

What's Happening Now..

Volume 1, No. 2

EMDR Humanitarian Assistance Programs

Spring 2005

A Note From the Executive Director

In its largest-ever response to an international disaster, EMDR Humanitarian Assistance Programs is currently working in three Asian nations struck by the tsunami of December 26, 2004. In Thailand and Sri Lanka, EMDR Part I training has already reached 120 clinicians and follow up consultation and support are now being provided. In India, a comparable effort has been planned and will be implemented in June. These projects have been supported by volunteer teams, by funding and material assistance from partner agencies and, indispensably, by financial contributions to HAP. Several articles in this issue of WHN discuss these projects in detail.

We have more to tell you here as well: about expanded training for military clinicians facing the greatest PTSD challenge in a generation; about our growing domestic training for non-profit agency clinicians; and about the lessons we are learning as an organization with a mission to extend effective trauma treatment wherever it is most needed.

Thanks to all of you who have volunteered, donated, or told us you are ready to help as needed. Your support makes HAP possible. It has sustained us since 1995, when HAP emerged in the wake of the Oklahoma City bombing. And now we are 10. Happy Birthday to HAP!

— Bob Gelbach



“Making Waves” in Thailand

“Making Waves” is an improbable name for a tsunami relief effort, but Thai villagers on the devastated coast embraced this name for the HAP project there, after children identified their greatest distress as fear of going back into the sea that had been the focal point of their community.

After group treatment, they elected to go back to the water, making little “waves” with their feet, inspiring adults in their village to follow suit – all of which was recorded on film, and became the focus of

a TIME magazine feature.

In early February, the international team of HAP volunteers on the scene in Bangkok conducted the first post-tsunami training in traumatology and EMDR for nearly 70 clinicians recruited by leaders at the Thammasat University Faculty of Medicine and the Thai Ministry of Public Health. Two months later, the trainees had organized an EMDR Thailand Coordinating Committee and a smaller HAP team returned at their invitation to train another 20 clini-

icians.

Dr. Gary Quinn, from Israel, was the trainer and leader of the teams, which included Fran Yoeli, Aitan Birnbaum, Alan Cohen, Joel Comet, Jane Lopacka and Sue Shapiro.

Trainees and HAP team members went from Bangkok to coastal communities near Phuket to provide treatment that was very well received and included group work with children.

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EMDR in Sri Lanka

Colombo, Sri Lanka, was the scene of HAP's second Asian relief project this year. A HAP team trained 30 local clinicians in traumatology, EMDR, and group work with children. Trainees included leaders in clinical psychology and counseling professions.

Following their training, the participants and HAP team members traveled to survivor communities on the coast where we had been invited to come and offer assistance. Trainees began to use their new skills with HAP consultants standing by and were delighted with the effectiveness

of the methods. The HAP team also provided workshops on stabilization methods for teachers at Sri Lankan schools during the project.

Psychologist Nancy Errebo, from the VA in Montana, was both trainer and team leader for HAP facilitators Judith

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RESEARCH

After 9/11, HAP volunteers in New York City and vicinity provided short-term pro bono treatment to hundreds of survivors, based on a recent-incident EMDR protocol. Research from that project has now been published and supports the use of EMDR in the early aftermath of disaster.

Thanks and congratulations to the co-authors: Silver, Steven M., Rogers, Susan., Knipe, James. & Colelli, Gina. (2005). "EMDR therapy following the 9/11 terrorist attacks: A community-based intervention project in New York City." *International Journal of Stress Management*, 12, 29-42.

Domestic Trainings are Growing

Training of clinicians in non-profit agencies across the US is a growing part of HAP's work. 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

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Military Clinicians Learning EMDR

2004 was a milestone year as the combined Department of Defense and Veterans Administration treatment guidelines identified EMDR as a treatment of choice for combat related PTSD.

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That endorsement was preceded by years of effective practice by isolated clinicians within the huge VA and DoD mental health programs. It has been followed by hopeful stirrings within an overstretched and under-funded military healthcare system.

Two wars have generated the greatest PTSD challenge in a generation. At DoD healthcare facilities across the nation, local commanders are increasingly ready to give EMDR a try, and HAP has worked with dedicated military personnel, led by CMD Mark Russell, Ph.D., a navy psychologist and new EMDR trainer, to bring ultra low cost training to bases where training funds are tight.

Trainers Steve Silver and Susan Rogers, both long time VA clinicians, have led major HAP training events in military venues this year. They are now joined by CMD Russell.

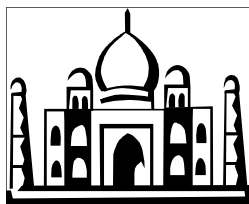
At DoD trainings, HAP now includes a unit called the Military Field Manual, which provides protocols for rapid desensitization and stabilization in the immediate aftermath of overwhelming trauma, based on methods developed by EMDR trainer Gary Quinn in Israel for emergency room treatment of suicide bombing victims.

Beyond initial training, HAP facilitators have served as consultants to small groups of new EMDR clinicians within the military. HAP is also developing a VA/DoD listserv where new EMDR military and VA clinicians can bring treatment issues for response from experts.

Since our last issue, HAP has supported military and VA trainings at Ft. Carson, CO (Part II, with Spencer Curtis Foundation); Ft. Carson, CO (for Army chaplains); Richmond, VA; US Army base, Wuerzberg, Germany; Ft Lewis, WA (Part I, 69 participants from all military services); Coatesville, PA; Brunswick, ME; Bremerton, WA; Ft Lewis, WA (Part II); and San Diego, CA.

India is Next

Chennai (formerly Madras) on the south east coast was the focal point of tsunami destruction in India. Supported in part by the First Hand Foundation, a HAP team for Chennai is in formation, to be led by Rosalie Thomas and Ann Kafoury. It will offer traumatology training and EMDR Part I training to Indian clinicians, including guided intervention to provide treatment to survivors in coastal communities. Each trainee will continue pro bono treatment in affected communities through the Part II training that will follow within six months. The team will



First Hand Foundation is co-sponsoring HAP's India Project

also offer non-clinical training in stabilization techniques to volunteers and workers for a partner organization, the International Association for Human Values. Based in India, IAHV provides community based humanitarian intervention in troubled areas around the world.

HAP's India project is co-sponsored by First Hand Foundation and by Dr. John Livingstone, a child psychiatrist and EMDR trained clinician from Harvard Medical School and consultant to the Cerner Corporation, a leader in the field of medical informatics. Cerner created the First Hand Foundation, with a special interest in helping children in distress. Beside an initial commitment of \$25,000 to the HAP project

from the foundation, Cerner has drawn on its extensive staff within India to provide the logistical base of support for this project.

HAP Partners with SAGE

SAGE, the San Francisco project to help women leaving the sex industry, has been a HAP partner for many years. Staffed by peer counselors, SAGE provides group and individual support to a population heavily affected by trauma histories and addictions.

SAGE's founder, Norma Hotaling, has been a strong advocate of EMDR for many years and Bay area HAP volunteers have provided support through low fee and no fee services to the peer counselors, whose highly effective work constantly exposes them to retriggering.

For the past year, HAP volunteers Kathy Davis and Leslie Weiss have worked with Ms Hotaling and Kristie Miller, coordinator of SAGE's replication project, to create a four-day training program for peer counselors in similar programs across the nation.

Funded by the Justice Department Office of Juvenile Justice, the program curriculum includes workshops on traumatology, stabilization, peer counselor skills, and trauma and addiction. It will soon be published as *SAGE's Trauma and Addiction Recovery Paraprofessional Training Program*. HAP volunteers and SAGE staff will co-teach the curriculum.

SAGE and HAP will soon open a new chapter in their collaboration. In each of the cities where SAGE is planning to replicate its programs, the peer counselors will likely need personal support, and Norma Hotaling hopes that will be in the form of EMDR therapy.

HAP is working with SAGE to develop a project that recruits and supports EMDR clinicians in these cities who are willing to offer limited no fee and low fee service to peer counselors. The likely cities are: San Francisco, San Diego, Denver, Seattle, Kansas City, Phoenix, St. Paul, and Greensboro.

HAP at EMDRIA

If you are going to the EMDRIA conference in Seattle, stop by the HAP booth and say hello. We will update you on our worldwide activities and thank you personally for your support. And we'll invite you to our 10th birthday party, complete with cake, candles and balloons, at the traditional HAP Dance.

This year's HAP Dance will be on Friday night, September 16, right after the EMDRIA awards dinner (leaving us all plenty of time on Saturday night to explore Seattle). Music for the HAP Dance will be by "The New Blues Brothers Review."

(Remember the original Blues Brothers? They were "on a mission from God to make money." Sounds just right for a HAP fundraiser.)



Domestic Trainings Are Growing (Continued from page 2)

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:

- Providence, RI — Part I Susan Turner
- Appleton, WI — Part II Paula Harry
- Nassau County, NY — Part I Linda Jones-Bey
- Springfield, MA — Part II Jim Haughey
- Oneida, NY — Part II Nina Belmar
- Fall River, MA — Part II Hannah Lloyd
- Hackensack, NJ — Part I Marsha Heiman
- Greenfield, MA — Part I Steve Rhodes
- Nassau County, NY — Part II Linda Jones-Bey
- Phoenix, AZ — Part I Nancy Eldridge
- Augusta, ME — Part I Catherine Charrette
- Little Rock, AR — Part I Joe Young



EMDR in Sri Lanka

(Continued from page 1)

Daniel, Jonathan Brooks, and Karen Forte. Accompanying the team were Victoria Karlin and Rose Uranga from International Relief Teams, HAP's strategic partner in the Sri Lanka project.

IRTeams is an established relief organization specializing in provision of medical equipment and supplies in disaster situations. The San Diego-based charity sought out HAP to help expand its focus to include mental health response.

What followed is an ongoing partnership: IRT consultant Victoria Karlin is an EMDR clinician with experience in public health projects. She visited Sri Lanka before the team to identify local partners and recruiters of participants, and to oversee logistical arrangements.

With Rose Uranga from the IRTeam staff, she shared in detailed planning with Jim Knipe from HAP, Nancy Errebo and other team members. Without IRTeam's support and financial underwriting, the Sri Lanka project would have been far beyond our means.

As in Thailand and India, the plan for Sri Lanka calls for consultation visits from HAP volunteers to support the new trainees as they complete their commitment for pro bono work at the coastal villages.

In the fall, IRTeams and HAP will return in force to provide a Part II training. Meanwhile the trainees have been given resources to document their casework and remain in touch with their EMDR trainer and facilitators.

**GENEROSITY
+
INGENUITY!

WE LOVE IT**

We are grateful for all donations, but we are also impressed with the many ways that supporters find to help us. Here are a few: Take up a collection at your EMDR study group; make a pitch at your specialty workshop; organize a theatre or movie party and put aside some extra money for HAP; donate some of your bar mitzvah money to HAP (he got a personal thank you from the director); invite friends over for a cooperative "book swap and chocolate party" and donate the admission price to HAP; ask your friends to give your next birthday present to HAP; rent yourself out as a dance partner at the annual HAP Dance at EMDRIA (Debbie Korn's infant son Adam did, in Montreal).

Generosity + Ingenuity!
We love it.



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

Volunteers

Dozens of people have volunteered to help on HAP projects in recent years. From our beginnings, the major volunteer roles have been trainers and facilitators for clinical training in EMDR, and most of these tasks have been ably filled by volunteers from the EMDR Institute staff.

We have recently begun to

train more trainers and facilitators specifically as HAP volunteers. This is a time consuming process, but one we hope to see grow.

We are also expanding the variety of volunteer roles we need and can support. If you have offered to volunteer in the past, you will soon get an emailed invitation to go our

website and register as a volunteer. We will ask for information to help us contact you with projects that fit your interests and skills, and we will give you up-to-date information on the volunteer assignments we have to offer. Once registered, you will get periodic updates on the work that volunteers are doing in HAP.

Whose Who at HAP...

Many people write, call or donate to HAP each month, and all those communications reach one or more of the people who serve on the Board or work in our office or provide ongoing consultation.

For the past two years, the HAP Board has been committed to broadening its reach beyond the clinician community. Current President Judith Boel, Secretary Maudie Ritchie, Treasurer Robbie Dunton and President Elect Carol Forgash are all clinicians, but Ruth Colvin and Bill Stadlander are leaders in other venues. Ruth is a founder and long-time leader of Literacy Volunteers of America and Bill is CEO of Homestat Products Co., marketers of Wheatena, Maltex, and Mayo.

Other members of the Board are founder Francine Shapiro, Gerry Puk, and Gary Scarborough. Jim Knipe, in CO, is on leave from the Board while he serves as consultant on training and research, with a special focus on international projects.

At the HAP office in Hamden, CT, Executive Director Bob Gelbach is assisted by Administrative Assistant Jean Polka and Staff Assistants Maureen Matthews and Mary Ann Coughlin. All the staff are employed on a part time basis, working out of their second floor offices in the Community Center of the Whitneyville United Church. (If you call in the morning, you may hear music or marching feet from the nursery school downstairs.)

Two other consultants who help keep HAP moving forward are Rosemary Gelbach in NY, our consultant on business systems and services, and Roy Kiessling in OH, HAP's senior trainer who manages much of the detail in planning domestic training events.

Rounding out our Whose Who list are distinguished members of HAP's Advisory Committee. We will introduce them in our next issue.

"Making Waves" in Thailand (Continued from page 1)

Trainees collect data on their casework, which will help us evaluate the project.

Jane Lopacka, an EMDR facilitator based in Phnom Penh, Cambodia, now spends part of each month on the Thai coast to support and consult to the trainees, who make periodic visits for pro bono work.

Beside paying her expenses, HAP has supported most of the travel and training costs of the training teams, as well as monthly EMDR consultant visits by HAP volunteers, which will continue through a planned Part II training in the early fall.

Jane has also been an indispensable coordinator of assistance to the project, recruiting local agencies, business leaders and

communities to endorse, participate and share in the costs.

Gary, Jane and the monthly consultants have coordinated and planned their work with the HAP office and Dr. Jim Knipe, HAP's Director of Training and Research.



EMDR Humanitarian Assistance Programs

PO Box 6505
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Spring, 2005

Dear Friend of EMDR HAP:

\$10,000 is a lot of money for HAP, and that is what a longtime friend has promised us if it is matched by contributions from others to support our work in south Asia. If you haven't donated before, or haven't done so recently, now is the time to double your impact by helping to match our generous challenger. Or maybe your special concern is training military clinicians as America confronts a new generation of combat PTSD. Then again, you may simply want to ensure that HAP can offer low cost training to clinicians in impoverished communities where non-profit mental health services are starved for training funds.

Donations to HAP have run higher and have come earlier this year, in partial response to the tsunami challenge, but the need is still great in all the arenas where we serve. We have reached out to find strategic partners who could share the costs of projects and we are preparing to seek major support from foundations for the work we do. But individual donors count more than ever. They give us credibility with cooperating agencies; they reassure foundations that we deserve their support, and they pay the bills. You can now donate on line at the HAP website (www.emdrhap.org) or make out your check to EMDR HAP.

The prospect of matching funds to leverage your contribution is not the only good reason to support HAP at this time. Fundamentally, donors make possible powerful interventions in a world where traumatization, unfortunately, is booming.

For \$300, we can train an EMDR clinician in Thailand or Sri Lanka or India through Level II. That clinician makes an initial commitment to serve tsunami survivors, but then goes on to use EMDR with dozens of clients over years to come, with ramifying effects, on families and communities, that begin to have a societal impact. Even in their earliest days of practice, the clinicians we have trained express delight at the healing power that has come into their grasp.

It took a generation of pioneering clinical and research effort to produce EMDR's remarkable growth and wide acceptance by discerning evaluators. But EMDR will never reach the most vulnerable trauma survivors without a concerted effort to disseminate training and respond to disaster. EMDR HAP has *been* that concerted effort for a decade, since our first project in Oklahoma City.

You can be part of it, too. Join us as we start the second decade.

Sincerely,



Robert A. Gelbach
Executive Director

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*Donations to EMDR Humanitarian Assistance Programs,
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Expanding Selection at the HAP Store

HAP has a growing online store. It is a safe, secure place to order materials by credit card for rapid delivery by mail. If you have not visited us in a while, take a look. Our offerings have expanded, and will continue to grow as we add hardcover books on EMDR and trauma related issues recommended by our professional store advisory committee

We also send our store on the road: the box of manuals, treatment resources, and other goodies is a common sight at EMDR training events. Long a feature at EMDR Institute trainings, a HAP store with a volunteer proprietor is increasingly part of specialty trainings across the nation.

Revenue from the store is a key component of HAP's budget, making possible our growing program of humanitarian intervention and low cost training for non-profit agencies. We thank all the sponsors of these local HAP stores, as well as the customers who found us there.



New Directions In Disaster Relief



The tsunami that hit south Asian communities on December 26, 2004, has stimulated the largest disaster response effort in HAP's ten-year history. Elsewhere in this issue we describe the work under way in Thailand, Sri Lanka and India.

A big part of the challenge for HAP is to demonstrate the value of EMDR, not just as a method of treatment, but as an appropriate response in the wake of disaster and in diverse cultural milieu. HAP staff and volunteer teams take special care to address these issues in the design and implementation of projects.

Here are some of the salient issues as articulated by the World Health Organization (WHO) and our response:

WHO: People who have lost family, home, and/or community are understandably overwhelmed; they do not need immediate therapy; they need food, shelter, jobs, schools and restoration of normal social order.

HAP: We agree; clinical intervention is premature when it gets in the way of environmental stabilization. Ultimately, most survivors will resolve their own trauma without therapy; our aim is to help identify and serve the 15% or so that will have persistent PTSD after the dust has (literally) cleared. (There may be, however, a good case for immediate desensitization in some cases of acute trauma, based on work with victims of suicide bombings in Israel.)

WHO: Survivors of disaster need psychosocial intervention that is culturally appropri-

ate and promotes psychological stability and the re-empowerment of communities by supporting construction of a coherent narrative understanding of what has happened. Survivors do not benefit from stirring up of trauma memories through traditional "talk" therapy.

HAP: Agreed again. HAP focuses on training local caregivers, while learning from them how to adapt EMDR to their cultural setting. Stabilization, for individuals and groups, precedes trauma processing, and EMDR minimizes "talk" based triggering.

WHO: Organizations attempting psychosocial interventions should have invitations from two or more local agencies, should take care that their efforts, including training, fit into the primary healthcare system, and should take steps to evaluate their projects.

HAP: In each of our projects, we forge working relationships with local agencies and provide training to caregivers who are part of the primary healthcare system. HAP trainees are also taught simple methods for documenting case outcomes as part of a project evaluation.

WHO: Aid is most valuable if it trains appropriate local caregivers and increases the society's capacity to respond effectively with its own means to any future disaster.

HAP: Our projects carefully screen trainees to be sure that they are appropriate recipients of the kind of training we provide. We make an ongoing commitment to those we train and aim to help them establish a self-sufficient community of EMDR practice within their primary healthcare system.



India is Next (Continued from page 2)

As in other tsunami relief projects, HAP's aim is to train local caregivers in EMDR and stabilization methods in return for their provision of pro bono assistance to the people of their own country.

HAP's commitment is to provide a full spectrum of Part I and Part II training, with consultation in between. HAP's hope is that these interventions will generate new communities of EMDR practice that we can continue to support beyond the period of disaster relief, until they become self-sustaining.

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