

What's Happening Now...

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EMDR Humanitarian Assistance Programs

Winter 2006

MAJOR GRANT SENDS HAP TO INDONESIA

A team of HAP volunteers will bring EMDR training to Indonesian clinicians in Banda Aceh, the worst hit area of south Asia in the great tsunami of late 2004.

The project will unroll in stages over the next ten months, with major support from the Robert Wood Johnson Foundation of Princeton, NJ (RWJF).

Thirty five clinicians from several agencies that provide mental health services will be trained in EMDR Part I and Part II. In addition, up to 65 paraprofessional human service workers will complete a traumatology course and are expected to be important sources of referrals to the new EMDR clinicians.

The new project follows successful HAP models in Sri Lanka and India. It was developed with an earlier RWJF grant that permitted HAP to measure local needs and establish good working relationships with local agencies as well as the Ministry of Health.

Michael Keller (Wichita, KS) is the Training Coordinator for the project. He served on a previous HAP project five years ago in Banda Aceh. Other members of the team are Judith Daniel (Louisville, KY), Christie Sprows (Austin, TX), and Reyhana Seedat (Durban, SA). Doreen Biehle, an American EMDR clinician resident in Jakarta, is the Project Manager for the overall project. Together with

Reyhana, she conducted the earlier feasibility study. She will also coordinate consultation services to newly trained EMDR clinicians.

Indonesian clinicians trained in HAP's previous project, as well as representatives from the national health ministry and other NGOs will also contribute to the training program.

Although the tsunami occurred nearly two years ago, the people of Aceh are still struggling to recover from the event that cost nearly 230,000 people killed or missing and followed many years of civil strife and warfare in the region. Estimates of PTSD incidence range at or above 15%.

KATRINA AND RITA: WORK STILL TO BE DONE

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The Gulf Coast hurricanes, Katrina and Rita, have receded from memory for most Americans, but the devastation they left, both physical and psychological, remains for many residents of the coastal areas. Children especially have been identified as needing help. For many children who have passed through the initial disruption of the storm and the succeeding period of limbo, with separations from home, family members and school or other communities, untreated traumatic stress has morphed into forms familiar to trauma therapists – in some cases, depression; in others, anger and behavior problems.

A new grant from Cerner Corporation/First Hand Foundation will enable us to expand on our previous work in the region. Major objectives will be to provide consulta-

tion to previously trained clinicians, to conduct another round of Part I and Part II training for clinicians who work extensively with children, and to provide specialty workshops on EMDR with children.

We also hope to collaborate with local agencies to bring EMDR to communities still in need through schools, trailer camps, and church groups.

Previously, HAP welcomed nearly 200 regional clinicians to Part I and Part II EMDR training in New Orleans and Lake Charles, LA; and in Hattiesburg and Biloxi, MS during the first year after the storms. Forty HAP volunteers also spent a week or more in Louisiana during the first several months, providing direct service to 600

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TRAINING FOR VA AND MILITARY CLINICIANS CONTINUES TO GROW

The number of PTSD diagnoses among US military personnel who have served in Afghanistan and Iraq continues to grow, along with intensifying efforts among VA and Department of Defense clinicians to provide effective care.

Although EMDR was identified two years ago by a joint VA/DoD review panel as a treatment of choice for combat PTSD, the decision to train clinical staff in EMDR and to support its use in agency practice remains a very localized one. At the same time, word of mouth and

observation of EMDR's efficacy have led an increasing number of local VA and DoD clinical directors to request HAP's training services. In several cases we have been requested to return for second and third rounds of training.

Since January, 2005, HAP has seen enrollments of 697 VA and DoD clinicians in Part I and Part II training events.

We are grateful to these 14 VA and DoD agency partners in HAP trainings who helped us conduct 30 training events and serve over 360 VA and DoD clinicians during 2006:

Ft. Campbell, KY, Part I, II

Ft. Hood, TX, Part I, II, I

Ft. Lewis, WA, Part I, II, I, II

Ft. Stewart, GA, Part I, II

Army Chaplains (Orlando, FL), Traumatology, Part I

Army Chaplains, Garmisch, Germany, Part II, Traumatology

Camp Pendleton, CA, Part I, II, I, II

Brunswick, ME, Part I

Naval Hospital Bemerton, WA, Part I

San Diego, CA, Part I

Portsmouth, VA, Part I, II, I

Denver, CO, Part I, II

Coatesville, PA, Part I, II, I

Sepulveda, CA, Part I

HAP, EMDR and Combat PTSD

Recent news coverage reported the plight of civilian contract employees of firms like Halliburton working for the US government in Iraq and Afghanistan. Upwards of 80,000 civilians have filled these often dangerous front-line jobs, like driving trucks in convoys exposed to snipers and IEDs.

Even among military personnel, who are professionally trained to defend themselves and withstand combat stress, the rate of PTSD has been reported as running between 18 and 24%. For many of the civilians PTSD has been equally devastating. They had expected, under terms of their employment, to get health care coverage for conditions incurred in the course of their work, but now thousands of them are reporting that coverage has been denied.

Many HAP volunteers and supporters have asked us to take some action to help these individuals.

Already engaged in training military and VA clinicians in EMDR to meet the current epidemic of combat PTSD, we consider the civilian contractors to

be equally deserving of care. While some of them are financially capable of securing private therapy, many are not. Obviously, if they have contractual rights to insurance coverage, their former employers should be required to meet those commitments, but legal cases take a long time to settle, and in any case we focus on human needs, not legal strategies.

But one thread runs through this story and ties it back to the plight of thousands of Afghanistan and Iraq veterans who are not getting treatment: Neither the public nor its elected representatives have yet received a clear understanding of the combat PTSD problem. Most media coverage today recognizes that combat PTSD is a serious and widespread condition, but then reporters seem to wallow in a sentimental fatalism: these poor victims – nothing is helping them and nothing can be done. For both soldiers and civilians, they seem to say, PTSD is not only a tragic event, it is an incurable condition.

We know, of course, that this is not true. But the unchallenged sense of

futility undermines everyone. Veterans who have not had access to care or have had ineffective care, are still being encouraged to “learn to live with it.” Rumbblings from some parts of the government even insist that treatment is too expensive, or it doesn't work, or even that it isn't needed because PTSD is a myth.

So what should we do? We will, of course, continue to train military clinicians. And we need to train more civilian community agencies that are inheriting clients with untreated combat PTSD. But we also need to talk up and spread the word about effective treatment for combat PTSD.

We need to get our message to the just-developing groups of former civilian employees who are trying to cope. We need to talk to veterans groups, and maybe we need to offer psycho-educational sessions to interested people so they understand what combat PTSD is, and how it can be treated. And certainly we need to get op ed pieces and letters to the editor into newspapers that report on “hopeless” cases of combat PTSD.

To support such a public information

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EMDR HUMANITARIAN ASSISTANCE PROGRAMS: Who We Are; What We Do

HAP's newsletter is sent to an ever-growing mailing list, including recent training participants, agency leaders, donors, and customers of the HAP Store. So you probably know a bit about us from an earlier contact. But here is a larger statement of who we are and what we do.

Since 1995, when EMDR clinician volunteers went to Oklahoma City to help colleagues there cope with a devastating bombing disaster, we have been looking for, and finding, ways to share the knowledge and skills of EMDR with local clinicians in disaster areas, but also with clinicians who work in community and non-profit agencies that reach underserved populations – the very populations that are most likely to experience traumatic stress and least likely to have access to effective treatment.

We conduct our program through the generous efforts of skilled volunteers (who take time from their own work to travel to HAP training events as training staff) and through the generous gifts of donors (whose financial support enables us to send the training staff where they are needed).

When disaster strikes we sometimes send volunteers to provide direct service, and we are beginning a project, the Trauma Recovery Network, to organize and support local networks of EMDR clinicians who have prepared themselves to offer direct pro bono service in a future disaster. But mostly, we focus on training, with the hope that all communities may come to have within them a good supply of skilled therapists who can help those who suffer trauma to rebuild their lives.

If you have joined our mailing list, you are probably aware of how valuable a good trauma therapy really is. With HAP, we hope you will have found a way to do something about it. Consider becoming a HAP volunteer by registering on our website: www.emdrhap.org. And consider making a financial contribution, of any size. All of your donations go to putting volunteers in the field, where they are needed. (Our overhead expenses are raised in other ways.)

Thank you.

Bob Gelbach, Executive Director

HAP, EMDR and Combat PTSD (Continued from page 2)

campaign, HAP is drawing on the expertise of volunteers who have extensive experience treating combat PTSD successfully. One of them is E. C. Hurley, a retired US Army chaplain, veteran of Desert Storm, whose clinical practice outside Ft. Campbell, KY specializes in EMDR trauma work with military personnel.

E. C. will be coordinating an ongoing effort to create and periodically update a set of "talking points" on combat PTSD, prospects for treatment and the record of success with EMDR. When these are ready, we will publicize them and distribute them to our mailing list of nearly 5000 recipients.

We hope you will take local initiatives to circulate the information or to use it to write your own letters or columns in local newspapers. As combat veterans and civilians with untreated PTSD filter back to their local communities, we need to make sure that they, their families, and the community groups and agencies that care about them are aware of the facts about combat PTSD and the real prospects for successful treatment.

***** Getting it Right *****

TV station KCAL in Los Angeles is a welcome exception to the common practice of reporting combat PTSD as untreatable. A video clip on their website reports how a Desert Storm vet rushed to assist victims of a recent automobile accident in Santa Monica and experienced a combat-based flashback. The video recounts his subsequent successful EMDR therapy with HAP supporter Sarah Gilman after diagnosis at Dr. Daniel Amen's imaging research clinic. You can see this rare media coverage of combat PTSD with a good outcome at:

<http://kcbs.dayport.com/launcher/1624/?tf=kcbsviewer.tpl>

Note: If you have difficulty running the video, click on your Pop-Up Blocker and temporarily "allow" it to show this Dayport.com video.

KATRINA AND RITA: WORK STILL TO BE DONE

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state probation and parole officers who had functioned as first responders in New Orleans immediately after the storm.

Until the recent grant, all HAP activities on the Gulf Coast have been supported solely by our donors and by the resources of local agencies and clinicians. A pleasant surprise came late this summer with an unsolicited donation from the American Probation and Parole Association in appreciation of our work with their members in Louisiana.

EMDR HAP

PO Box 6505, Hamden, CT 06517

Phone: 203-288-4456 Fax: 203-288-4060

Website: www.emdrhap.org Email: emdrhap@emdrhap.org

HAP IN INDIA: CLOSING A CHAPTER AND LOOKING AHEAD

Supported by the Cerner Corporation/ First Hand Foundation, teams of HAP volunteers made four separate trips between Spring, 2005, and Fall, 2006, to teach EMDR to dozens of Indian clinicians aiding survivors of the tsunami near Chennai on the southeast coast.

Cerner staff in India estimate that over 3000 children have already benefited from resulting individual and group services. Both the EMDR training

events and subsequent consultation services were enriched by the voluntary services of Indian clinicians trained by HAP in previous years. For the dozens of new Indian EMDR clinicians, these veterans within their own country are a resource for increasing their mastery of EMDR.

Leaders of HAP's India project were Rosalie Thomas (WA) and Ann Ka foury (OR). Judith Boel (Canada) served again as trainer on the final trip, supported by facilitators Derek

Farrell (UK) and David Baldwin (OR). Indian colleagues during the project period included Sushma Mehrotra, Rani Raote, Lakshmi Priya Kannan, Parul Tank, Nithya Mohan, N. Shalini, and Priya.

Looking ahead, HAP will seek the means to train more Indian colleagues as facilitators, consultants and trainers, so that EMDR clinicians in India can become a self-sustaining community of practitioners.

US EMDR TRAININGS IN 2006

Across the length and breadth of the US, HAP worked with 21 local non-profit agencies to bring EMDR training to clinicians providing low cost community services in 2006. At 27 HAP training events, 467 clinicians will have completed Part I training and 262 will have completed Part II through December. Most agencies that sponsored Part I training have already scheduled Part II training for the future as well. Separate workshops in Traumatology served 120 clinicians and paraprofessionals in domestic civilian agencies.

The agencies that co-sponsored these events were themselves major contributors to the success of this work. They provided facilities, equipment, coordination services and often refreshments for hardworking workshop participants. Equally important was the supportive working environment they provided newly trained clinicians as they began using EMDR in their practice.

We are grateful to these cooperating domestic US agencies that sponsored HAP trainings in 2006:

Bridges, Inc., Milford, CT Part I, II
 Carroll County Youth Service Bureau, Westminster, MD Part I
 Catholic Charities, Chicago, IL Part I, II
 Coastal Children's Advocacy, Savannah, GA Part I, II
 Deschutes County Mental Health, Bend, OR Part I
 Center for Family Development: Health & Ed Services, Beverly, MA Part I
 Family Nurturing Center of Colorado, Colorado Springs, CO Part I
 Family Services of Greater New Orleans, New Orleans, LA Traumatology
 Growth Opportunity Center of Gloria Dei, Huntington, PA Part I
 Howard Center for Human Services, Burlington, VT Part I

Kingsley House, New Orleans, LA Part I, II
 Pasqua Yaqui Tribe, Tucson, AZ Part I, II
 Pine Belt Mental Healthcare Resources, Hattiesburg, MS, Part II
 Rape Crisis Center, Lake Charles, LA Part II
 San Diego Hospice & Palliative Care, San Diego, CA Part II
 The Baby Fold, Normal, IL Part I, II
 Washburn Child Guidance Center, Minneapolis, MN Part I, II
 Westport Dept. of Human Services, Westport, CT Part I
 Willow House, Deerfield, IL Part I
 Wisconsin Resource Center, Winnebago, WI Part I
 YMCA Youth and Family Services, Silver Springs, MD Part I
 Yolo Family Service Agency, Davis, CA Part I

BRIEFLY NOTED WITH THANKS:

Ranks of HAP Trainers Are Growing

Each year HAP conducts a growing number of training events. That would not be possible without more trainers. We are grateful to Francine Shapiro who has led two cohorts of new trainers-in-training through the first stages of this demanding process in 2006, as well as to the trainees, who donate their own time and expenses up front and then provide volunteer training services through HAP in future years. Francine will conduct three more trainer trainings in early 2007.

More Facilitators Coming On Line

Facilitators, who fill out the training team at HAP events, are also expanding each year. Eight new candidates were trained by Marilyn Lubner in October. A dozen more candidates will be offered training in early 2007. Jocelyne Shiromoto is our other facilitator trainer. We thank them both.

Sign up as a HAP Volunteer

Nearly 400 people have signed on as HAP volunteers since our online registration began six months ago. Our goal of 500 by end of 2006 is within reach, with your help. Many "old timers" with long histories of volunteer work at HAP have still not heeded our call to "register on line". If they do, we'll soon meet our goal. (You know who you are!) If you have already registered, remind your friends to sign up.

Why all the fuss about online registration? It's an easy way to save scarce funds and staff time for the important work of getting EMDR training and treatment to those who depend on us. All volunteers are great! But **registered** volunteers are easy to find, remember, and contact when we need special skills or interests to staff a project. If you have questions about HAP Volunteer online registration, Email us at volunteers@emdrhap.org.