

AROUND THE WORLD

-Marilyn Luber

At the request of Maria Lehnung and Arne Hofmann, I have restarted “Around the World” to support the understanding of the different kinds of projects, issues and EMDR-related programs going on world-wide. This is also supported by the EMDR Global Alliance. Our intention is to help bring our EMDR community closer together. For this article, we asked people to write in about what they are doing. We hope you will participate in this process (please send information to marilyn.luber@gmail.com).

AFRICA

Africa

Suki Jaffe writes in on behalf of the EMDR Africa Executive Committee: “We, as the EMDR Africa Association, are very proud to have accredited supervisors from Africa who are working in Africa to supervise and assist with trainings. We are working towards having more supervisors, facilitators and trainers accredited. The EMDR Africa Standards and Training Committee has developed standards and procedures for training to take place in Africa. Trainers who wish to train on the African continent are asked to contact the EMDR Africa Association at info@emdrafrica.africa to ensure that their trainings meet these standards.”

Kenya

“In Kenya, Dr Gisela Roth conducted a Level 1 Basic EMDR Training from the 4th to the 6th of February this year which was attended by 30 psychologists. This was a “hybrid” training with the teaching part online and the practicum face to face in Nairobi and worked very well. Kenyan supervisors and supervisors-in-training facilitated at the training and offered individual supervision afterwards. This training was self-funded by the participants. The hope is to offer a Level 2 training by the end of this year.”

Madagascar

“In Madagascar in October 2022, Trauma Aid France conducted a Level 1 training with 17 participants. Dr Hasina Bakohariliva and Dr Odile Nysoatsara are being supported by Trauma Aid France to become supervisors.”

Nigeria

“In Nigeria, there were 10 psychologists trained in an online Level 1 training held in September 2022 by Dr Gisela Roth. These participants are in ongoing supervision together with those who were trained in March 2021 by Isabel Fernandez. In total, there are 24 clinicians who have been trained in Level 1 online.”

Uganda

"In Uganda in January 2023, a Dutch team together with Dr Gisela Roth completed a “hybrid” retraining online for 44 participants in both Kampala and Gulu. Ugandan supervisors-in-training and a Consultant from the EMDR Africa Association were present in person with the trainees, together with 2 Consultants from the Dutch team, Alex Hooijschuur and Marieke Meijerink. They facilitated the practicums and some supervision is planned for the coming months."

Alex Hooijschuur writes in, “Professional film-makers are finalizing a 12-minute mini-documentary on the effects of the EMDR training in Northern Uganda starting in 2018. Trainees and clients speak about their experiences. The mini-documentary was shown for the first time at the Dutch EMDR conference (31st March-1 April 2023). Hopefully it will give a boost to the funding so that more trainings and supervision can take place. The link is: <https://vimeo.com/eyeopenerworks/emdr>.”

South Africa

“In South Africa, over the last two years, Reyhana Seedat has conducted five Level 1 and Level 2 trainings. 85 participants have been trained in these trainings. Three trainings have been planned for 2023 and one has been completed so far.”

ASIA

India

Sushma Mehrotra writes, “the EMDR Association in India is a registered body and is a professionally vibrant non-profit organization that organizes low cost EMDR Basic and specialty training. Our members are invited to present lectures and workshops nationally and internationally and have interactive groups to share their new learnings and experiences, During this year, the EMDR Association organized 5 Virtual Part I (one off line in Sri Lanka) Trainings and 3 Virtual Part 2 Trainings. There was inter-country participation of trainers, facilitators, observers, trainers in training and consultants. Countries represented during these activities were Bangladesh, Sri Lanka, Thailand, Indonesia, Cambodia, Pakistan & Malaysia. There were roughly 139 participants who continue to regularly receiving consultation.

The Bombay Psychological Association sponsored three virtual specialty trainings: Carol Forgash on “Ego State Therapy;” Arun Mansukhani on “Intervention with Pathological Bonding Patterns: Interpersonal Dependency and Conflictive Couples;” André Maurício Monteiro on “EMDR and group psychotherapy.” All were well attended. In March, the Virtual Annual Conference addressed, "EMDR: Navigating the challenges of a post-pandemic world," with a Pre-Conference and Panel Discussion. EMDR Asia members are taking a lead in organizing training in several Asian countries and to help in Trainers and Consultant Training. Three of the Trainers in Training have completed their Part 1 requirements and have received the EMDR Asia Part 1 trainers Certificate and 4 of them are almost ready to complete their requirement for the Part 1 Trainer.”

Adithy reports, “I was Co-Chair of the EMDR Special Interest Group of ISSTD (International Society for the Study of Trauma and Dissociation isstd-d.org) with about 150 members, working to further the understanding of clinical application and research of EMDR when working with complex trauma, dissociation and dissociative disorders. Also, I presented at the ISSTD Virtual Conference in 2022, on "Considerations for Integrating EMDR into the treatment of Dissociation and Dissociative Disorders: Where do I start?" I was the lead author of the article, EMDR in the Time of the COVID-19 Pandemic in India: A Short Report, for the *Journal of EMDR Practice and Research* (16[2]).

H’vovi Bhagwagar writes in, “The ISSTD Asia Pacific Virtual Conference held on 19-20 November 2021 featured a presentation on "Family dynamics in complex trauma and

dissociation - a case series from India" by Adithy, Karishma Shah Savla, and myself. This presentation focused on the influence of family dynamics in the development and maintenance of symptoms related to complex trauma and dissociation in Indian urban families, and the use of EMDR as one of the primary methods of intervention. Three cases were discussed in this case series, that highlighted the interplay of Eastern and Western cultures in the context of dysregulated family environments with a common thread of family dynamics underlying the development of complex trauma and dissociation. The presentation elaborated on the influence of attachment patterns, authoritarian parenting, lack of individuation, and nuclear and extended family structures in the etiology of complex trauma and dissociation. The presenters discussed their experiences in private practice, including decision making in the processes of conceptualizations, use of EMDR in the treatment along with other therapeutic modalities, and the journey of therapists, including the therapeutic alliance and therapist errors. The presentation also emphasized the importance of considering historical and intergenerational trauma as underpinnings for Adverse Childhood Experiences (ACEs) in the Indian context.”

Japan

Masaya Ichii writes in, “In Japan, we cancelled the W1 & W2 training in 2020, then restarted the W2 training in 2021 and W1 training in 2022 both online. We are planning the first in person W2 training this summer in Kobe. We have had our annual conferences online during Covid-19 period and featured Dolores Mosquera in 2021 and Onno van der Hart, and Anabel Gonzalez in 2022, as continuing education workshop presenters through zoom. In 2023, we will have an onsite conference in Kobe, with our invited workshop presenter Sandra Paulsen. We are continuing publishing the Japanese Journal of EMDR Research and Practice, even during this period, and this year will be volume 15.”

Sri Lanka

Sister Janet Nethisinghe reports, “The annual EMDR training sessions could not be carried out locally from 2020, due to Covid pandemic that badly affected Sri Lanka. Aside from one virtual training with our Indian colleagues, the opportunities were not available. With the general situation in the country improving, Level 1 training was planned and Sushma Mehrotra and

Mrinaliani Purandari from India came and conducted the session in March 2023. We are happy that the interest in EMDR therapy is gaining ground and unlike before, many people in the mental health field are eager to learn EMDR therapy. As a result, there were 19 psychologists and therapists who completed Level 1 training this time. Currently, Sri Lanka is going through a very bad economic crisis which is affecting all aspects of normal life. There is a very high inflation rate resulting in rising cost of living, making it very difficult for a large section of people to meet their basic needs. Mainly, there is a severe food insecurity for people in faraway villages. With this in mind, the EMDR Association decided to contribute something even in a small way, to make things easier for people. We donated some gardening tools to some villagers, and dry rations to other villagers. A water pump was bought for another farmer who had allowed his land to be cultivated. Thus, besides spreading EMDR as one of the best therapies, this objective of supporting the remote villages to meet their survival needs at his crucial time, will continue.”

AUSTRALIA

Sara Dominguez notes, she “is an EMDR Association of Australia (EMDRAA) accredited consultant and trainer and strongly supports equitable access to the highest quality evidence-based interventions. She serves on the EMDRAA board and is a member of the EMDRAA Accreditation and Standards Committee. She is also on the committee of the Australian Psychological Society EMDR Interest Group. Internationally, Sarah is part of the EMDR Council of Scholars. Sarah has authored numerous peer-reviewed publications and book chapters. She is currently the site coordinator of the Perth site of the IREM FREQ study, a large international clinical trial looking at psychological interventions for adults with PTSD from childhood. She is the director of The Wattle Centre, a psychology center based in NSW, Australia.”

EUROPE

Belgium

Ludwig Cornil notes, “In Belgium, we managed to get EMDR to the Catholic University of Leuven and the Free University of Brussels. Also interesting is the extraordinary fact that for

such a small country we have over 1000 paying members of our society which exists for more than 20 years.”

Cyprus

Elan Shapiro writes, “I went to Nicosia to give EMDR R&G-TEP trainings to EMDR Cyprus at the request of Isabel Fernandez because they are working with refugees from the earthquakes that are arriving in Cyprus. I had 2 Turkish & 2 Greek Facilitators and they did the practicums in their own language. All material has been translated. This will be the first joint event for newly-formed EMDR Cyprus that has united the two language groups despite political sensitivities.”

Greece

Tessa Pratts and Penny Papanikolopoulos report that, “The COVID-19 Pandemic changed our lives abruptly on all levels. Suddenly, we had to learn not only to work online let alone learn how to do EMDR on line. Greece had just begun to surface out of a ten-year excruciating financial crisis that had a terrible toll on us all and had left the entire country numb, when COVID-19 hit... Another blow to our hopes. Despite the economic realities and difficulties of Greece and especially of doing research in Greece, we as well as other trained EMDR practitioners became involved in the following pro bono work. In 2020, we wrote, *EMDR Therapy for Children and Adolescent* for the journal *Child and Adolescent Psychiatry* (Editor: Professor G. Kolaitis, School of Medicine, Kapodistrian University of Athens Greece. Pgs 477-481. BHTA Publishing Medical Arts. Athens Greece). By 2022, E. Foundoulakis joined us in a study concerning the pandemic: *Pandemic Times and the Experience of Online EMDR Practice in Greece: A Qualitative Study on Obstacles and Perspectives. Journal of EMDR Practice and Research*, Volume 16, Number 3, <https://doi.org/10.1891/emdr-2021-0033>. In the same year, we began planning and implementation of an upcoming project concerning the pro bono work done with orphans and staff of an orphanage in Greece. We are supervising a pilot research study with EMDR professionals implementing EMDR interventions. In 2023, Farrell et. al., wrote *Group early intervention eye movement desensitization and reprocessing therapy as a video-conference psychotherapy with frontline/emergency workers in response to the COVID-19 pandemic in the*

treatment of post-traumatic stress disorder and moral injury—An RCT study. (Front. Psychol. 14:1129912. doi: 10.3389/fpsyg.2023.1129912).

Israel

Dorit Segal reports, “EMDR 4 Peace is a non-profit Israeli-Palestinian professional mental health initiative, aiming at cooperating and sharing of current knowledge and skills, which have been useful in working with trauma in our communities. Our vision is to create a united community of EMDR professionals committed to relieving trauma, as well as to be a platform, which inspires reconciliation and peace. We seek to achieve our vision by supporting provision of trauma expertise, trauma training and expansion of trauma therapy and resilience in the local community. We intend to expand and deepen cooperative learning activities between Jews and Arabs, and Israeli and Palestinian mental health professionals. Since starting in June 2022, we have gathered tens of volunteers, including Israeli and Palestinian, Jews and Arabs, including EMDR certified trainers, facilitators, consultants, practitioners, and mental health professionals, who are all seeking to promote our vision. So far, we have had one workshop for Palestinian community workers in Beit-Jala (C Zone) and two Zoom master classes for EMDR therapists. We have connected to peace organizations in Israel and Palestine, and are working toward a full EMDR training in which Israelis and Palestinians will learn together. You are invited to [follow EMDR 4 Peace on Facebook.](#)”

Italy

Isabel Fernandez writes in, “Since our foundation as an Association in 1999, we have carried out a total of 700 interventions in the field of collective disasters, to which must be added those carried out during the entire period of the Covid 19 Pandemic and those carried out in 2022, in the year just ended. We would like to mention that more than 270 humanitarian interventions were carried out within the framework of the Covid 19 Pandemic, with health personnel, with the general population and in schools. We reached about 5,000 people in 52 municipalities, 25 centers of the National Health Center, 31 hospitals and 22 residential homes for elderly, with which we established formal and institutional collaborations. In addition to humanitarian support, considerable work was done on the scientific research front during the Pandemic months. Also, in 2022, we carried out 56 emergency interventions in our towns and cities (suicides in schools, floods, big accidents, etc.). Also, we provided 24 support, therapy and

training interventions with Ukrainian refugees and psychologists and psychotherapists belonging to EMDR Ukraine and the Ukrainian Association of Psychologists. This resulted in 611 sessions (group and individual), the total number of people we reached in 2022, between the Ukrainian population and emergency interventions in Italy, was 9,220. This means that our colleagues in the Association have donated their skills and experience to all these people, giving them immediate relief from the emotional and acute stress they were experiencing, while at the same time doing prevention to limit and neutralizing risk factors for their future. These 9,220 people are in addition to the 25,000 on whom we have intervened in recent years, including those supported during the Pandemic.

We provided EMDR early interventions aimed at situations involving the death of children (by suicide, accident and/or illness). In these cases, the intervention focused on classmates, teachers and parents in general, who were given guidelines for managing the stress reactions of their children who had experienced these bereavements at a very vulnerable age. Also, as seen in previous years, we had requests to intervene in situations where children had been exposed to the loss of teachers or parents. Also, our association has also been contacted in cases of femicide and infanticide, to provide support and treatment to family members and caregivers. In all, we intervened 56 times and helped 3800 people. Since we EMDR Italy has begun to intervene in 1999, we have reached 34,220 people. All of this is the result of the humanitarian efforts of our members. They immediately make themselves available when a critical event occurs in their area and they are contacted by the Association. We are always grateful to all of them for the help they provide with such generosity and dedication. We thank our members for the spirit with which they work in emergencies, as a team, never backing down. Institutions in Italy now have the EMDR Italy Association as a reference for support in acute emergency phases. Requests often come from local hospitals, primary and secondary schools, local police, municipalities, other associations, etc. *This is the result of doing a lot of psycho-education over the years on trauma, on the needs of people in collective disasters and especially on the effectiveness of EMDR. It is the result of many people's good work over the years. It is our contribution to support people towards health so that they can recover from painful experiences with have more hope, strength and resilience.:*

Lucas Ostacoli and Sara Carletto report on their current research, “There are two research projects the first funded by EMDR Europe and the second by the EMDR Foundation: Early psychotherapeutic intervention after childbirth trauma: comparison between EMDR and Supportive Expressive Dynamic Psychotherapy” (Principal Investigator: Sara Carletto, University of Torino) and “Neurobiological effects of EMDR as compared to CBT for the treatment of Depression: emotional processing and autonomic response evaluation.” (Principal Investigator: Luca Ostacoli, University of Torino).”

Netherlands

Renee Beer states, “I am a Child & Adolescent (C&A) trainer in the Netherlands and chair of the EMDR Europe accredited C&A trainers. During the COVID pandemic, the *Global Child EMDR Alliance* was founded, initiated by Ana Gomez and I became an active member. In 2021, the first online global conference, entirely devoted to EMDR with C&A, organized by a group of dedicated EMDR C&A specialists, took place. Four pioneers of EMDR with C&A, our first ‘influencers,’ brought messages to all EMDR C&A therapists in the opening session by Ana Gomez. This truly historic document is saved on the website, containing various resources, so that all EMDR therapists - now and in the future - can watch it:

<https://globalchildemdralliance.com>. Also, I initiated the revision on how to become C&A trainer. The Child Trainers’ Training (CTT), which was provided initially by Bob Tinker & Sandra Wilson for many years. In 2020, the fine-tuned pathway was ratified by the EMDR Europe Board. Since then, a CTT was organized annually, raising a new generation of C&A trainers. The number of European C&A trainers (some still under way) will be doubled by the end of 2023. Nevertheless, many more are needed, to enrich more European countries and to meet the rising requests for EMDR trainings. Several studies on EMDR with C&A have been published recently or are in the pipeline. It is essential for EMDR’s present and the future position in the child field that more studies in more countries be added. Therefore, I advocate C&A trainers anywhere to begin research projects in their country. I am in the process of producing a new Handbook for EMDR with C&A, together with my fellow trainer Carlijn de Roos. It will be a revised, updated, and complemented version of the handbook that was released in Dutch in 2017. The publisher - Oxford University Press - is also releasing the Oxford

Handbook of EMDR Therapy, to be expected soon, which will have a C&A section with seven chapters, written by internationally reputable C&A specialists. The C&A Handbook will be complementary to this Big Bible and with more than 25 chapters it will bring additional information, that will hopefully be an inspirational resource for EMDR C&A therapists and trainers worldwide.

Norway

Mette Uthus notes, “The interest in EMDR as a therapeutic intervention for both public services and private institutions, as well as members of the general public continues all over Norway. We are pleased that the membership in EMDR Norway is growing too. We are hoping to add two more trainers to our current trainers (Bjorn Aasen and child and adolescent trainer Savita Dalsboe). The good reputation of this therapeutic intervention is our best marketing and Francine's wishes are coming through up here.”

North Macedonia

Tetyana Bilokurova says, “I am from Ukraine, but I live in North Macedonia. I have an MA in Clinical Psychology, and, in 2019, I learned EMDR; it turned everything around. With the EMDR protocol, I felt much more confident in my profession. In 2020, EMDR therapy inspired me to open my own clinic. Today, I can help hundreds of people who have experienced various traumatic events and need support. I felt the effect of EMDR on myself, and felt the changes that they made. Since change always starts with oneself, I have great faith in EMDR, the technique and the revolution it can make! After all, as Francine Shapiro said: *“We have done so much, but there is so much more to do! We are all responsible for the world we live in, for healing the trauma and pain that leads to ongoing suffering. To make a difference that affects future generations, don't leave it to someone else. We must all participate in it.”*

Poland

Karolina Rabenda reports, Since the war in Ukraine started, from the very first day, members of EMDR Poland have worked with Ukrainian refugees, Polish volunteers, and host families. Poland and Ukraine are close neighbors. We share over 500 kilometers (330 miles) of the border. Most of this border lies on a plain, which makes traveling across it easy. Also, before the war,

many Ukrainian citizens were living in Poland, which often became the first choice to escape when the war started. So, during the first year of the war, over 10.5 million refugees crossed the Polish-Ukrainian border (it means, a lot – in Poland there are about 38 million citizens). Some of the refugees decided to return to Ukraine, some of them went further to other countries around the world, and about 1.5 million officially registered stayed in Poland (the actual number is probably much, much higher). Members of EMDR Poland volunteered to help refugees since day one of the war. We organized group and individual help in refugee centers all over the country. I worked for 5 months at the biggest one near Warsaw that was prepared for 6000 people. Many of the refugees stayed with Polish families, so we tried to reach out with help for them and host families individually. In our work with refugees, we needed help with translation. Many interpreters were Ukrainians who were living in Poland before the war started. They were very determined to help but also this kind of work was extremely overwhelming for them, so we organized early intervention for interpreters too.

In Polish schools there are many Ukrainian traumatized children now, so we started interventions in schools – for children (both – Polish and Ukrainian), parents and teachers. We provided an intervention for medical staff taking care of Ukrainian kids with oncological problems – every week new children arrived from Ukraine to a central place in Poland, where international medical staff took care of them and within a few days children were leaving Poland to many different places all over the world to receive the best medical care.

We also stayed in touch with our friends – EMDR therapists from Ukraine and supported them financially. In April 2022, the president and vice-president of EMDR Poland, went with a humanitarian convoy to Lviv, to bring medical equipment, supplies, etc. for our colleagues working in the field. In May and August, we organized EMDR training (levels 1 and 2) for Ukrainian psychologists in Poland (training was co-funded by EMDR Europe). We plan the next level 1 and 2 training and self-care workshop for Ukrainian therapists this year, this time not in Warsaw, but in Lviv. Our members reported every activity with refugees. Here are some numbers of our early individual psychological interventions:

- 466 adults and 103 refugee children were reached
- 46 group-based interventions were carried out for adults (527 persons) and 21 for adolescents and children (332 persons)

- 22 Ukrainian psychologists were supported
- 13 interventions for translators and other volunteers.

We also have taken care of Polish citizens helping refugees:

- 26 adults and 31 adolescents and children reached with individual early interventions
- 16 group-based (506 persons) interventions carried out for adults-4 for employers, and 3 groups for doctors and medical staff
- 40 volunteers helped with individual early interventions
- 497 volunteers in 17 group interventions
- 11 groups of interventions (606 persons) carried out for teachers and parents
- 32 people were helped with early psychological interventions for hosting families

Our work has not stopped, we think about it over the long term now. There is still a lot of traffic at the border – every day about 20, 000 people from Ukraine come to Poland and the same number come back from Poland to Ukraine. So, we still work with refugees – in refugee centers, with families, in schools, and in our offices, providing group and individual help. And, the latest news is that last month a group of 4 Polish EMDR therapists went to Turkey right after a fatal earthquake, to provide early intervention for survivors and to support local psychologists. We work online with families in Ankara, and new teams of EMDR therapists from Poland will be traveling to Turkey soon.

Romania

Lorena Mardale reports, “We are a young community, our first generation of consultants went through the accreditation process and training last year and we are now happy to benefit from the knowledge and guidance of our first local trainer. We are working at facilitating the access to advanced training and specialized interventions for our members and supporting the community in growing professionally and expanding. Since the beginning of EMDR in Romania, we received consistent support from EMDR Europe. This spring, we were happy to give some of that support forward, as the Romanian team of consultants and our trainer facilitated the training for the first generation of EMDR therapists in Moldova. We are looking with hope and enthusiasm at the EMDR journey, both locally and worldwide.”

Spain

Ana Gonzalez writes, “The EMDR Spain Association has as its core elements: education, communication, social commitment and research. In terms of education, the EMDR Spain Association offers a lot of advanced courses to keep members up-to-date. There have also been trainings open to other professionals focused on disseminating trauma models more widely. Agreements have been held with various institutions working with vulnerable populations (children in the protection system, refugees, victims of violence, etc.) to promote training in EMDR and trauma and specific interventions. We have also worked with the displaced Ukrainian population in collaboration with organizations dedicated to these issues. In terms of communication, we work on raising awareness of trauma and EMDR within the scientific community and the general population. In these times, the media and social networks have a big influence, and we are communicating in a clear way about the importance of understanding trauma at all its manifestations. We have a social commitment and are encouraging EMDR treatment to be applied in public systems and in population groups with high levels of traumatization. Also, our Association collaborates with different research groups providing training and financially collaborating in various projects. We have also established an annual research award. In our country we are fortunate to have some very relevant research teams, such as those led by Dr. Benedikt Amman and Dr. Carmen Valiente, who are developing interesting projects addressing bipolar disorder, schizophrenia, sexual violence, health care workers, dual diagnosis, borderline personality disorder and the eye movements in EMDR, etc. At an international level, the EMDR Spain Association maintains a close relationship with the countries of Latin America, with which we have many ties. We have also collaborated with the Romanian and Polish Associations in the development of EMDR in their countries.”

Turkey

Safa Kemal Kaftan says, “Regina Morrow and I are about to complete edits of the first ever book on group EMDR, “Group EMDR Therapy” and will be launched at the same time as the EMDRIA conference in 2023. This book has been an international effort of nearly 30 authors from 12 countries representing 3 continents. On a personal note, I have secured funding to conduct a randomized controlled trial with the victims of the earthquake and their children. Here is the plan; caregivers will receive the EMDR Group-Traumatic Episode Protocol (G-TEP) while

their children receive a children's version of G-TEP to create a comprehensive and holistic treatment plan. The sessions will be delivered separately but simultaneously. I have also passed the initial stage for another funding application and, if successful, we will conduct a study on Trauma Stress Relief (TSR) in Ethiopia with persons who are affected by leprosy. The leprosy study will be a collaboration of the University of Manchester (United Kingdom), University of Boğaziçi (Turkey), Trauma Aid UK and G-IST.

Reyhana Seedat sent in, "The Lena Psychology organization from Turkey asked me to help with the survivors of the earthquake on zoom. In February, I did an abbreviated form of the G-TEP and we had a phenomenal response and feedback was excellent. At the request of Emre Emrebey's office, in March, I taught a workshop on working with amputees for the Turkish EMDR volunteers as well as narrative therapy using EMDR.

Ukraine

Renee Beer writes in "Together with Carlijn de Roos, I gave an EMDR C&A training to Ukrainian therapists. Being also a TF-CBT trainer, I take part in an international TF-CBT project, that supports Ukrainian therapists by training and consultation. All children who are treated with TF-CBT will get a pre- and post-treatment screening on PTSD. I suggested we combine the data of these children with children who are treated with EMDR, so a greater set of data is gathered from children who are treated with evidence-based treatments during war-conditions. The data will be assessed by the "TF-CBT Ukraine Project," led by Elisa Pfeiffer at Ulm University, with the TF-CBT treatment developers, international trainers and Ukrainian collaborators. Hopefully the results will convince policy makers to support dissemination of evidence-based treatments, also in war situations."

Roger Solomon congratulates, "the new Ukraine EMDR therapy supervisors whom I had the honor and pleasure to train. EMDR therapy has really grown in Ukraine and these new supervisors are needed. I am also working with veterans and civilians suffering from traumatic loss and PTSD. It is meaningful to be able to help out in these tragic times. The resilience of the Ukrainian people and resolve to survive is inspiring to me."

Olya Zaporozhets writes in, “The International Institute of Postgraduate Education in Ukraine and The Center of Psychological Counseling and Traumatherapy “Open Doors” are actively applying EMDR derived protocols with Ukrainians during war time, in addition to training Ukrainian clinicians in EMDR, G-TEP, and Immediate Stabilization Procedure (ISP). Currently, there are about 160 EMDR-trained clinicians we trained who are under weekly clinical supervision and another 100 who successfully finished the program that helps thousands of people in Ukraine who are being evacuated abroad weekly. Our Institute has conducted a comparison research study with EMDR-derived protocols for stabilization and early intervention during continued war stress. ISP, G-TEP, RTEP, IGTP, EMDR standard protocol and tapping were helpful in showing a significant reduction of SUDS and assisted in building resilience during continued missile attacks. This research will be presented at EMDR Europe conference in June, is currently under review for publication in a US Mental Health journal. The Institute continues regular EMDR basic trainings and trainings in GTEP. We are currently finishing the IGTP training platform translation into Ukrainian language that should be available to Ukrainian clinicians in an asynchronized environment (self-paced as the information is pre-recorded).

The Institute is also offering a four-day trauma training course on-line in Ukrainian language that includes education about the following: foundations of traumatherapy, grief and loss, compassion fatigue and stress management, psychological first aid, and ISP. This course is available to all trauma responders for a donation, is taught once a week, and repeated every month. So far, this course was taken by 913 helpers in 2022, out of which 300 were military chaplains. The Institute’s Center “Open Doors” is also seeing clients in Kyiv face-to-face and on-line and accepting new clients with no waitlist, including military, civilians, children, and families. Free services are available to all Ukrainians suffering the impacts of war. The link is <https://odukraine.com/en/home-page-2/>

United Kingdom

Shiraz Farrand reports, “The EMDR UK Association Refugee and Asylum seeker SIG is hosting an online conference in May 2023. It will have speakers from around the world. The organizer is a Trauma Aid UK trustee. This is the link to the conference:

<https://www.emdrassociationevents.org.uk/product/using-emdr-therapy-to-support-refugees-asylum-seekers-and-displaced-people/>

Sandi Richman notes, “I am serving on boards like the Standards Committee of EMDR Europe, running Consultants trainings keeping up standards of consultation of EMDR accreditation for EMDR UK, and Europe and occasionally running trainings for Trauma Aid UK. I have supported the formation of EMDR Africa. So, I am happy to contribute to the continuing development of EMDR in Europe and Africa.”

NEW ZEALAND

Astrud Katzur reports, “It has been an exciting time for EMDR therapy in New Zealand with growing interest in learning and applying EMDR therapy in a wide variety of settings. We ended 2022 with our second hybrid conference. Feedback from the post-conference survey expressed appreciation for the depth and usefulness of the presentations, something we are sure will continue at this year’s conference as well. As demand for trainings has been continually increasing, EMDRNZ supported the EMDR Institute-based Trainer’s Training of 2 EMDRNZ Case Consultants: Tal Moore and MaryAnn Stevens. They were supported by the head of the Institute Trainer Training, Gary Quinn (Israel) and senior trainers Nick Cocco (Sydney) and locals Tom Flewett and myself. We have started 2023 with now 4 accredited EMDR-Institute trainers and have accredited Vania Miteva and her training (who had previously been accredited by EMDRAA) as well. Tom Flewett’s research on EMDR within a forensic setting has inspired the University of Otago’s Department of Psychological Medicine (Wellington Campus) to support the introduction of a new “Special Topic: EMDR therapy” paper in 2023. This year-long paper aims to be equivalent to the current Basic Training and EMDRNZ has been able to accredit this training, now underway with 36 participants. The planning and design of the second-year paper on EMDR with special population is now underway for 2024. In 2022, we have had 8 successful applications for accredited EMDR Practitioners and 2 for accredited Case Consultants. Our numbers of Consultants-in-Training is continually growing and we all appreciated the support by a day-long training by Derek Farrell in December 2022.

EMDRNZ continues to offer a one-year free membership for participants of the Part 1 EMDR training and 136 people took advantage of this, bringing our membership to 476 by October 2022. Being able to offer EMDR therapy to as many people as needed has been a challenge around the world and group-based EMDR interventions are a likely path to support this. There are now two, with a third to start soon, teams of EMDR practitioners offering regular Group-Traumatic Episode Protocol (G-TEP) sessions for survivors of sexual abuse (publicly/ACC-funded). We are looking forward to hearing about their research soon. EMDR NZ has continued the financial support of the EMDR Child trainings offered by our Dutch colleagues. This took place again in-person training in February this year. Another exciting development has been the participation of Allistair Bush (Case Consultant) in the EMDR Europe Child Trainer Training. We are looking forward to having a New Zealand-based EMDR Child Trainer and trainings in 2024. After the impact of Cyclone Gabrielle in February 2023, we have started to consider establishing a Trauma Aid Aotearoa network to fill the gaps in NZ in mental health disaster responses. There is always more to be done.

The Board is also exploring the possibility of a working relationship with our EMDR colleagues at EMDRAA (EMDR Association of Australia). Initial conversations have started about what this might look like and how it might be mutually beneficial. This work will continue in 2023. We have started 2023 with a review of our accreditations criteria, seeking to update them with the EMDR Europe criteria as our main guide. This process is almost complete and we hope to publish them soon.

SOUTH AND CENTRAL AMERICA

Nicolás Rodríguez Del Real writes in, “In mid 2021, after the dissolution of EMDR Iberoamerica, the Regional Organization EMDR Alliance Latin America and Caribbean (EMDR ALAC) was constituted. Its main mission is to disseminate EMDR therapy, watch over the legacy of Francine Shapiro, create incentives for research, humanitarian aid and support the development of National Associations in the Latin American and the Caribbean Region. Today, EMDR ALAC establishes and maintains standards for basic and advanced training throughout its geographic region, endorsed by the national associations that compose it. It also sets and maintains the standards for achieving the status of Certified EMDR Therapist, Certified

Supervisor, Trainer and Trainer of Trainers. Since 2022, EMDR ALAC is part of the EMDR Global Alliance, a World Forum of Regional Organizations, which operates as an advisory body, acts as an assistant to new EMDR associations recognized by the national associations of EMDR ALAC member countries, as well as, developing operational guidelines derived from a shared vision and mission. As of March 2023, significant contributions to the international community have been shared by EMDR ALAC National Member Organizations, specifically the protocols and procedures developed by EMDR Mexico, which are supported by 59 scientific research published articles (<https://tinyurl.com/2k6gt85z>).

Argentina

Susana Balsalmo reports, "I am a clinical psychologist, EMDR Trainer of Trainers, Trainer and Approved consultant for the EMDR Institute. I'm Director of the EMDR Argentinians' Institute and Specialist in Psychotrauma and Psychological Intervention in individual and collective critical situations, a "Certified Traumatologist" for The Green Cross Academy of Traumatology and an invited profession in the Psychotraumatology Diploma course for the Newman Institute in Mexico. I train graduates in psychology, postgraduates and clinicians in EMDR psychotherapy in Buenos Aires and other provinces of Argentina and Paraguay and taught courses and seminars related to trauma in Argentina, Chile, Paraguay and Uruguay. I was the president of the Argentine EMDR Congress organized by Asociación EMDR Iba Argentina, under the presidency of Adrián Cillo, in 2022, with top-level national and international presenters from Argentina, Brazil, Chile, Spain, the United States, Italy, Mexico and Uruguay, with the participation of 400 EMDR colleagues. For 12 years I have been teaching the advanced training course called "GEA: EMDR Advanced Education Group" for Latin America and Europe. In this advanced training, each phase of the standard protocol is deepened and we emphasize how to solve the difficulties that arise especially in complex PTSD patients. I am a child and adult therapist specialized in complex PTSD and in trauma for medical interventions and pre- and post-surgical psychoprophylaxis (a method for coping with labor pain by using patterned breathing techniques and relaxation). I have created a specific protocol to work with both children and adolescents and adults, using these breathing techniques. I am especially interested in increasing and strengthening of the adaptive network throughout the eight phases and in conceptualization and treatment planning. Adrián Cillo and I have been offering workshops on

these topics for many years. In 2021, I created the Argentine EMDR Institute with the objective of offering the basic training in EMDR therapy and specific courses in order to disseminate the model. I am currently the Coordinator of the Research Chapter and part of the Self-Care Chapter, for the EMDR IBA Argentinian Association. I have published articles and books (co-authored) on trauma and I support research teams concerning topics related to psychotraumatology. I am especially interested in the area of research since I believe that continuing to strengthen the scientific evidence of the model strengthens the model itself.

I was EMDR IBA's Argentinian Association President during the period 2017-2021 in which we have held numerous events and advanced training courses. During the pandemic we carried out support courses for therapists giving resources to face the situation we were experiencing, especially, the transition from face-to-face therapy to online care, but also emphasizing what was happening to us, our own uncertainty, and our own fears, and how to face the isolation that in Argentina it has been occurring over a long time.”

Adrian Cillo writes in “EMDR Iberoamerica Argentina Association was created in Buenos Aires, Argentina, in 2010 by the initiative of a group of trainees under the leadership of Maria Elena Aduriz. Its objectives were established in order to maintain the international standards of the EMDR Institute, provide continuing education courses, develop research in the country related to the model, as well as create the internal organization system of certified therapists and consultants at a federal level. Special emphasis was also placed on the humanitarian development program and many humanitarian actions were held over this time. The Iberoamerican EMDR Congress was held in 2016 with more than 400 participants from different countries. After this event the development of the organization was exponential. During the COVID emergency, under the presidency of Susana Bálamo, a huge humanitarian program was developed to help therapists and established alliances with organizations to give the necessary support to the reality that was being lived. In 2020, we celebrated our 10-years of life with monthly events and a tribute to Francine Shapiro. Under my presidency in 2021, we became members of the EMDR Alliance Latin America and the Caribbean, the first EMDR IBA Argentina conference was held with the participation of speakers from 14 countries and the participation of hundreds of therapists from around the world. Also, Alliances have been made with local organizations and

established links with the International Red Cross, giving support to humanitarian programs in three different States. An open call for humanitarian development programs was held and EMDR IBA Argentina donated 1 million pesos from fees for their workshops conferences and members fees, to maintain these humanitarian programs, with Córdoba, Salta and Rosario are receiving special support. During 2022, seven chapters inside the Association were created for research and development of specific clinical areas and we have been represented at the European Annual Conference. We have provided basic training for more than 2200 clinicians, engaged 100 therapists in two annual continuing education courses, and provided international level training and international workshops regularly. In the last two years, we increased our active members by 50% and tripled our activities adding webinars, clinical discussions, and workshops. As a service to the region, EMDR IBA Argentina developed a group of translators and we offer simultaneous translation in our events and are translating the most prestigious books into Spanish in order to offer the best material in our language to breakdown any language barriers. Our commitment is to quality and international EMDR standards for our whole region.

Adrian Cillo reports, “I am an adult and infant psychiatrist and a full member of the American Psychiatric Association (APA), as well as an Associate Professor of Psychiatry at the UCES (Argentina) and at the Postgraduate Department of the Faculty of Medicine of Buenos Aires University. Also, I am the present EMDR Argentina President, the Academic Secretary of the Graduate School of the Argentine Medical Association and the Scientific Secretary of the Psychotrauma chapter at The Psychiatry Association. My major interest is in the trauma field and I have written many articles in relation to trauma and EMDR and given many lectures internationally on trauma, dissociation and EMDR. I have my own way of thinking about EMDR conceptualization, have presented it in many countries and am working on a book on this. As EMDR Iberoamerica president, I have worked on the creation of specialty chapters inside the organization concerning research, trauma, dissociation, childhood and adolescence, self-care, psychosomatic diseases, eating disorders, and sexuality and gender, enabling development and research in each of these specific areas. I am promoting the development of the humanitarian aid program, creating a system endorsed by the International Red Cross that was financed in three Argentine states for a value of one million pesos. The programs were aimed at

preventing trauma in vulnerable populations in critical areas of the country. I have always believed in reducing language barriers, and am achieving this through the translation and interpretation of EMDR-related material into Spanish. I recently received the honor to be the Argentinian representative to the World Psychiatric Association in Vienna by the FINTECO Foundation (an Argentinian psychiatric association).

Brazil

Andre Monteiro says, “Here at Space of the Mind (Andre’s training school) we have created the EMDR club, which is a virtual space for post basic training colleagues who participate in monthly live broadcasts with guests, podcasts, and access to online courses. Our last guest was Nacho Jarero (México) speaking about updates of the ASSYST protocol, and our next one is Nicolás Rodríguez (Chile) who will address the use of EMDR intensives, thus enhancing interchanges with other Regional EMDR Associations. I presented a workshop on EMDR Group psychotherapy at the 5th Annual Conference of India EMDR Association, with participants from 7 countries, also opening an exchange with Asia. I have also written a chapter on this subject for the upcoming Springer book on Group EMDR, edited by Regina Morrow and Safa Kaptan and will be presenting on the topic at the upcoming EMDR European Conference, in Bologna. In May, we’re hosting Jamie Marich, who will offer an online workshop on EMDR and Dissociation, based on her most recent book: *Dissociation Made Simple*. (contact information: contato@espacodamente.com)

Ana Lúcia Castello notes, “Since 2018, the Brazilian Association of EMDR has created the "SOLIDARY NETWORK Program" which aims to provide psychological humanitarian aid services throughout Brazil. Currently, this program has 568 participating psychologists and physicians who have been trained to work with groups and individuals applying 2 group protocols (G-TEP and R-TEP protocol) developed by Elan Shapiro’ and the Assyst-I and Assyst-G Protocols developed by Ignacio Jarero and Susana Uribe in (2017-2020). In 2019, we dealt with violence at the Suzano school in Brazil where deaths occurred. Consultations were carried out involving coordinators, teachers, adolescents, and parents of this school for 6 months. We worked with firefighters who participated in rescues in the region of Brumadinho, MG, Brazil, where, due to the rupture of a dam, a natural disaster occurred, killing many people in the city. In

2020-2021, through the "SOS Health Professionals," online consultations were carried out through a program of 12 consultations involving health professionals who were at the forefront of providing assistance to the population at the time of COVID-19. We also sponsored the "SOS WOMAN Program," called "It Was Scam, Not Love," which was a project designed to assist women who are victims of financial fraud over the internet. This program, along with FRESHpr Press Office, won two awards in the "Jatobá Award 2022" which is the highest Public Relations award in Latin America. In 2022, the Brazilian Association of EMDR created the "Children and Youth Committee" and already there are professionals working in two of the states in Brazil. We hope to fund these programs in the future from profits from our EMDR trainings.

Honduras

Victor Aguilar Alianz says, "EMDR Honduras is the youngest national organization in Central America, which has had the technical support of EMDR Guatemala and EMDR Mexico since its inception. Its approach has been to strengthen technical skills in psychotrauma in mental health professionals, training and diffusion of the EMDR model in Honduras. To date, most of the professionals who have been trained in EMDR therapy have been from state institutions and humanitarian organizations who care for people affected by violence such as Doctors Without Borders, the Red Cross, the Human Mobility Pastoral, Children's Refuge Houses, the Honduran Directorate for the Protection of Children and professionals linked to teaching. EMDR Honduras is a member of the Latin American and Caribbean EMDR Alliance."

Mexico

Ignacio Jarero reports that, "As of March 20, 2023, through the Humanitarian Emergency ASSYST Response Training (ASSYST HEART), nearly 300 mental health providers from Turkey, Syria, and Bulgaria have received training to help the February 6, 2023 earthquake survivors. This earthquake killed over 50,000 people. Also, through the ASSYST HEART, 6,490 mental health providers from Ukraine, the Czech Republic, Slovakia, Romania, and Hungary have been trained. They have been using the ASSYST procedures to successfully alleviate the suffering of countless Ukrainian children, adolescents,

and adult refugees and asylum seekers. To learn more about the ASSYST Treatment Intervention Procedures, please visit <https://tinyurl.com/2m9n7e74>

NORTH AMERICA

CANADA

Dell Ducharme reports, “EMDR Canada remains active promoting EMDR through various initiatives and events such as regular, virtual seminars for its members. We hosted our annual EMDR Canada conference in April, live, at the White Oaks resort in Niagara on the Lake, Ontario Canada. The conference was titled "The Brain, the Body and Trauma: Integration with EMDR therapy. We had many talented speakers, both national and international, who will be speaking on a variety of topics. [Dr. Damir del Monte from Croatia via Germany](#) was our plenary speaker and he presented his essential findings of brain research relevant for psychotherapy in general, and for EMDR in particular. In doing so, he will offer an overview of the state of neuroscientific research and from a neurobiological perspective, will address the question of how psychotherapy, with special appreciation of EMDR, influences and supports change. In addition to planning a conference, the Board has been active in supporting its membership through financial support to attend conferences, and to undertake local research. This year, Dr. Colette Smart received a Research Award; she has published a study on EMDR for Post-State Post-Traumatic Stress Disorder: Case Report Using the Three Phase Approach. This year has also been busy from an organizational stand point. We have brought on a number of new board members, and currently will be undertaking a redesign of our website to bring it in line with current standards, and to improve efficiency. Hopefully, once on board, the new website will be more user friendly and relevant to our members. As well, EMDR Canada has recently re-activated its Facebook page. We are hoping in doing so that communication amongst our members will be better facilitated, along with an increase in the sharing of ideas and of newsworthy events. Our Regional Coordinators too have been very active across the nation, and instrumental in helping to support the educational interests and needs of our membership. Because of their hard work and commitment, EMDR Canada has witnessed a strong increase in membership. We have around 1,100 members. In looking forward, the Board remains committed to examining ways to improve the organization for its membership through continued

support of yearly conferences, webinars, a quarterly newsletter, and research. We will also be looking at how, as an organization, to best support diversity and inclusion.”

Judy Moench writes in about *The Self Care Traumatic Episode Protocol* (STEP) that she created. She notes it is a low-intensity, guided self-help remote intervention featuring a series of videos that provide psychoeducation, stabilization, processing, and containment strategies. STEP was adapted from the Group Traumatic Episode Protocol (G-TEP; E. Shapiro, 2014). The STEP intervention includes several layers of safety and screening to assist clinicians as they determine which level of support is best suited for their clients. To date, these protocols have been overseen by a licensed mental health professional who, through a series of assessments, determines which level of access is most appropriate to their clients. Those experiencing significant symptoms of distress without a post-traumatic injury are guided to access the clinician-assisted intervention individually (STEP Solo). Those with symptoms of post-traumatic stress are guided to a clinician-administered group intervention (STEP Together). Those with a complex post-traumatic stress injury would be directed to One-to-One treatment. Safety and screening measures are embedded throughout all the protocols to identify those who may benefit from more intensive supports. Due to the video format, STEP helps clinicians adhere to the protocol, increasing treatment fidelity. Within STEP Together groups, the risk of vicarious trauma amongst participants and clinicians is reduced because, like in G-TEP, information about the traumatic event is not discussed but strengths and resources are shared by group members. As the demand for mental health services continues to increase, guided self-help and low-intensity interventions like STEP may help make mental health services more accessible, as they are time-efficient for clients and clinicians. A randomized control study has been completed on the STEP Solo intervention with mental health clinicians within the context of COVID-19, and results indicated statistically significant decreases in depression, anxiety, and stress, and statistically significant increases in self-efficacy. The STEP Together protocol has been piloted with a group of clinicians working in a refugee camp following a man-made disaster. Additional pilots include a group of staff working with and in leadership roles within a first responders’ organization and a group of staff members within a large urban health board. We continue to explore additional avenues for research for the protocols in order to increase the availability of these protocols with the community.

Judy Moench continues her report about the *Prepped 4 Learning School Program*. This is a comprehensive self-regulation program designed to provide students with the tools necessary to understand and regulate their emotions and attention and become better learners. It provides a user-friendly, AIP-informed school program that meets the general health curriculum requirements and can be applied within the classroom, whole school, or district-wide setting. Thus, the program may benefit students while still maintaining the priorities and goals of the school district. The Elementary edition of the program was developed collaboratively by teachers, school psychologists, and in consultation with child development experts, parents, and school administrators; and was based on a review of the literature in order to create a comprehensive learning and teaching experience. Prepped 4 Learning consists of four parts and aims to provide guidance on proactive support and interventions from prevention to critical response. *First*, a self-regulation e-Book that includes scripts, activities, and classroom resources for teachers to easily integrate into the classroom to teach self-regulation skills. *Second*, a series of Professional Learning modules developed for school staff describing how overwhelming life events impact the brain and can affect learning and behavior. *Third*, a Parent Information section to teach parents about the activities, strategies and processes their children are learning in school, so they might continue integrating these strategies at home. *Fourth*, a Pyramid of Intervention which guides staff through recommended protocols to use when assisting students in the aftermath of a traumatic event or a series of on-going overwhelming events. *Tier 1* focuses on the universal promotion of emotional health and student well-being through teaching self-regulation skills. *Tier 2* suggests immediate, targeted interventions to use with students following an overwhelming or traumatic event. These tiers aim to reduce the number of students who will require *Tier 3* interventions by providing them with a foundation of skills they can use to manage their emotions, thoughts, and body reactions. *Tier 4* provides recommendations for more intensive supports for students experiencing distress, provided in the school or further treatment in the community. The main focus of the program is to help school staff assist students in regulating their body and mind to be relaxed and ready to learn. For more information on the STEP and Prepped programs, please visit our website at Prepped4Learning.Com

United States

California

Andrew Leeds reports, “This past year I gave a series of invited presentations including two webinars for the EMDR Association of Australia: “Beyond the DES-II” – (June, 2022), based on the paper I co-authored with Jennifer Madere and D. Michael Coy in early 2022 in JEMDR (V16N1); and on “Repairing Attachment with RDI” (August 2022). In May 2023, I will be giving an invited keynote for the EMDRAA annual conference on “An Update on the Progress and Future of EMDR Therapy.” Most recently, in March 2023, Jennifer Madere and I were invited to give a presentation on “Assessing Fidelity during EMDR Consultation” for the first ever EMDRIA day-long program for Approved Consultants and Consultants-in-Training. We focused on the strengths and limitations of the available EMDR fidelity scales. We highlighted the challenges of providing consultation toward advanced EMDRIA credentialling due to the absence of explicit objective criteria on their application forms for Certification and Approved Consultant. Our hope in offering these presentations was to support explicit, objective standards like those required by EMDR Europe and EMDR Australia. I wrote an article in 2021 for the EMDR UK EMDR Therapy Quarterly on “An integrative model of case formulation and the symptom-informed model of target sequencing” which can be found at <https://tinyurl.com/jnbn5yed> In 2022, JEMDR published the first of two papers on the Positive Affect Tolerance Protocol and the second, more theoretical paper with additional case examples will appear in JEMDR later this year. Also, I was invited to write a chapter now in press on the Adaptive Information Processing Model for the Oxford Handbook on EMDR therapy. Current research projects include being a co-author with a group researching training and credentialling standards on a landscaping paper in submission with JEMDR reviewing international standards for accreditation for EMDR therapy in comparison with other models of psychotherapy. We are also gathering survey-based data on EMDR training outcomes and plan to publish our findings in 2024. The survey will remain open through June 2023. Any clinician anywhere in the world with any EMDR training experience can participate in the survey at <https://madmimi.com/s/7a65e51>. This is a survey created by independent researchers. They are not beholden to any EMDR professional association, Board of Directors or Officers. The research team includes members from Asia, Australia, USA, and the UK. The work product will reflect the data analysis and will not be subject to review by leaders of any EMDR professional

association. Researchers designed the survey ourselves and obtained IRB approval on their own. Results will be published as a group of independent scholars and not as representatives of any organization. I continue to lead two of my four-weekend EMDR basic training programs per year. I offer two basic and two advanced consultation groups each month. To keep up on the EMDR research, I maintain my regular blog postings covering the recent research on EMDR therapy at: <https://www.sonomapti.com/blog/> and regularly update my comprehensive listing of all the EMDR research by category at <https://www.sonomapti.com/emdr-research/> I have a workshop proposal in submission for the 2023 EMDRIA Conference on “Beyond resistance. Learning from impasses, ruptures, and inadequacy in EMDR therapy.” If accepted, that would continue my unbroken record of presenting at every EMDRIA and EMDR Network conference going back to 1994.”

Priscilla Marquis notes, “I am excited to be working towards my goal of helping local non-profits that work with diverse populations complete their Basic EMDR Therapy Training. As an EMDR Institute Regional Trainer, I just completed a Part 2 EMDR Therapy Basic Training with UCSF Benioff Children's Hospital and Clinicians from 5 other Non-Profits, including Familias Unidas, a nonprofit providing Spanish speaking mental health care. In May, I will be training Clinicians from Third Street Youth Services which provides free therapy to youth in the Bayview Neighborhood.”

Connecticut

Karen Alter-Reid writes, “Our Fairfield County Trauma Response Team continues to provide trauma education, critical incident debriefings and EMDR Therapy to law enforcement, firefighters, EMT's and dispatchers. Our services will be expanding to include the entire state of CT as the demand throughout the state has been great. During the pandemic, we also provided EMDR treatment to nurses, physicians and respiratory therapists. The team was featured in a New York Times article, 'I Can't Turn My Brain Off: PTSD and Burnout Threaten Medical Workers: <https://www.nytimes.com/2020/05/16/health/ptsd-medical-workers.html?smid=em-share>”

Florida

Regina Morrow reports, “The R-TEP/G-TEP International Network brings together researchers, trainers, graduates of the training courses and interested people to discuss application of the Traumatic Episode Protocols (TEP) suite protocols developed by Elan Shapiro and team. RG Network began meeting in March of 2020 to focus on addressing the needs of COVID-19 around the world. Topics vary depending on the circumstances of the needs. We have addressed adapting to virtual delivery, the war in Ukraine, and the most recent meeting focused on the earthquakes in Turkey and Syria. Elan Shapiro and I co-host this free, bi-monthly meeting. If interested, reach out to me and request the next meeting notice. The schedule is posted on www.earlyEMDRintervention.org.”

Massachusetts

Ricky Greenwald writes, “My nonprofit org, *Trauma Institute & Child Trauma Institute*, has been providing no-cost intensive trauma-focused therapy in Northampton, MA since 2015, on a Victims of Crime grant that has been renewed several times. In this program, we have three full-time therapists providing week-long intensives using a manualized treatment approach featuring EMDR, PC, and Flash. Outcomes are excellent, as reported in two published studies. In 2022, we started a similar privately-funded program in Wilmington, NC, where we have four full-time therapists offering free intensives to children, teens, and adults. I love intensives because you get results so quickly, while also reducing dropout rate as well as total number of treatment hours (compared to the conventional hour-per-week format). I have been giving workshops on how to do intensives since 2016, and I'm thrilled about the recent proliferation of therapists providing intensives. In support of high standards, we've just introduced a Certification in our research-supported model of providing intensives.”

New Jersey

Maria Masciandaro reports, “The political unrest in Ukraine set off a call for help for Ukrainian EMDR trained therapists. While EMDR Group-Traumatic Episode Protocol (G-TEP) was seen as a potential means of processing the unfolding traumatic events, the standard 8 phase protocol reminds us to ensure adequate preparation is essential. Thus, the Group- Resource Enhancement Protocol (G-REP) was developed to ensure adequate resources were available for each of the clinicians before trauma processing was introduced. Using the GTEP worksheet as a model, a

strategy for resource enhancement/development was created. Using the four elements exercise as a beginning, moving counterclockwise around the worksheet, currently held resources are strengthened and an opportunity to create what is needed to face the current difficulties is provided. An invitation for sharing can be made at the end if desired. Feedback is important as well as follow-up information. The feedback from the Ukrainian therapists was very positive.”

New York

Carol Forgash says, “These last three years have been a stressful, but interesting time to be an EMDR clinician. I work part time with clients and consultees using Telehealth. It was challenging at first, but has become a way of life. In fact, I participated in an EMDR HAP Distance Learning training with other senior clinicians, to help EMDR therapists, called Best Practices: Teletherapy EMDR, available on the HAP store. I’ve also had the opportunity to present Telehealth trainings in Brazil, Iowa, and soon, in Turkey. I’ve also volunteered with EMDR HAP to develop responses to the situations in Ukraine and Turkey. My book: *Healing the Heart of Trauma and Dissociation with EMDR and Ego State Therapy* is available in French and Italian, and has recently been translated into Turkish. It’s wonderful to know that as I grow older, I have opportunities to advance EMDR practice and knowledge, as communication with our worldwide community grows.”

Sandy Shapiro writes in “Greg Carson, Peggy Reubens and I just published a paper which will appear in print in the *International Journal of Integrative Psychotherapy*. Rather a swan song for me. The article is about trauma, memory reconsolidation, and integrative psychodynamically-oriented therapy. My case contribution featured EMDR. Greg’s was SE plus a variety of other techniques. The integrative trauma treatment program I started at the National Institute for the Psychotherapies many years ago is still going strong. Sarah St. Onge directs it and Nancy Bravman is Associate Director. Greg may still be heading the Clinical Affiliate program which supervises licensed therapists in their EMDR work, offers EMDR training (Karen Alter-Reid), and provides the therapists for the sliding fee trauma treatment program.”

Ohio

Barbara Hensley notes, “*The Many Tracks of EMDR Therapy: Sourcebook of Techniques, Interventions, Strategies, and Modifications to the Standard EMDR Therapy Protocol* by Barbara J. Hensley is a handbook of innovations created by clinicians, inspired by the clients they treat, that have arisen throughout the years, making EMDR therapy more robust and ultimately more successful. These creative discoveries and enhancements unlock the unique client circumstances and enhance the processing within memory networks. Thus, the next level of EMDR history has been born. Expanding on Shapiro’s (1995, 2001, 2018) famous train metaphor, the author winds the reader through the tracks of the eight phases and three-prongs of EMDR therapy, highlighting the creative ways clinicians help a client unload damaged cargo (i.e., dysfunctional material) and load recovered cargo (i.e., adaptive resolution, learning) at each stop until the train arrives at a predetermined destination.

[The Many Tracks of EMDR Therapy: Sourcebook of Techniques, Interventions, Strategies, and Modifications to the Standard EMDR Therapy Protocol: Hensley EdD, Barbara J.: 9798218045227: Amazon.com: Books](#)

Pennsylvania

Marilyn Luber reports that, “I assisted in the Springer publication of *Treating Depression with EMDR Therapy: Techniques and Interventions* (Hofmann, Ostacoli, Lehnung, Hase & Luber). This book was translated from German and offers a unique and excellent understanding of how to address the treatment of depression with EMDR (<https://www.springerpub.com/treating-depression-with-emdr-therapy-9780826139658.html>) . I have also been assisting Roger Solomon in the editing his book, *EMDR Treatment of Grief and Mourning*, soon to be published by Oxford Press in English. There is already a version of it in Italian (https://www.amazon.it/Lutto-EMDR-diagnosi-allinterventoclinico/dp/8832854058/ref=sr_1_1?crd=34MLXBC5WFMGC&keywords=roger+solomon&qid=1681224046&srefix=roger+solomon%2Caps%2C485&sr=8-1.”

Catherine McLaughlin writes” I have been working from home on Zoom since things shut down in 2020. I live and work amidst the rolling hills, farmlands, trees and small towns of the region.

I'm happy to report that my clients transitioned remarkably smoothly during the pandemic and have decided to continue with this efficient, convenient format. EMDR works from just about anywhere and I have not had any issue using my light bar onscreen.

EMDR thrives and is part of the counseling fabric here. A skilled EMDR therapist with a solid reputation can have as many clients as they want or can handle. To a one, every counselor/consultee and EMDR colleague I work with has a wait list. And there's lots to do. As elsewhere in the US, gun menace and violence are rightfully scaring our schoolchildren and their parents; anxiety and depression in the young and in the elder populations are on the upswing and far right-wing politics and conspiracy theories along with the distrust and ill will they engender have traction here. Addictions of all sorts are escalating. There's poverty, there's domestic violence and there is abuse of children. There is palpable and behavioral racism and homophobia. There is cultural intolerance. There are families trying to reconfigure after the loss of loved ones through COVID and other tragedies. This is what I encounter out here in the country. Thank goodness for EMDR, and its ability to catalyze healing, recovery, and positive adaptation. As a generalist who was certified back in 2001, I use EMDR methodology with every client from day one. I have been busy staying EMDR educated and providing consultation to colleagues; and therapy to teens through elder populations along with EMDR informed CISDs throughout a wider area. I'm proud and hugely grateful to be part of the EMDR community and I value my part in it as a day-to-day, appointment-by-appointment largely behind the scenes EMDR therapist."

Texas

Jennifer Madere writes in, "D. Michael Coy and I wrote the section on EMDR for the ISSTD guidelines on treatment of adults with dissociative identity disorder. The full manuscript is in review for publication in the Journal of Trauma and Dissociation. Similarly, Michael and I co-lead a group that developed and now teaches a year-long course through ISSTD which offers basic training in EMDR therapy alongside foundational training in conceptualizing and treating complex trauma and dissociative disorders. Michael is presenting a course in April on "Exploring Unthought Knowns in Integrating Ego State Therapy and EMDR to Treat Dissociation" at the ISSTD 2023 Annual Convention (<https://www.isst-d.org/training-and-conferences/emdr-therapy-training/>). Other colleagues and I have an article, "An International

Review of the Teaching and Learning of EMDR Therapy and Comparator Models of Psychotherapy,” in review with the editors of the Journal of EMDR Practice and Research. Also, I’m collaborating with a colleague of mine, Elizabeth Heuertz, in presenting a conference session and writing up a paper on comparing, contrasting and integrating EMDR therapy and inner healing prayer with Christian clients.

RELATED EMDR TRAUMA AID/HUMANITARIAN ASSISTANCE PROGRAMS

Trauma AID-Germany

Frank Hofmann reports, “The regional emphasis of TraumaAid Germany’s (TAG) projects has recently shifted to Ukraine, while maintaining links with Northern Iraq, Lebanon, Ruanda and Cambodia.

At the onset of the war in **Ukraine**, TAG had since 2017 already well-established contacts and was aware of the mental health situation there, further exacerbated by the war and the ensuing refugee crisis. As of now, 3 full training programs in TPSS+® (Trauma Psycho Social Support plus elements of EMDR) have been carried out or have been approved for 2024. The program comprises 3 levels. Each level consists of times 5 days of seminars, 2 days of group consultation, field practicum and case presentation. This program involves social workers, priests and applied psychologists. Concurrently, future supervisors and trainers (with a minimum qualification as EMDR supervisors) are being trained by TAG staff.

The same training structure has been applied in 2022 in **Northern Iraq**, both for a full EMDR course (Derek Farrell) and a TPSS+® course (Frank Hofmann & Mirjam Goihl). While supervisors in TPSS+® can continue to be trained, TAG is looking for sponsors for an EMDR training.

A similar situation exists in **Lebanon**, where further trainings for TPSS+® supervisors have been secured. Both in Ukraine and in Northern Iraq, first results of monitoring research indicate substantial improvements in the quality of life of TPSS+® clients.

An emphasis has also been on training programs for children. In **Ukraine**, a program with EMDR for children has just been funded and Susan Darker-Smith started a program in 2022 in Lebanon to be continued this year.

In **Ruanda**, Wolfgang Wöller with his team has been able to continue his work there with supervisor trainings in ROTATE/TPSS+®, funded by Bread for the World (BfW)

BfW also supports the EMDR team in **Cambodia** which had been trained earlier by the Mekong project.

With new mental health crises emerging in so many places securing funding has been difficult at times, but TAG has on the whole been able to ensure continuity and sustainability of their programs. See <https://www.traumaaid.org>

Trauma AID-Turkey

Turkey

Tuba Akyuz reports about disaster response, “I’d like to underline the importance of being prepared in advance. Having a trained, supervised team is very important. In Turkey, we keep our contact with our trainees through frequent workshops, supervisions we offer and the annual conferences (in Turkey and in Europe). We have our structured plan on how to respond to mass disasters that Emre Konuk, Asena Yursever, Ayse Bombaci and I presented at the EMDR Europe Conference in Strasbourg. Since then, we keep updating and improving our plans. The basic steps are the following: (1) Meetings with the administrators/governors of the area, (2) Psychoeducation for those affected, (3) Group work as a preferred treatment, due to limited resources for this traumatized population, (4) Individual psychotherapy. Supervisions and trainings continue in this process. So, to sum up; being prepared in advance makes our job much easier. When anything happens, we get together, decide where to focus, and train new people if needed. We send volunteers from different parts of the country to help the region. Or, we help them online.”

Zeynep Zat writes, “Turkey is experiencing one of its worst periods in our history. Every one lost at least one person in our country. Trauma Aid Turkey became the pioneer support mechanism for us. We are working closely with the government to offer volunteer therapy to the survivors of the earthquake. Trauma Aid Turkey has an excellent model that works systematically. We have a ‘support group’ that provides free therapy to the volunteer therapists and anyone volunteering in the system to care for our therapists. We have more than 1000 volunteer therapists. We provide them free RTEP, GTEP, and Flash Technique Training. We also do regular workshops about trauma, and self-care every week. Each week the trained teams go to the site and work with the survivors and we provide them regular supervision. The news from the field is amazing. Every week each team reports a number of positive cognitions to us like, “I can survive,” “I did what I could,” “I have power to move on.” and so on. Yes, it is hard. But we are healing together by supporting each other inside and out. I wish Francine could see how we are doing now.”

Trauma AID-United Kingdom

Shiraz Farrand reports, “As we enter our 14th year of Trauma Aid UK (formerly HAP UK) one of our 2023 objectives is sustainable capacity building in the regions where we have been working. Accreditation is a key component of sustainability and advising our regional partners on an accreditation system is firmly on our radar. This is the natural next step following many years of providing training and sustained support through monthly consultation by our network of UK Consultants, in addition to continuing professional development workshops, all offered pro-bono.

Trauma Aid UK began its first overseas project in **Bosnia-Herzegovina** (BiH) in 2009 following the genocide affecting the population of 4.5 million people. Now BiH have an independent EMDR Association with their own Accreditation committee and have organized several national conferences and published many research papers. They are a thriving community of therapists working towards having their own EMDR basic trainer and Child & Adolescent trainers.

Our work in **Arab countries** started in 2013 and to date many hundreds of clinicians have been trained in EMDR to help those affected by war, sanctions, and more recently natural

disasters such as the devastating earthquake in northern Syria. With only one accredited Arabic speaking trainer in 22 Arab countries, we look forward to the flourishing of EMDR in the region with a strong focus on standards embedded into an evidence-based capacity building framework. To sign up for our newsletter, fundraise or offer pro bono consultation visit www.traumaaiduk.org

We also want to acknowledge the loss of Sian Morgan in May, 2022, the former director of Trauma Aid UK who dedicated herself to humanitarian work at home and in the Balkans and Middle East. To read more about Sian and her wonderful spirit, see <https://www.traumaaiduk.org/sian-morgan-her-professional-life-and-her-legacy/>”