of these communities, including those on the Gulf Coast, there were few EMDR clinicians already trained, so a local pro bono service program was not feasible.

Over 300 EMDR clinicians, at all levels of training and experience, and from all over the nation, contacted us and offered assistance. Relying on donations to reimburse volunteers for their expenses, HAP was able to involve many of these volunteers in our own training and first-responder projects; we urged the others to volunteer with local emergency mental health services.

But EMDR clinicians quickly found that most local emergency mental health planners discourage direct treatment, even when potential clients are sufficiently stabilized to benefit. Underprepared for Katrina as they were, in so many ways, the American disaster response programs also took a limited view of mental health needs and resources. The lessons learned in New York after 9/11 had not been absorbed.

Ever since 9/11, HAP has had an idea about how to help communities benefit from EMDR in case of disaster. Katrina has brought the need front and center, and the Trauma Recovery Network is our intended response.

EMDR Humanitarian Assistance Programs

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Dear Colleagues:

Four of our recent HAP volunteers sent me a letter this month. With their permission I am sharing parts of it with you. It seemed to fit with this issue's emphasis on registering as a volunteer. And it makes a point that many volunteers have made, but one that bears repeating.

Karen Alter-Reid, Susan Bregman, Sue Evans, and Katy Murray come from different parts of the US. They first met on a Sunday night in Shreveport, LA, as part of our program of direct service to first responders after Hurricane Katrina. Here is what they report:

The men and women with whom we worked had been assigned to guard the fire department as they rescued survivors, and to move several thousand prisoners who had been trapped without food or water for several days in chest-high sewage water in the prison. Many traumatic stories were shared with us as well as the multi-level impact on family, relationships and work situations that were triggered and exacerbated by the devastation. As word spread through the offices about EMDR's effectiveness, many of the officers sought treatment from us.

As we did EMDR with individuals and their concerns about co-workers, bosses and family relationships, it became clear that not only were we working with personal trauma, we were doing organizational interventions with EMDR. A new tool for organizational consultation!

For each of us, it was our first experience with HAP. What was surprising is that it turned out to be such a remarkable gift to each of us (and hopefully, to the people we were sent to help). Some of us reported a greater trust of EMDR and a deepening of our skills; some felt awed at the strength and resourcefulness of human beings; some felt stronger for doing something new, scary and difficult; some felt renewed gratitude for the safety and security of their home-life; some noticed, upon return to private practice, greater confidence and enthusiasm for EMDR from our clients and colleagues as they heard our stories; and some of us felt a strengthened feeling that our daily contributions make a difference in the world. All of us expressed wonder at the amazing bond that comes so quickly when people work on a short-term, intense project.

The chance to work with HAP was truly a privilege. It was an experience that will never be forgotten!

Our thanks go to Karen, Susan, Katy and Sue, to the many volunteers we did not have room to thank in this issue, and to the hundreds of financial donors who pay the expenses of HAP Volunteers. They all remind us that service to others can also be a surprising gift to ourselves.

Sincerely,



Robert A. Gelbach, PhD
Executive Director

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Palestine: A Very Good Second Act

Palestine is a striking place to teach EMDR. Years of civil conflict and the seeming hopelessness of past efforts to achieve a sustained political resolution in a small country have generated widespread trauma.

There are dedicated clinicians in Palestine, but their resources are scarce and until recently they did not have access to EMDR training.

Way back in 2001 a HAP team brought Part I training to a clinic in Gaza. But that initiative was interrupted for the next four years, although a few of the participants later finished Part II training at a HAP event in Istanbul, Turkey.

Then, last fall, HAP volunteers Margaret Moore, Jim Knipe, Janet Wright, and Emre Konuk (Turkey) began a new project in partnership with the YMCA of East Jerusalem at the Y's clinic in Beit Sahour, outside of Bethlehem.

Twenty-four Palestinian clinicians

were trained in Part I, and some veterans of the Gaza and Istanbul training now participated as facilitators in training. Operating on a shoestring,



HAP Staff & Trainees in Palestine, March 2006

with support to HAP from several local US church congregations, the project leaders worried whether they would be able to return and finish basic EMDR training.

In March, we had the answer. Most of the Part I participants were able to return to Beit Sahour for Part II training; the Palestinian facilitators

in training completed their training and began to function as consultants.

HAP volunteers this time included Jim Knipe, Janet Wright, and Philip Dodgson from the UK, with support from Margaret Moore. A second cohort of participants from Ramallah had to postpone their training, but the Y and the HAP team are eager to schedule Act III, which will expand the number of trained clinicians and bring new specialty skills to the Palestinians.

The drama, however, continues. Funding for this project remains scanty. And political conditions in the West Bank can unexpectedly disrupt travel plans. But the clinicians, and their clients, have quickly embraced the benefits of EMDR.

Now there is talk of translating key texts and practice resources into Arabic and disseminating them widely. Stay tuned (or join the project – donations earmarked for Palestine will help fund the next steps in Bethlehem).

Tsunami Response in India: Round III

Project Coordinators Rosalie Thomas and Ann Kafoury, and HAP trainer Judith Boel led a third team to Chennai, India in late March and early April as part of our ongoing response to the tsunami of December 2004.

Sandra Kaplan, David Manfield, Rani Raote, and Shamim Karim completed the team, which provided Part II EMDR training to 9 Indian clinicians previously trained and Part I EMDR to a new cohort of 34 clinicians responding to the continuing needs along the coast.

The team also presented a traumatology workshop to 34 participants and

an advanced consultation session for 19 Part II clinicians trained last October.

Two Indian clinicians have now completed facilitator training, and six more have begun the process along with a colleague from Bangladesh, as part of HAP's policy to promote capacity for sustainability wherever we introduce EMDR in a new region.

On two earlier trips, over 40 clinicians were trained and have been providing EMDR services in resettlement camps to children and their caregivers.

All of these HAP activities have been underwritten by the First Hand Foundation, a project of the Cerner



Corporation, a medical software company based in Kansas City, and with operations in Bangalore.

First Hand Foundation is particularly interested in serving children and has recognized the great potential to help children by training clinicians in highly effective trauma treatments.

The Foundation plans to support two more rounds of training over the next year, as the need continues.

Visit the HAP Store on our secure site: www.emdrhap.org

Pay by credit card or check. Your purchases help fund HAP. Our selection keeps growing, so come back often.


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More Trainings in Louisiana and Mississippi

of the participants work in non-profit agencies, but some are in private practice and have committed time for pro bono care of hurricane survivors.

Priscilla Marquis was trainer for the Part I events and Gerry Puk was the Part II trainer. Michael Keller coordinated trainings in Mississippi. Other facilitators at recent Gulf coast events included Lawrence Nieters, Frank White, Susan Thompson, E.C. Hurley, Bill White, Katie O'Shea, Gerald Murphy, Lu Ann Baylock, Karin Kleiner, Don DeGraffenreid, and Christie Sprowls.

Combined with the direct service previously provided by 40 volunteers to 600 first-responders in Louisiana, these HAP projects represent thousands of hours of voluntary service and tens of thousands of dollars in donations.



The response in the affected communities has been remarkable. Those initially trained were the movers and shakers to organize the later trainings; participants provided lodging in their own homes for many of our volunteers and urged us to hurry back for Part II trainings.

We thank especially Chris Fox, Dan Morgan and their colleagues at Pine Belt Mental Healthcare Resources in Hattiesburg, MS, Peggy Cuevas at Gulf Coast Women's Center for Non-violence and her associates in Biloxi, MS, and Jean Hawks in Jackson, MS.

In New Orleans, local leadership was provided by Steve Ball at Kingsley House, Tom Stagg at Family Services of Greater New Orleans, and Sarah Keith at Jewish Family Services.

Conditions in the Gulf region remain unsettled and now the new hurricane season is fast approaching. Radio

Clinicians Form Sri Lanka EMDR Association

Thirty clinician counselors, including three medical doctors in Sri Lanka were trained in EMDR by HAP last year to serve tsunami survivors. They eagerly absorbed Part I and Part II as well as several consultation sessions. And they brought their new skills into survivor camps and other settings, where they reported treating over 1000 children and many adults.

Now comes word that in April they convened a new professional grouping, the Sri Lanka EMDR Association.

HAP project leader Nancy Errebo and her colleagues have maintained cordial and productive contact with their new Sri Lankan colleagues and are urging them to open their new association to all EMDR trained clinicians in their country and to align their standards

with those in the US and Europe. HAP wishes the new SEA well.

We also applaud the work of Dr. Ruwan Jayatunga., a Sri Lankan military physician trained through our project, who has introduced EMDR into his country's military medical services where combat PTSD is a longstanding problem. Dr. Ruwan also visited the US recently to learn more about treating combat PTSD from HAP trainer Susan Rogers, PhD, and her colleagues at American VA facilities.

Since our first visits, HAP has been urged to return to Sri Lanka and train additional clinicians. Our partner in this work has been International Relief Teams in San Diego, which is now discussing with us possible future work in Sri Lanka. If we are able to return, several past participants are eager to begin facilitator training.

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Go to www.emdrhap.org and click on "What's Happening" at the top of the page. Click on Newsletter Archives on the dropdown window, then select your issue.

stations count down the days to June 1, a subtle trigger for unresolved traumas. There is more work to be done to support the new corps of EMDR clinicians – in particular, a Part II training in New Orleans in the near future. With additional funds, we will be able to extend training into many communities that have received large numbers of evacuees.

HAP is actively seeking resources to pay the expenses of volunteers so that we can respond to the challenge remaining.

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