

What's Happening Now...

Volume V, No.2

EMDR Humanitarian Assistance Programs

Winter 2008

HAP GAINS MAJOR GRANT TO SERVE VETS

EMDR HAP is one of ten recipients of major funding to support "Welcome Back Veterans," a joint venture of Chicago-based McCormick Foundation and Major League Baseball. HAP has received \$250,000 for a project that will train clinicians in civilian agencies to treat combat related PTSD with EMDR and family therapy, will serve a minimum of 200 veterans and their families, and will document efficacy of treatment in order to demonstrate to a wider range of agencies and communities that combat trauma is highly treatable.

Dr. E.C. Hurley will head HAP's program, "Healing Combat PTSD," relying heavily on HAP volunteers who have had extensive experience with this client population and with new EMDR clinicians. Dr. Hurley is a retired Army Chaplain and Colonel, as well as a HAP trainer, marriage and family

therapist and clinical psychologist.

Other consultants to the project include Mark Russell, PhD., CDR, USN; Roy Kiessling, MSW; Nancy Errebo, PsyD; Howard Lipke, PhD., all EMDR trainers, as well as Beverly Dexter, PhD, CDR USN (ret.), AJ Popky, PhD, and Dr. Kathleen Wheeler, Professor of Nursing at Fairfield University. Many other HAP volunteers who have worked with combat trauma clients will also be critical to the success of this project.

HAP's proposal was based on years of success in training VA and Department of Defense clinicians. The new grant will extend lessons learned to civilian clinicians and agencies in three communities with high concentrations of veterans and their families. The project will provide extensive free training

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NEW VENTURES BRING EMDR TO EAST AFRICA

A HAP team from the US and South Africa completed our second training week in Nairobi, Kenya in November. Clinicians who took Part I many months ago were able to take Part II, while over 30 new participants began their EMDR training with Part I.

HAP's return to Nairobi was delayed by the civil unrest following national elections in Kenya, but that very unrest only served to highlight for participants

the importance of making EMDR a resource in their country.

Within days of the HAP workshop, local organizers in Kenya scheduled a meeting to formally constitute an association to support and expand what they have begun. EMDR Kenya will soon join emerging associations of EMDR clinicians in India and other countries where HAP has brought new resources for trauma treatment. HAP trainer Michael Keller (KS) has led both teams to Nairobi, joined this time by trainers-in-training Robbie Adler-Tapia (AZ) and Reyhana Seedat and facilitator Abraham Beetge (Durban, South Africa).

DOMESTIC TRAINING EXCEEDS ALL PAST RECORDS

Domestic training workshops for basic EMDR are offered at public and non-profit agencies across the US, including military and VA facilities. This year the number of clinicians registered for training has run about 1/3 higher than last year. Requests from agencies have expanded and we now have a waiting list for new projects. Why this surge of interest in EMDR and how can it be accommodated?

We believe that "the word is out" about EMDR's efficacy. As more and more clinicians begin to use EMDR, their professional networks hear about it and

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HAP AIMS TO TARGET HIGH TRAUMA RATES AMONG ID CLIENTS

Intellectual disability (ID – previously known as "mental retardation") is a widespread phenomenon, and rates of trauma among ID children and adults are notoriously high, as most people working in the field will report. But trauma treatment in this population is relatively rare. Instead, a common pattern has been to focus on modifying any resulting behavioral responses of trauma survivors to eliminate behavior that disturbs others. So report a number of veterans in the field of ID services.

Gail Ford, HAP's new Associate Director, was previously a national leader of executives in The Arc, one of the major networks of non-profit agencies serving

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WHERE WE ARE GOING

by Bill Stadtlander, Vice President, HAP Board of Directors

It is a constant challenge to prioritize and coordinate the resources of HAP's services in response to domestic and international demand. In the future the majority of resources will be dedicated to capacity building, consistent with our long term objective to develop EMDR trained clinicians worldwide.

At present, the majority of HAP's human and financial resources are allocated to develop mental health capacity in the US by training clinicians and building/assisting trauma recovery networks in community agencies.

Over time, we are shifting additional resources to international capacity

building in countries where accessible mental health services are just developing.

Training EMDR clinicians from each targeted country and locale ensures that language, religious and cultural differences are respected in treatment. Monetary and human resources are required to carry out this vision. We are working to better utilize HAP's nearly 700 registered volunteers, and to increase funding from donations, grants, the HAP store and low-fee charges for training.

Increasingly, we aim to use our training capacity to make measurable

systemic impact on human needs in targeted locales and situations. The quality of HAP EMDR training is critical. We are designing methods to engage our training teams and participants in evaluating the effectiveness of HAP training and continuously improving outcomes of all our programs.

HAP has an ambitious agenda. We continue to grow and evolve, encouraged by the quality and energy of our volunteers, the generosity of donors, and the blessing of EMDR.



HAP VOLUNTEERS: COPING WITH GROWING PAINS

Nearly 700 people, mostly from the EMDR clinical community, have registered as HAP volunteers on our website. Only a fraction of them have thus far served on HAP projects. If you are a volunteer who has not been called, you may wonder why. The answer is, simply, "Growing Pains." In the past five years, HAP's domestic and international projects have burgeoned. From five active HAP trainers, we now have over thirty, with more in training at all times. We still need dozens of new facilitators and consultants to support EMDRIA-standard Basic Training. With a tiny paid staff – the equivalent of 4.5 full time personnel – we expect to register and serve about 1500 training participants this fiscal year in the US and abroad, operate the HAP Store, assist emerging EMDR associations in developing countries, and develop innovative projects like "Healing Combat PTSD", HAPKIDS and the national Trauma Recovery Network. And ALL of the really demanding professional work is done by our volunteers.

We can be proud of what we have accomplished. HAP volunteers this year will donate services with a commercial value approaching \$500,000, thereby keeping our training fees low and affordable in community agencies that are particularly strapped in the current economy. But there is a steady stream of requests from all over the nation and world for HAP services, and the key to being able to respond is to increase our staff resources so that we can effectively coordinate and utilize the still-untapped talent and commitment of those many volunteers-in-waiting.

Over the coming months, we will be seeking grant funds from major foundations to add a full-time volunteer coordinator to our already dedicated staff. This added staff will help us with our "growing pains", in particular by adding and supporting

more trainers, facilitators and consultants, by expanding our focus on HAPKIDS, and by building a network of local Trauma Recovery Networks, where clinicians who are not necessarily trained to train others can contribute their service in a "ready reserve force" of trauma therapists who can respond to emergencies, like Hurricane Katrina, and help their local community planners make adequate provision for trauma response if community disaster should strike close at hand.

If you are waiting as a registered volunteer for HAP to call, don't get discouraged. We want your active input, but we know that volunteers need our support and coordination. And we are going after the resources to provide these. Foundations are impressed by the number of volunteers already active and in waiting, by the good work that has been done, and by the financial support from donors that has always led the way in HAP's work. (If you are aware of foundations – large or small -- that might like to help HAP with its growing pains, please send us a note at contact@emdrhap.org, we'll keep you posted on our progress.)

INTRODUCING THE HAP BOARD

HAP's Board of Directors sets basic direction and policy and oversees the effectiveness of HAP projects. Currently the Board has 9 members including Francine Shapiro (CA), Founding President; Carol Forgash (NY), President; Bill Stadtlander (OH), Vice President; Maudie Ritchie (NY), Secretary; Robbie Dunton (CA), Treasurer; Gary Scarborough (AR); Robin Shapiro (WA); Stephanie Leibowitz (NY); and Robert Page (CT)

FIRST TRAINING FOR IRAQI CLINICIANS

During America's Thanksgiving week, a determined HAP team overcame repeated delays to join a first-ever group of clinicians in Amman, Jordan, for Part I EMDR training. Among the participants were 15 Iraqi psychiatrists and psychologists from the northern Iraqi city of Kirkuk. As many as 4 million of Iraq's 25 million people have become refugees, both inside and outside the country, in the wake of the current war. HAP has long hoped to bring EMDR to Iraqi clinicians. The training was carried out by a team that included Palestinian EMDR trainers – the first-ever trainers who can teach EMDR in their native Arabic.

In the words of Mona Zagrou, one of the Palestinian trainers, "We are now in Jordan doing the training for the Iraqi therapists...at last it happened and it's going very well. They are really in a big need for this approach for their clients and themselves.....They are like us [In the practicum] it wasn't easy to find a small problem to work on....they are living under [an] ongoing situation with...ongoing traumas....so we can understand each other and help them in a very good way. They are enthusiastic and eager to learn and processing in a great way. I wish you were with us to see the first training we're doing for another Arab country. We began spreading EMDR in the Arab countries ...Hooray."

HAP GAINS MAJOR GRANT TO SERVE VETS *(Continued from page 1)*

for clinicians and pay fees for clinical service to uninsured clients at the rate reimbursed by Military One Source, a major insurer of recent veterans. In return the participating clinics will agree to accept and serve veteran clients and their families, and document the efficacy of treatment provided.

Clients with trauma diagnoses will receive up to 12 EMDR sessions and their family unit may receive up to 5 family therapy sessions. HAP Executive Director Robert Gelbach noted that "This project will ideally serve as a pilot for more extensive applications of EMDR to help combat veterans in civilian agencies across the US. As results and resources become available, we hope to invite all of the agencies where we have already trained EMDR clinicians to sign on as locations that can join with HAP and the McCormick Foundation to 'Welcome Back Veterans.'"

COMBAT TRAUMA IN HISTORICAL PERSPECTIVE

Mark Russell, PhD, is a Naval Commander and EMDR trainer and researcher. At EMDRIA in September he presented a historical overview of how military health care over the centuries has reflected great ambivalence about combat trauma. If you have wondered why the remarkable powers of EMDR to treat combat trauma have been so slowly recognized in official circles, CDR Russell's slideshow will have much to tell you. You can view it, or download and distribute it, on our website homepage, www.emdrhap.org

EMDR EXPANDS IN ARAB MIDDLE EAST

HAP projects in the Middle East are growing and thriving. New trainings occurred this Fall in Beit Sahour and Ramallah on the west bank of Palestine, where there are now four Palestinian trainers in training and several facilitators as well. More than 150 Palestinian clinicians have been trained over the past five years. As trainer Khader Rasras at TRC in Ramallah recently noted, EMDR is now viewed as the most sought-after psychotherapy to learn among Palestinian clinicians. Peggy Moore (NM), Philip Dodgson (UK) and Janet Wright (CO) have been the leading supporters of this effort from HAP in the US and UK.

While work in Palestine continues apace, HAP trainer Peggy Moore also returned to Beirut, Lebanon, where a Part II training had been waiting for more settled social conditions. This project was a joint venture with colleagues from HAP France. Another long-pending project is about to occur in Aix-en-Provence, where Algerian clinicians will come to

take Part I of EMDR training from a joint French-US team.

Both Lebanon and Algeria are at the starting point for developing HAP's mission goal: a self-sustainable community of EMDR practice that expands capacity to treat trauma in an underserved community. Meanwhile, discussions are underway with interested potential sponsors in Egypt, Syria and Jordan.

As the world looks for means to bring a greater level of peace and security to the peoples of the Middle East, EMDR is already becoming a recognized resource for overcoming the psychic consequences of conflicts and traumas that reach across social groups and generations.

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HAP AIMS TO TARGET HIGH TRAUMA RATES AMONG ID CLIENTS *(Continued from page 1)*

ID clients and their families. At The Arc's national conference recently, she found many highly receptive colleagues when she reported that EMDR clinicians treating ID clients for trauma have had notable success.

Now we are hopeful that we can identify many EMDR clinicians who have used EMDR successfully with this population. We want to learn more about what works and how it can be better known to EMDR clinicians and ID support agencies. Next year we hope to report what we learn at The Arc's annual conference and start to build a strategic partnership to connect their ID clients with EMDR clinicians who can help address the extensive and under-treated trauma in this population.

If YOU have had extensive experience treating trauma with EMDR in ID clients, send us a note or email Gail at gford@emdrhap.org We want to hear from you.

WE KNOW WHAT IT MEANS TO *NOT* FORGET NEW ORLEANS

Time has passed, but the deep wounds of Hurricanes Katrina and Rita, and the imperfect response of national institutions to the Gulf Coast recovery effort, take a continuing toll. HAP trained over 200 regional clinicians and treated 600 first responders in the first year after the storm, and one contingent of volunteers has refused to call that job finished.

Clinician volunteers led by Sue Evans (MN) ventured back to New Orleans in October for a second round of "Therapy

for Therapists", plus a refresher course on EMDR basics presented by Katy Murray (WA).

Many therapists have left the region, and those who remain are often overwhelmed between their own family experiences of the storms and the stories reported by clients. HAP volunteers served as therapists without dual relationships to 20 clients, and 28 local clinicians took Katy Murray's refresher workshop. Costs were covered by the volunteer's fundraising

efforts and by donations to HAP from grateful Gulf Coast clinicians who were served.



DOMESTIC TRAINING EXCEEDS ALL PAST RECORDS (Continued from page 1)

demand grows, especially in the public and non-profit sector which is generally priced out of commercial training. HAP has increasingly encouraged agencies requesting training to provide for larger numbers of participants to help address the demand. But we also need to increase the number of trainers, facilitators and consultants in our volunteer pool. Many new trainers have begun the training program and will complete it in a few months. Recruiting and orienting more facilitators and HAP consultants is a job we have recently begun and will be a major focus through the new year.

BUILDING CAPACITY AND BUILDING BRIDGES

Last March the HAP Board of Directors consciously adjusted the way we talk, and think, about our mission. Our new emphasis is on "building capacity" to treat widespread trauma in underserved communities.

We need to measure our success, not by the skills we bring to a community or a disaster site, but by the new skills we leave behind among the clinicians and human service workers we train. We still offer treatment in post-disaster environments, but our major focus is on training, and that is often best done before disaster strikes, especially in those parts of the world that are most vulnerable to disaster and least equipped to cope with it after the fact.

Building capacity also means building bridges. We simply are too small to be everywhere that EMDR can be helpful. We try to find opportunities for capacity building, and that usually means finding a

local agency or community that is able to take on the local burden of hosting our training, recruiting appropriate participants for workshops, and functioning as a focal point for an emerging EMDR community. Those local or regional sponsors are essential and much of our work, especially internationally, involves building and maintaining "bridges" to them in the form of relationships that last over time.

In the past 12 months, HAP volunteers have been building and crossing those bridges in Indonesia, India, the Philippines, Palestine, Kenya, Lebanon, Jordan, Iraq, and Cambodia, as well as in more than 50 basic training workshops in US non-profit and public agencies. Early in 2009, we will be going to China to assist the first Chinese EMDR clinicians to train more colleagues in Sichuan, hit by a major earthquake in May.

HAP's ANNUAL REPORT IS ON OUR WEBSITE

Each year HAP's auditors issue a report on our finances. This year we have made their major findings on our revenue, expenditures and balances available in an ANNUAL REPORT. We also list our training teams, donors and training locations for the fiscal year ending June 30, 2008. You can read or download it on our website; look under "About EMDR HAP" at www.emdrhap.org

BRANCHING OUT FROM NAIROBI

Nairobi is a major cross-roads city in East Africa, where clinicians from other areas can travel for training as HAP's efforts in East Africa expand. The recent workshops there included two clinicians from Addis Ababa, Ethiopia, who lead and serve at Hope For Children, a program helping 800 AIDS affected children. (Google their website to learn more.) EMDR consultant Dorothy Ashman (PA), first heard about Hope for Children and worked with HAP to enable the Ethiopians to travel to Kenya. Dorothy will be traveling to Addis Ababa on her own initiative this winter and will bring HAP's traumatology workshop to staff at HFC. If resources allow, HAP will bring a Part I training to Addis Ababa later in 2009, where HFC staff will gather clinicians from several local agencies to learn EMDR.

During the past year, we have been urged to help communities in far flung regions of Africa -- a major new area where EMDR needs to become known. In countries that are just beginning to develop mental health systems and mental health training, the most pressing mental health issue, from a public health perspective, is often trauma, so it makes sense that HAP should help when we can. The experience acquired in these recent projects will hopefully help us raise funding to support training teams. Donations to HAP, along with volunteer services are the early resources that seed these efforts, and they also help us make our case to major foundations and government funders.