

What's Happening Now...

Volume V, No. III

EMDR Humanitarian Assistance Programs

Spring 2009

HAP BOARD SETS GOALS FOR NEXT FIVE YEARS

The world economy may be in a funk and future prospects may be cloudy, but the Board of Directors of EMDR Humanitarian Assistance Programs left its March meeting with a positive message and expansive plans for the next five years. HAP's current program year has brought basic EMDR training to a record number of non-profit and public sector clinicians in the US and abroad. Now we are looking at ways to both broaden and deepen our approach to helping underserved communities address trauma in their midst.

The HAP Board embraced six key goals which will shape our activities over the coming years. None of these goals will be fully realized in less than five years, but each goal will occupy our attention throughout that period. We aim to:

- Increase the number of basic training participants and workshops each year
- Expand our work with clinicians from developing countries in the Middle East, Africa and Asia
- Develop specialty workshops to serve agency clini-

cians, with a focus on children, complex PTSD, addictions, combat trauma, and traumatology

- **“Reach UP”**: Offer outreach services to clinicians and paraprofessionals working with Underserved Populations, such as veterans, people with disabilities, Native Americans, survivors of medical trauma.



- **“Turn on the HEAT”**: Develop and disseminate a public information program on trauma and its treatment, to heighten awareness and raise expectations for effective treatment



- Support expanded research on applications of EMDR, within our means.

To achieve these goals, HAP will increase its training and support for volunteers, and expand its curriculum. Also required will be an increase of grant and donor support by at least 50 per cent over the current levels. Articles elsewhere in this and coming issues will expand on our plans and progress.

(Continued on page 2)

HAP ABROAD: EXTENDING TRAUMA TREATMENT AROUND THE WORLD

HAP has provided training, since last July, in seven different countries: China, India, Philippines, Kenya, Ethiopia, Palestine, and Jordan. Each of these countries is at a different stage of development as a site for EMDR. But all of them reflect the guiding principle behind our international work: to increase the capacity of mental health professionals in each country to assist underserved communities by fostering a community of professional EMDR practitioners. Achieving this objective requires that we go only where we are invited, collaborate with local caregivers and health authorities, transmit skills, and measure our success by the value of what we leave behind, rather than by what we bring. A key measure is the emergence

of local facilitators, consultants and trainers to make EMDR in the new country self-sustaining.

Here in a nut-shell is a summary of what is happening in these far-flung areas:

KENYA: The second EMDR training event in Kenya trained both Part I and Part II participants, supported by an Irish mission society. Kenyan clinicians in Nairobi are very eager to continue the training sequence, but their funding has disappeared for now. They, and we, continue to look for the funds to bring another team of volunteers to Nairobi, which would stretch the nascent EMDR community in this East African crossroads city from 39 to about 70. In one Kenyan agency, clinicians are gathering

pre- and post- data on EMDR with children to add to a multinational data base.

ETHIOPIA: To date only two non-clinical workshops on traumatology have been given in Addis Ababa, by Dorothy Ashman, an energetic

(Continued on page 4)

Inside this issue:

<i>Healing Combat Trauma: Doing our Part to Welcome Home Veterans</i>	2
<i>Basic EMDR Training: Biggest Year Ever</i>	2
<i>Local TRN Groups Start to Take Off</i>	3
<i>Volunteers are the Key</i>	3
<i>HAP Helps Aquila</i>	3

<h2 style="margin: 0;">HEALING COMBAT TRAUMA: DOING OUR PART TO WELCOME HOME VETERANS</h2>
--

EMDR HAP has contracted with three community mental health agencies to take the lead in our Healing Combat Trauma project, funded by the McCormick Foundation and Major League Baseball.

By demonstrating that local mental health agencies can effectively treat combat trauma with EMDR, we aim to raise the confidence of other agencies where we have previously trained clinicians, as well as new agencies we will be serving in the future.

The project will pay expenses to train clinicians in EMDR and supplement basic training with a specialty workshop on EMDR and combat trauma.

Each agency is located in a community heavily impacted by a major US military base. Many recent veterans take up residence in the area near where they served. For those who have unresolved combat trauma, local agencies equipped with EMDR can be a big part of finally coming home from the military.

E.C. Hurley, HAP trainer, retired Colonel, and a career Army chaplain, is the coordinator of our project, supported by an advisory committee of clinicians who have specialized in this work.

Beginning in May, we will be training at least 18 clinicians in each agency in basic EMDR, supplemented by a workshop on EMDR for combat trauma.

The clinics will then collectively serve at least 200 veterans and their spouses with EMDR and couples therapy. If the clients lack sufficient insurance coverage, HAP will pay the clinics a modest per-session fee from grant funds.

Participating clinics are:

Palomar Family Counseling Service (Escondido, near Camp Pendleton),

Pastoral Institute (Columbus, GA, near Fort Benning) and

Centerstone (Nashville, near Fort Campbell).

When the project is completed, we aim to make the specialty workshop on EMDR for combat trauma available widely to EMDR clinicians.

<h3 style="margin: 0;">Basic EMDR Training: BIGGEST Year Ever...</h3>

By the end of our program year, on June 30, EMDR HAP will have trained over 1500 registrants in over 60 Basic EMDR workshops. That is the largest number in our 14 year history.

Training was offered to agencies in 25 states and 7 foreign countries. Child and Family agencies accounted for about a third of the events. Military and VA clinicians represent 13% of participants for the year and participants in other countries represent 10%.

The growth of basic training occurred even as HAP implemented new case consultation procedures during and after training weekends. The goal of this small-group consultation is to help participants connect what they are learning in the workshop to their own cases. Participants with challenging cases are sometimes reluctant to start using EMDR after Part I training until they have completed Part II. Consultation provides support for

starting to think about their cases in terms of trauma histories, to conceptualize their cases in terms of EMDR and to begin preparation work, even if they need to delay processing until after Part II training.

Participants have welcomed the consultation, provided by HAP volunteers, and many EMDRIA-approved consultants have joined the pool of active HAP volunteers to staff the consultation sessions.

(If you are interested in becoming a HAP consultant, contact Consultation Coordinator Rosemary at consultations@emdrhap.org)

HAP Board Sets Goals *(Continued from page 1)*

“Reaching UP” refers to a heightened effort to work with Underserved Populations.

Some whole countries are underserved, where mental health services are scarce and traumatization is endemic. But even in countries like the US, there are millions of people whose life circum-

stances, such as intellectual disability, have exposed them to high levels of trauma and/or have left them without awareness of, or access to, effective therapy. We will be working with organizations that advocate for these populations to make a more systemic impact on getting them help.

“Turning on the HEAT” refers to a long-term effort in which “HAP Educates About Trauma” We know that our mission requires an informed public and informed community leaders. The extreme perceptions that trauma is either a “life-sentence” or a made-up malady are still widespread. HAP is in a position, through its growing network of volunteers and “alumni,” to provide a more realistic understanding of trauma’s extent, effects and susceptibility for effective treatment. Public service announcements and workshops are a new role for HAP, so it won’t happen all at once, but we do intend to **Turn on the HEAT.**

Future issues of our newsletter will re-port on progress on both these initiatives.

LOCAL TRN GROUPS START TO TAKE OFF

By Bill Stadtlander, Vice President, EMDR HAP

Western Massachusetts now has a multifaceted Trauma Recovery Network (TRN). Local clinicians have sponsored and completed workshops on using EMDR in disaster response. They have also reached out to emergency planning officials and provided briefings for local first responders on managing and preventing trauma. Members of the TRN have previously served as volunteers in HAP projects on the Gulf Coast after Katrina. That convinced members like Barbara Meyer and Maryann Parrott that even in peaceful New England, its better to "be prepared" than to be overwhelmed when disaster strikes at home or elsewhere in the country.

In Minneapolis, another group of HAP volunteers are starting to build their own TRN unit. Some of them had also served on the Gulf coast after Katrina, and continue to provide services to clinicians in New Orleans. Others responded to the collapse of a major bridge in the twin cities that traumatized a bus load of Latino children. They worked with the children, but were disappointed that no Spanish-speaking clinicians in their community were trained in EMDR. Now the two groups have joined together to sponsor a HAP training for clinicians from several cultural minority populations in Minnesota: Another role for the TRN.

Building a national Trauma Recovery Network is a major focus for HAP in the immediate and long term. TRN is a

"reserve force" of clinicians who are linked to emergency service agencies and are prepared to offer support in local/regional emergencies, mitigating trauma through psychoeducation and EMDR. HAP will help therapists set up local networks to support ongoing direct service to their community.

The TRN emphasizes preparedness of clinicians, therapists and networks on a local level to respond to natural or man made disasters in their areas and mitigate the effects of trauma. EMDR clinicians have a special opportunity to educate local emergency managers, first responders, the press and the general public about the potential impact of trauma if there is a disaster, and about ways to mitigate and recover from incidence of PTSD.

As the TRN grows, existing units will be networking with newer TRNs. The Massachusetts group is now in contact with a start-up group in Chicago. Other groups have started to form in Seattle, in Buffalo after a recent airplane crash, in New York City among veterans of 9/11 response and on the NY/CT border. Within five years, HAP plans to help start at least 20 TRNs across the US. Each TRN group sets its own priorities and runs its own affairs. HAP's role is to encourage and connect participating groups with sources of best practices. Expanded staff at HAP will make support for new TRN's a growing priority.

If you are interested in establishing and/or participating in a Trauma Recovery Network in your area, contact HAP Executive Director, Bob Gelbach (email: rgelbach@emdrhap.org Phone: (203) 288-4450)

VOLUNTEERS ARE THE KEY



Two hundred dedicated HAP volunteers currently provide the indispensable skills that run the HAP training programs and provide direct response services when disasters strike. Collectively they have donated services with a commercial value of nearly \$500,000 in the 2008-2009 program year.

At present HAP is encouraging additional volunteers, from among the 700 who have registered their interest online, to take up roles as facilitators and consultants. In the coming years we will begin working with volunteers who can offer specialty training through HAP to non-profit agencies and their staffs.

At the same time, we have been working with local groups of volunteers

who want to create a Trauma Recovery Network in their locale – a core group of clinicians with skills to respond in disaster situations, and with cultivated links to local emergency management systems.

These are not the only roles that volunteers can play in HAP. But the fullest utilization of the available talent requires more coordination and support than we have been able to provide.

By summer of this year, we aim to add a Volunteer coordinator to our staff and resume publication of an online volunteer newsletter "Making it HAP-pen".

If you previously signed up as a volunteer and then wondered why we never called, help is on the way.



HAP HELPS AQUILA

The recent earthquake in Aquila, Italy devastated a city of 80,000. HAP has supported a pro bono team of Italian EMDR clinicians for a week as they treat children and their parents. More teams are ready to go to Aquila. You can support an EMDR clinician for a full day for \$100. Donations for Aquila in any amount can be made to EMDR HAP, on-line or by check.



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 ABROAD: EXTENDING TRAUMA TREATMENT*(Continued from page 1)*

advocate and EMDR consultant. Dorothy single-handedly linked HAP and an Ethiopian NGO for nearly 800 AIDS affected children. Two of the NGO's clinicians have already been trained in Nairobi, and over 80 students and faculty at the national university took the workshops and immediately applied their new learning to their clinical work with happy results. If funding is on hand, HAP will begin EMDR training in Addis Ababa in the Fall.

PALESTINE and JORDAN: More than 150 Palestinian clinicians have been trained by HAP on the West Bank in the past 5 years. Several facilitators and four trainers in training have emerged, and there is a constant demand from clinicians for more training. Recently, HAP volunteer Jim Knipe provided specialty training on complex PTSD, going beyond the basic training curriculum. We hope to expand such specialty training here and elsewhere. Almost as soon as they became trainers, two of the Palestinian EMDR's set out to offer EMDR training in Amman, Jordan, where Iraqi clinicians were able to attend as well. With added funding, a second training will be possible. Invitations to train in

Syria and Egypt are also under consideration. All four Palestinian trainers are hoping for an opportunity to go to Gaza and provide treatment and training for clinicians there, but so far the crossing points have been closed to them.

PHILIPPINES: The University St. Tomas in Manila houses a trauma clinic, whose director is EMDR trained. After a lengthy wait, he was able to bring a HAP training to UST last year, and now the clinic has finished hosting a second round. HAP trainers Peggy Moore and Zona Scheiner have begun to train local facilitators to assist as more training events occur. Requests to attend EMDR training are growing in a country where untreated trauma is too prevalent.

CHINA: Following the earthquake last year in Sichuan province, US HAP is collaborating with the first generation of Chinese EMDR clinicians, trained by HAP Germany several years ago, to train more than 40 new EMDR clinicians in the provincial capital, Chengdu. The first of three workshops was completed in January and a second will take place this summer. The project involves a western trainer and Chinese facilitators and trainers-in-training.

INDIA: Dr. Sushma Mehrotra and Dr. Shalini are two veterans of previous HAP training who are now India's first EMDR trainers in training. With ongoing support from HAP volunteer Rosalie Thomas they are expanding the EMDR community in India through additional training events and formation of a national association. They are also leaders in a collaborative effort to develop a Pan Asian EMDR Association.

CAMBODIA: HAP also was able a few months ago to assist Jane Lopacka, an EMDR clinician and facilitator in Phnom Penh, to find a trainer, John Hartung, for a Part I training there.

As we prepare this issue of What's Happening Now, HAP continues to look for the financial resources to sustain these initiatives that bring much sought-after clinical skills. Both the Middle East and Africa are particular foci of interest to us. Readers who wish to support this work can make donations by mail or online, specifying which country project you want to support with your donation. All such restricted donations go directly and entirely to the designated project.



NOW, THIS IS AN INTERNATIONAL PROJECT: HAP trainers Mona Zaghrou and Ferdoos Alissa, Palestinians from East Jerusalem YMCA, lead first EMDR training for Iraqi Kurdish clinicians, in Amman Jordan, in Arabic and English (with assist from Philip Dodgson, trainer from UK)



What's HAPpening Now? HAP needs your help to update our "What's HAPpening Now" mailing list. If we are sending you more than one copy of our newsletter — perhaps to two different addresses — we would appreciate you letting us know; we can then update our mailing list and maybe even save a tree. Please email us about duplicate mailings at hapstore@emdrhap.org. Thank you.