

# What's Happening Now...

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EMDR Humanitarian Assistance Programs

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## *A Message from the Executive Director*

Our newsletter has two issues each year, but 2005 has been such an extraordinary time of disaster and challenge – and HAP has been so busy in response – that we prepared this Extra Edition just to bring you up to date on events since September.

In Sri Lanka, India and Palestine, HAP teams have completed major training projects that we intend to foster self-sustaining communities of EMDR practice. At home, HAP volunteers have offered both direct assistance to 600 first responders in Louisiana and training for 100 clinicians in New Orleans and Mississippi, with requests to train a hundred more. And here at HAP we are launching a permanent, nationwide, Trauma Recovery Network of EMDR clinicians, locally based and prepared to respond to emergencies with short-term pro bono services. Meanwhile the training of nonprofit and military/VA clinicians continues to be a core activity. And our revamped website now permits a whole new approach to supporting HAP volunteers and services. Take a look at [www.emdrhap.org](http://www.emdrhap.org)

It is a week since Thanksgiving as I write this, and all of us at HAP gave thanks this year for the remarkable support of donors and volunteers that made this work possible.

We have lots of plans for 2006, and we hope you will be part of them. Keeping you informed and listening to your feedback is a vital part of our plans. And if you want to view past issues of this newsletter, or more extended information about some of our projects, you will find them in downloadable form on the website.

Best wishes for 2006 from all of us at HAP.

— Bob Gelbach,

### Inside this issue:

<i>100 New EMDR Clinicians Trained on the Gulf Coast</i>	2
<i>Steady Progress Training Military &amp; VA Clinicians</i>	2
<i>Tsunami Projects: Round 2 in Sri Lanka and India</i>	3
<i>HAP Will Build a Permanent Trauma Recovery Network</i>	3
<i>Enhanced Website Offers Better Service</i>	4
<i>"HELP WANTED" at HAP</i>	4

### *HAP Aids First Responders In Louisiana*

When the disastrous flooding of New Orleans followed Hurricane Katrina, in late August, 600 probation and parole officers of the Louisiana State Corrections Department were dispatched as first responders to the Super Dome and the still-occupied county jails of New Orleans. Later many of them assisted in recovery of bodies. By the time they returned to their normal jobs, many were experiencing trauma symptoms, further exacerbated, for those living close to the disaster area, by the disaster's effects on their own families and homes.

A local EMDR clinician, Paul Emmett, contacted HAP and asked for

*(Continued on page 4)*

### **EMDR for Life, Hope and Healing: Now in Bethlehem**

Persistent inter-communal conflicts, like the longstanding conflict between Israelis and Palestinians, generate significant traumatic responses in all parties, which in turn can complicate efforts to resolve differences.

Bringing a stable and just peace to the Holy Land of three faiths has been an unmet, multigenerational challenge. Traumatic stress makes inter-group problem-solving harder and, in any case, it is a form of suffering that need not be endured. A HAP team including trainer Margaret Moore and facilitators Jim Knipe, Emre Konuk, and Janet Wright has now joined leading Palestinian clinicians in a project to make EMDR trauma treatment widely available in Palestine.

*(Continued on page 2)*

### 100 New EMDR Clinicians Trained on the Gulf Coast

Immediately after Hurricane Katrina hit, it was apparent that traumatic responses among both evacuees and those who stayed behind would be substantial. Addressing those issues would emerge as a mental health challenge in the weeks and months that followed, and after "first aid" methods had done what they could.

Unlike the situation in New York after 9/11, the Gulf Coast had relatively few EMDR clinicians, so HAP focused quickly on offering training to non-profit clinics in New Orleans and Hattiesburg, Mississippi, with important assistance from E.C. Hurley in Louisiana and Jean Hawks in Mississippi.

In October, large teams of HAP volunteer facilitators led by trainers Sue Rogers in Hattiesburg and Roy Kiessling in New Orleans trained 49 Mississippians and 51 New Orleans clinicians from several differ-

ent agencies. (That first weekend, the total number of EMDR clinicians in Mississippi more than tripled.) In both training events, participants were still strongly affected personally by the devastation that had hit their homes, families and employers.



As they have absorbed EMDR, these clinicians have made active use of our consultation sessions. They have asked us to train colleagues who could not attend the first trainings and they now anticipate Part II training in early spring of 2006.

All of the sponsoring clinics are facing major economic challenges, having lost clients, grants, and key staff in many cases. HAP has been able to provide the training without fee, thanks to the generosity of donors. If funding holds out, we will continue this work with additional Part I and Part II trainings.

### Steady Progress Training Military & VA Clinicians

More than a year after VA and Department of Defense treatment guidelines acknowledged EMDR as a treatment of choice for combat PTSD, the number of cases among troops deployed and returned from Afghanistan and Iraq continues to grow. VA and military clinicians have responded with increased requests for EMDR training, and HAP has trained over 300 VA and military participants in the past year. Many inquiries from VA and military installations are still pending.

To date, leaders in the military and VA have not applied institutional training budgets so that all clinicians who seek EMDR skills can get them and then have opportunity to use them clinically. While

we wait for an official "plan for victory" over combat PTSD, HAP continues to provide this training at a reduced rate, which we will do as long as we can manage it. HAP also provides consultation between Part I and Part II training when requested.

Meanwhile, news coverage of combat stress in the public media never mentions any of the approved treatments of choice. While there is increased awareness that a major problem exists, the tenor of these news articles is that effective treatment is still a mystery to be solved. A challenge for HAP in 2006 will be to begin educating the public, the media, and elected officials about treatments of choice and why they matter.

### EMDR in Bethlehem

(Continued from page 1)

Twenty-eight Palestinian clinicians affiliated with the East Jerusalem YMCA branch outside Bethlehem were trained during November. Four of the trainees were experienced clinicians who became apprentice facilitators and will serve on future EMDR training teams in Palestine. Twenty-four Part I participants, from several West Bank towns, will have consultation support in coming months and will receive Part II training in March. At that time a second cohort, from Ramallah, may be ready to begin Part I.

The Palestine Project revives work begun four years ago. Team members are determined not to see it interrupted again. The long-term goal is to develop a Palestinian-run center for EMDR practice and training outside Bethlehem to spread this therapeutic method throughout Palestine.

Funded in part by the East Jerusalem YMCA, by HAP donors, and by local churches in the US, the project needs \$30,000 more to achieve its multi-year objectives. HAP is actively seeking foundation funds for this project as well as individual, earmarked, contributions.



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### Tsunami Projects: Round 2 in Sri Lanka and India



Nearly 100 clinicians in Sri Lanka and India who were trained in EMDR Part I last spring completed Part II training led by HAP teams in October and November. In addition, a new cohort of clinicians in India took Part I training.

All of these clinicians are working with survivors of the tsunami in their coastal areas. As they have applied their new skills and seen the clinical benefits, interest in expanding EMDR training to more of their colleagues has grown.

In both countries, HAP is planning follow-up projects with local clinicians and with our funding partners (International Relief Teams in Sri

Lanka, and Cerner Corporation's First Hand Foundation in India).

The Part II team in Sri Lanka included trainer Nancy Errebo and facilitators Jonathan Brooks, Judith Daniel, and Karen Forte.

In India, the HAP Part II team included trainer Judith Boel and facilitators Rosalie Thomas, David Baldwin, Sandra Kaplan and Jesse Rappaport.



After EMDR treatment by HAP trainees in Thailand...



...Children on the tsunami stricken coast return to the sea

### HAP Will Build a Permanent Trauma Recovery Network

Since 9/11, HAP has seen a need for a network of local clinicians functioning as a "reserve force," ready to provide brief EMDR therapy if a disaster should strike their community. Emergency planning in the US generally addresses mental health issues only in the early period after a critical incident. But a disaster that could create PTSD in at least 15% or 20% of the population will materially affect individual, family and community interests over generations if not effectively addressed. And data from our work in 9/11 demonstrates that brief EMDR treatment can be highly effective in clearing traumatization post-disaster.

Spurred by the continuing need in many communities which received

evacuees from the Gulf Coast, we are adapting the procedures and policies that worked well after 9/11 to create a national and permanent Trauma Recovery Network (TRN), consisting of local EMDR clinician volunteers, with local coordinators and consultants. TRN members will be able to provide psycho-education and brief treatment, pro bono, to clients who have experienced uncomplicated recent incident trauma as the consequence of a local disaster.

HAP's website now enables volunteers to register with us and provide information we need to involve them in HAP projects. The volunteer section of the website can also support local TRN groups. HAP will provide a format for the work of each local network and a conven-

ient means for them to communicate with each other and with other local networks. We will also help them to train themselves for the special needs they may face in a community emergency, and to forge collaborative relationships with local emergency preparedness officials.

If you are a certified EMDR clinician (Parts I and II plus requisite supervision hours), and you want to be part of the TRN, you can register as a HAP volunteer at [www.emdrhap.org](http://www.emdrhap.org) and tell us you want to be part of TRN. We will get you in touch with other interested clinicians in your area. The next time we face a major community disaster we want a local network to be ready to respond. And in communities where Katrina evacuees still need help, the local network can roll up its sleeves right now.

### **Enhanced Website Offers Better Service**

If you have not viewed HAP's website – [www.emdrhap.org](http://www.emdrhap.org) -- in a while, give us a visit. We have improved the look and the access to information and features. Less visible is the web-based information system built into the site. Beside information you can read online, we have stored documents that can be downloaded, including back issues of the newsletter. And we have created a volunteer section that describes our expanding roles for volunteers and invites you to register as a volunteer, providing us with background information and a declaration of your volunteer interests.

The new website is still under construction. By the start of 2006, we will also be able to manage training events online, including registration of participants and sharing information with sponsors and volunteers 24 hours a day. All of the new features on our site make running HAP simpler and more efficient so that the resources entrusted to us go for services rather than administration, to the greatest extent possible.



### **HAP Aids First Responders** (Continued from page 1)

assistance to provide psycho-education and brief treatment to Corrections personnel. By mid-September, working with Paul and HAP facilitator E.C. Hurley, we had recruited volunteers for one- to two-week stints in New Orleans and Baton Rouge, visiting Corrections Department offices, providing information and offering individual counseling to those staff who requested it.

### **“HELP WANTED” at HAP**

HAP is not a “membership” organization. Hundreds of people support our work through donations of time, skill and money. Until recently our volunteer roles were limited largely to advanced clinicians who were also trained as EMDR educators. But our volunteer roles have expanded. There are 14 different roles now listed on our website. And we are determined to keep in closer touch with those who want to help.

To the many readers who have offered services, we are finally able to provide a systematic way for HAP to connect you with projects and needs of this growing organization. Our website at [www.emdrhap.org](http://www.emdrhap.org) now has a volunteer section that describes our volunteer program and enables you to register online.

We will also keep you informed about volunteer activities in a periodic email bulletin. There are still significant qualifications required for many HAP roles related to EMDR practice, but we have spelled them out, and in many cases we need help with tasks that are non-clinical in nature.

The project will conclude on December 16, by which time 25 volunteers from across the US and part of Canada will have taken turns meeting with 600 probation and parole officers and providing brief treatment to about 150.

Initially skeptical and typically averse to therapy, the officers who had counseling were highly pleased, many urging their colleagues with Katrina blues to “go get the finger.” As one administrator told her supervisor, “EMDR is voodoo -- but its good voodoo.”

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