

Superdome/Superlove

[The following reflections were composed by some of the HAP volunteers who attended a major gathering at the New Orleans Superdome in mid April sponsored by Eve Ensler, where they provided brief therapeutic interventions for women affected by Hurricanes Katrina and Rita. Several of the volunteers also conducted a day long consultation program at Tulane for HAP-trained EMDR clinicians on the Gulf Coast]

Sue Evans [Coordinator of the HAP Superdome project]

Thursday's training was very successful. A few trainees had to cancel because of personal conflicts but the ones that did attend were so clearly appreciative of our presence. We broadened the training at the last minute to give them information on the Target Sequencing and other handouts from the new training, as many had been trained before the new model came out in July. Katy also did a short piece on what to expect from consultation. They were hungry for the information but even hungrier for the consultation hours.

We then offered a group of practicum experience, a Kids consultation group (Susan Schaefer came in for the consultation time) and a general consultation group. All were met with enthusiasm and they reported they left with hope, inspiration and new guidelines to pursue.

Their response to the Wounded Healer portion of the presentation was so powerful, they were very clear that, for them, the greatest need was for their own personal EMDR work. The stress that they are under 2.5 years after Katrina is immense. Many local therapists have relocated so they are very overworked. Some are working 35-40 client hours a week (typical full time practice is 25 hours). They say it takes 5 months to get their clients medication as most of the psychiatrists have left.

They are stressed by hearing over and over life survival problems (many of which they were still with struggling themselves). They also know all the other EMDR clinicians and they don't want to see someone for therapy they know professionally. One woman said she was jealous of her clients because she was giving them EMDR and she couldn't get it herself. Others (at the dome) talked about the support groups they had attended in which the therapists who ran it were so overwhelmed (not necessarily EMDR clinicians) that they were using the group themselves to talk about their own suicidality or chemical abuse issues.

This is my next project. I'd like to bring 8-10 EMDR clinicians to NO (New Orleans) for a week to provide EMDR to local therapists. We could see 64-80 therapists (2-3 times each) in that time. If the therapists are better resourced and have lessened triggers/stressors, think of how much greater impact they can have on their clients.

I worked with one trainee at the dome the next day who asked for EMDR because her own issues (she was depressed, felt overwhelmed and pressured to get everything done and no

time to do it) that it interfered with her self care, Her EMDR was very successful. I'll check in with her to see if it changed her behavior.

Superdome/Superlove

This was an amazing event! What an incredible feat for V-Day to bus in 1200 women from the Gulf States and provide a weekend of free, healing events. Provided also for those who had relocated and returned and to those that have stayed in New Orleans. The energy in the dome was celebratory, intense and at times very painful.

900 volunteers! I felt proud to be a part of it. Our Healing Circles groups assumed our work would be in groups of 9-10 but most was with individuals and small groups. The women we worked with were generous in their comments regarding the impact we were having on them.

We were at the beginning of the American Airlines shut down. Four of our group were booked on American. They spent many hours on the phone trying to reschedule. One of our group got in on time, Thursday. One couldn't get a replacement flight until a day later, which would have made her miss the first day and so she decided to stay home. One of our group did come in a day late but took a cab from the airport directly to the dome to help as much as she could. Another was booked for the next day, coming anyway, got delay after delay and finally her flight was canceled. She spent the night in the St. Louis airport and went home the next morning. One of our group, not even on American, got bumped off her flight after waiting all day at the Minneapolis airport. So we were 9 instead of 12 which worked out ok but we missed our comrades greatly.

First day we were in a large room which housed the medical assessments and booths for information on free services in the area. Blood pressure checks, diabetes, osteoporosis etc. It was not as conducive to our groups so the second day we were in a huge room with hundreds of people where the offerings included massage, yoga, Reiki, breath work, tea and fruit smoothies. When women got triggered from their bodywork, we were called in to intervene. We also had a handout, the Post Traumatic Growth Inventory which helped them assess the areas of growth since the trauma. Amazingly, many of the women offered these areas up even before taking the questionnaire.

My favorite part of the trip was watching my group work. They were in 1-1's or small groups, their faces attentive, listening, caring (focused like they were the only ones in the room). People were so appreciative, in awe that we and the other volunteers were there just for them. What an honor to be a part of that.

I went up to Eve Ensler to introduce myself, thank her for what she has done and to ask if I could send her information about HAP, She heard I was volunteering for the Healing Circles and she thanked me profusely and hugged me. What a gracious, humble person.

Once again, working for HAP, I feel I got so much back, things I never expected. Thank you HAP for your support of this project.

Katy Murray

On Thursday, we focused on what we thought the Gulf Coast Clinicians might need most: Working with Chemical Dependency; the Wounded Healer; Resourcing and Stabilization of clients. We taught them the Targeted Treatment Planning process since most of them had been trained prior to that becoming part of Weekend One, and talked about the purpose and value of consultation in developing competence in EMDR.

During the consultation time, I ran a consultation group with a practicum experience of the targeted treatment planning process, followed by questions about case conceptualization and treatment planning issues. I coached each dyad/triad by "catching them doing it right" and gently guiding them when they stumbled. It was a rich opportunity for them - some were struggling with what a negative cognition was, some with matching the positive, some with how to do a float back, some with the tension of keeping the questions focused and not moving into reflective listening that inadvertently leads to clients to go deeper into the material than is therapeutically appropriate.

The clinicians appreciated the opportunity to receive coaching through each step in the process; and found the new treatment planning method extremely helpful. Afterwards, some commented on how difficult it has been to learn a new method of therapy when their clients' issues and stories are constantly triggering their OWN unresolved trauma.

I had seen this play out during the practicum experience. A few of the clinicians had difficulty following the protocol; and would diverge as often occurs when any of us learn something new. Some could be gently coached back on track. But I recognized that in a few, the divergence came from not just the challenge of learning, but from being actively triggered as a therapist.

In a couple of cases I asked the therapist, "What part of your client's experience right now is the worst of it for you?" I heard "Seeing her pain" and "I've stirred this stuff up for her, I can't just leave her to sit in it." When I asked "What does it feel like it says about you as a person, one woman said "I should do something so she doesn't have to sit in this pain: I'm not competent", and another said "I'm a bad therapist".

No wonder they were diverging from the EMDR protocol to their fallback coping strategies as a clinician: in that moment, they didn't have access to the part of their brain that could learn and try new things!

Seeing the interplay of learning EMDR, working with clients, and the triggering of their own unresolved trauma play out in this courageous group of therapists, I was struck by the challenges these clinicians are facing. I imagine them going to work every day, attempting to discreetly tuck away their own weeping wounds as they work with clients. I imagine them facing each client, possibly having to judge "where should I nudge this client in their work - toward the pain (and its unpredictability) or away from it? Do I know what to do? Do I have enough in me and am I competent enough to help them move through whatever gets

stirred up today?" I imagine them leaving work each day, to return home to their own pain and the pain/losses of their loved ones who are likely to turn to them for support and guidance, as so often happens in any therapist's larger life system. And in this context they are trying to learn EMDR: an approach that with its steep learning curve has brought many of us, living in ideal circumstances, to places of painful questioning of our competence.

It was from this awareness that Karen, Sue and I came to recognize how essential it is for these therapists to have an opportunity to receive EMDR themselves.

Dona Evans

I didn't write earlier because I was so full from my experience and needed to process and organize my thoughts and feelings. I was so honored to be a part of your Healing Circles group in N.O. and I'll join again. The women I worked with in the Dome all mentioned "wanting to be heard". And, some of them started talking about the Hurricane but talked of other issues of loss, grief and their relationships with family and friends. One woman talked about her daughter being an addict and told of the father molesting her as a child and the mother felt devastated by this disclosure and how the flood took her "porch buddy" away and they are no longer able to visit each other every day.

This experience has been transformational for me. Being in Congo Square before the parade to the Dome where African slaves met every Sunday to visit family and friends and where Louie Armstrong played his trumpet as a young person meant so much to me as an African-American, the experience touched my soul.

It was a privilege to be in the presence of these beautiful, courageous women.

Susan Schaefer

The hanging name tag that simply said "Want to talk?" turned out to be one of the best forms of engaging the Katrina survivors of the Superdome to talk about their lives and experiences. Instead of the identifiable and earmarked Healing Circles (empty chairs stationed with a therapist ready to lead a group of people in support groups) the one-on-one conversations which occurred as a result of seeing the "Want to talk?" badges led to greater ease for more people to talk about the stresses affecting them today.

Sometimes the initial hookup occurred while the therapist was walking down the hallway to a designated work room, other times the first greeting began in the bathroom only to be followed to a place of greater privacy.

The invited guests were not the only ones to request help, workers at the Dome also approached therapists with the "Want to Talk" badge to talk about their experiences with Katrina. The fact that we were strangers helped some people begin to talk about experiences they had not shared with anyone before, as one woman said, she wanted to talk to someone who was a complete stranger. Another woman told a therapist she would share

her secret because she knew she'd never run into her again. This type of statement was more common than one might have ever expected.

A recurring part of the therapist's processing comments following their day emphasized the openness with which these invited guests spoke to us: they invited us into their painful experiences with a blind faith that something potentially positive might come of it.

Diane Sharper

My experience in New Orleans has inspired me to do more volunteer work. Being back in my hometown was affirming and very emotional. I left feeling more confident personally and professionally. Words cannot describe what this experience means to be. I value my time with my family more because nothing is promised. I am re-energized about the work I do with clients. I believe this is just the beginning. Eve is a great human being and I plan to become active with her organization and HAP.

Karrol Butler

A week later I am still filled with the energy and good will of that event. I need to say that in addition to HAP support I believe that some of our volunteers are not asking for reimbursement at all and the rest are donating part of their expenses and to them I add my thanks. There are so many aspects to what produced a two day healing in New Orleans. We had organizational support, a tireless organizer in Sue Evans, great therapist/comrades, the unsurpassed events of V-Day and Eve Ensler and her amazing work. For me, each woman I was invited to work with for those two days, gave me every bit as much as I was able to give. To be privileged to their stories, to be trusted and given such private and personal experience was communion. I was gifted. I am also aware there is still more to be done and I am hoping to go back and provide ongoing support to the community. I extend an invitation to other therapists reading these "journals" to join in.

Finally, I have to say in the middle of it all, marching in the V-Day parade cannot be topped for absolute fun and a sampling of New Orleans heart and soul. I heartily recommend it!

Karen Alter-Reid

The Thursday HAP training was a very action packed day for the participants. In addition to the content presentations, all participants were able to receive 2 1/2 hours of consultation in the afternoon in small groups. This gave them the opportunity for specific protocol questions, to raise case conceptualization issues, and to refine their understanding of when to use resourcing before beginning the reprocessing stages of EMDR.

From my training piece, I was glad to allow much of the time for the group to share their own vicarious trauma reactions to working in New Orleans post-Katrina. The therapists noted many challenges they have faced in the past 2.5 years including: overwork, loss of support networks, diminished time for self-care and replenishment, loss of referral resources e.g. extremely limited psychiatrists available for medication referral, the wish for their own healing through EMDR (the small, intimate community makes doing EMDR with colleagues a dual relationship conflict). Many were also able to share their experiences with

post-trauma growth and the yearning for more through HAP.

The transformative impact of working with EMDR in disaster sites continues to amaze me. Many of the women were returning to New Orleans for the first time since evacuation 2.5 years ago. At the Superdome, one of the original sites of the hurricane-trauma, women of all ages entrusted us to help them alleviate long-held traumatic responses held in their bodies and souls. We were present to bear witness to their pain, faith and post-trauma growth. We were there to respond immediately as survivors became triggered at the Dome; or when their bodies began to release affect associated with loss during and after receiving care and comfort from the V-Day's massage therapists and yoga instructors.

Our interventions included the utilization of many EMDR resource protocols as well as standard EMDR protocol. It was a true honor to be part of this team, have a deep impact in two short days, and to learn even more about the human spirit from the Katrina survivors.

I wanted to share this beautiful email I received today from one of the Dome clients...K

"We met at V-Day on Saturday, when you graciously helped me deal with some emotions. I remember your shining light and beautiful eyes. Thank you for helping me that day."

Carolyn Halliday

Thank you HAP, for supporting our efforts to provide emotional support and relief for the survivors of the gulf storms. It was a privilege for me to reach out to these women.

I talked with women mostly one on one, although twice I talked with two women together. In both of those incidents, one woman brought the other woman to talk, something which this setting made it easy to do. I think the most striking pattern for me were the occurrence of issues not directly related to the storm, but presumably exacerbated because of the stress of the storm. The specific disturbing content tended to be about relationships including divorce, death of family members, and partner issues. My sense was that survivors had cultivated an almost matter of fact attitude towards the disaster: "of course I lost everything" and that there was much emotional fallout in navigating the rest of life. Katrina provides a cultural calendar of marking life's stresses, reflected in the language oft repeated: "Before the storm", "After the storm", "And then the storm came." Into this reality the women with whom I worked folded their pain, anger and grief. I felt our work gave them permission to explore and expel those feelings, and permission to make changes in their lives that allowed them to better take care of themselves.

Jean Hawkes [A Mississippi-based psychologist and EMDR consultant who has coordinated several HAP trainings and who sat in on part of the consultation event at Tulane]

Katy, I was disappointed that my schedule did not allow me to attend the morning

presentations on Thursday, but I received feedback from several consultees that what was presented was very valuable to them. One clinician, who works in the Chemical dependency field, stated that she had heard another presentation (last June when HAP had three volunteers travel to three separate sites along the coast) but that she finally understood the protocol when you, Katy, presented it. Several others commented that hearing the information from another source was very helpful.

Several who attended your afternoon consultation section said they were helped with practicing the basic implementation of the protocol to be sure they were doing it correctly. These same individuals have been hesitant to give me a video, or even audio tape, of their work, saying they feared they weren't doing it right. Hopefully now they will have more confidence and will move on to give me the tapes and finish up their certification hours.

One problem I have had recently is that there is a poor understanding of what certification requires. The only person they have heard from is ME and it has not been explained by anyone outside of our area. Your 20 minute explanation of how you view it, reinforced and improved upon, any statements I had ever made to them. They also hopefully realized that I have actually been too lenient with them and that others around the country have much more stringent ideas about certification.

Your direct, fact oriented style, eliminated any questions they might have in the future about why they need to submit a tape, or what they are really expected to know. It inspired me to expect more out of them. You also inspired not only them, but me, to reach for a higher level of performance.

Your inclusion of that wonderful packet of papers, that I hope I can duplicate with your permission and use with other consultees, added great clarity and focus for the consultees and myself for future sessions.

I also would like to add that Sue Evans' piece on Resourcing was magnificent. Since the first consultation I started right after the HAP trainings in 2006, I have been talking with them about the need for client stabilization and increased resource installation, but Sue hit the nail on the head and hammered it in for them. Her many exercises and practice were great. I know I will hear many more questions about this in consultation sessions. It gave them the needed confidence to proceed with difficult clients and know that they were doing EMDR even before they were doing the trauma protocol. I sat in on her consultation piece and the clients that were presented all needed more resource focus and she explained in her words how to do that with each.

Thanks to all of you for your time and commitment to this process. Unfortunately we have 200 other clinicians who were HAP trained in both Part One and Part Two over the past two years and only 17 received the blessing of your day with us. One goal I have for the entire EMDR community is to figure out some way to make the EMDR learning process easier for those clinicians who work with client populations who are less motivated, have fewer resources, and are overall less psychologically minded. These clinicians more than likely work

for community mental health agencies and are the very ones who have completely dropped out of follow up training and even pro bono consultation.

Katy Murray

I was touched by the gratitude. How could women, who lost so much, and then were returning to a place where so little was given to them 30 months ago, express so much gratitude? "I'm so lucky. I was released from back surgery the day before Katrina hit. We lost our home, but there were people who took us in. And I'm healthy now." Another woman described her gratitude: "I had been such a worrier throughout my life. When Katrina hit, I realized I worried about all the wrong things. I learned I'm stronger than I thought, and that I can count on others. Because of Katrina, I now know what really matters."

I was touched by community: People opened their hearts in trust of me, a perfect stranger; they opened their hearts with kindness and consideration. Whether in the dome speaking with the returning women or walking through the streets of New Orleans, there was an unconditional warmth, caring, and generosity - my heart filled to the brim, sometimes spilling with tears. I understand now, more than I ever could have before, what it means to "miss" New Orleans. I understand how essential it is for the spirit and body of New Orleans to be rebuilt.

I was in awe of the power of integrative care: we worked alongside 70 massage therapists from all over the country who donated their healing touch to woman after woman - touching their spirits, tapping into the trauma stored in their bodies, and allowing that pain to be released. It seemed that our presence created a safety net for the body-workers, and their work created a comfort in vulnerability so that women could entrust their hearts and minds to us.

I was inspired by the deep faith of so many. Their faith and trust in God made it easy to talk about EMDR. All we are doing is jump starting the natural healing mechanism that God has given to each person. When injured physically, our bodies immediately begin to heal the wound. When injured emotionally, our minds immediately work to heal the wound. Healing occurs constantly, every day, without us noticing it or questioning it. If the wound is too big, or too constant, things can interfere with that healing. EMDR simply replicates the miracle of the mind's natural healing process that we have all been endowed with at birth - that is as simple as dreaming.

I taught a small group of women Calm/Safe Place. One woman, with her arms around her in a butterfly hug, burst into a broad smile, laughing "I'm just lovin' on God! I'm just lovin' on God!" joyously tapping and hugging herself. I felt grateful for the Safe Place God made for her. Grateful, that it was so real, so accessible in that moment. I feel grateful to have been taught this gift of EMDR that allows me to give in ways I could never have dreamed possible - that allows me to be a small part of the miracle of healing.

Ruth Markowitz

"After leaving New Orleans to return home I received a call in the airport saying that my dad was very ill. Instead of going to my home I went from the airport in Minneapolis directly to New York City. A whirlwind. My experience working in New Orleans with the women who suffered in Katrina and working alongside my HAP colleagues and friends helped me with that return to my old home in ways unexpected for me".

"In the Superdome I was awed by the singing and applause done by the V-Day Volunteers who greeted the women entering the dome. Some of the women I spoke with said that gesture made them feel welcomed as their memories of leaving were of soldiers pointing guns at them".

"One elderly woman spoke so from her heart about missing her husband, who had left her in the midst of the storm. She felt though that her faith would get her through and perhaps another man was in her future. 'God was and is a healing presence' she said. 'You've got to believe'. "

"I talked with 3 African American women who shared their pasts and their hopes for the future. Resolving some unspoken feelings between them all seemed a healing. Learning the butterfly tap to move through some negative thoughts was expressed as helpful. Experiences with whites had been pretty poor and they shared how trust is an issue. And they all talked of God and believing, they laughed and the honesty flowed".

"Then there was the woman who was ill and had spent much of the storm alone. She needed to reduce her anxiety. She was so relieved to practice deep breathing, to learn of the power of the exhale, and to use the resource of her helping people to build her up. She softened, relaxed and calmed. She too talked of God and faith".

"I am a secular Jewish woman, raised as a child wholly in Jewish community but not with religion. With these amazing women, they lived it and breathed it and when I said to a small group that it was lovely to see, one woman said, you know it is free for you too".

"So when I went to N.Y.C. to tend to my father, I carried the faith and power of the belief of God of these warriors with me and it sheltered and contained me and I am grateful for the opportunity to have given and to have received".

Carolyn Halliday

And then the storm came.

And then the storm came.

Before the storm,

Before the storm there was heartache and joy and disappointment and life complications.

And then the storm came.

Of course I lost everything.

I was lucky, I had insurance. I got to buy all new things.

I wasn't really in the hurricane. But a tree fell on my house and with all the rain, of course

everything got ruined.

I didn't have flood insurance; I lost everything.

Of course I lost everything but it was okay.

Then:

After the storm.

After the storm.

Lives now segmented with the demarcation of Katrina.

Katrina flooding with her elusive waves of trauma.

Trauma roars in on a thundering herd of elephants and sneaks away like a cat with muddy paws

You barely heard the blaring stop and you think it must be over, but the damn cat has left dirty paw prints everywhere,

places where you'd never think to look

and like a larvae that grows and feeds in dark secret drawers,

trauma hatches its moths of distress that flutter about your room, and

hide behind the curtains and in the back of the shelves

unseen until you rustle about.

You open a drawer to see if anything is left or you pull back a curtain to let in the sun

and the tiny silvery trauma moth flutters out

and catches your breath and nestles into your heart,

whispering "it wasn't that bad" and you want so much to believe it

but instead that bitty little moth nibbles away at your heart until you

wonder why you just can't get to the joy like before the storm.

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