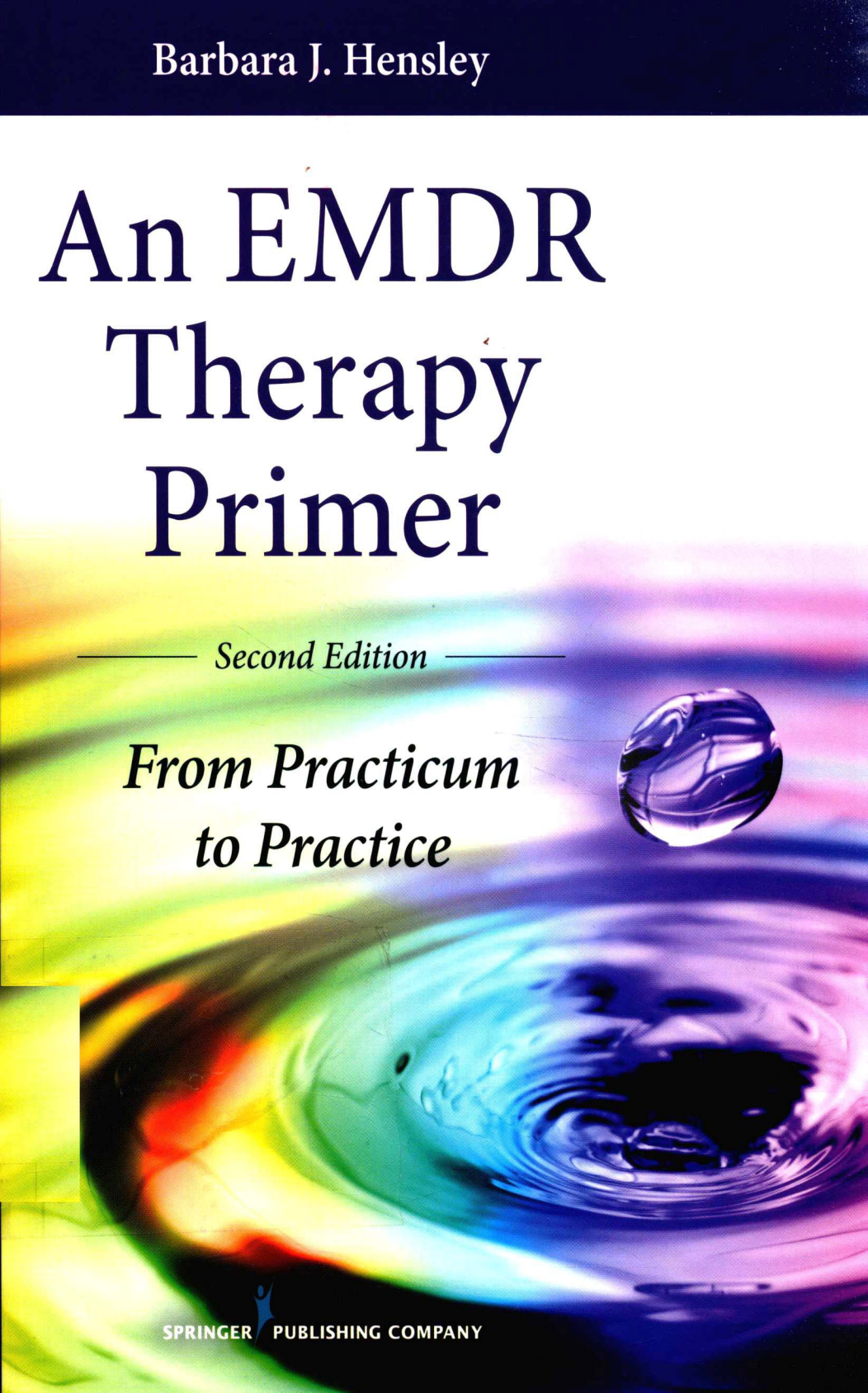
Barbara J. Hensley

An EMDR Therapy Primer

Second Edition

From Practicum to Practice



SPRINGER PUBLISHING COMPANY

An EMDR Therapy Primer

From Practicum to Practice

SECOND EDITION

Barbara J. Hensley, EdD

SPRINGER PUBLISHING COMPANY
NEW YORK

Springer Publishing Company, LLC
11 West 42nd Street
New York, NY 10036
www.springerpub.com

Acquisitions Editor: Sheri W. Sussman
Composition: Newgen KnowledgeWorks

ISBN: 978-0-8261-9454-1
e-book ISBN: 978-0-8261-9455-8

15 16 17 18 / 5 4 3 2 1

Library of Congress Cataloging-in-Publication Data
Hensley, Barbara J.
[EMDR primer]
An EMDR therapy primer : from practicum to practice / Barbara J. Hensley, EdD.—Second edition.
pages cm
Revision of: EMDR primer. 2009.
Includes bibliographical references and index.
ISBN 978-0-8261-9454-1 (alk. paper)—ISBN 978-0-8261-9455-8 (e-book)
1. Eye movement desensitization and reprocessing. I. Title.
RC489.E98H46 2016
616.85'210651–dc23 2015014956

Printed in the United States of America by McNaughton & Gunn.

To Francine Shapiro,
creator of EMDR Therapy, a ripple in still water,

and to Robbie Dunton, Scott Blech, and Robert Gelbach;
and
Irene Giessl, Jennifer Lendl, Victoria Britt, Marilyn Schleyer, Kay Werk, Zona Scheiner, Deany Laliotis, Katy Murray, and Rosalie Thomas
in honor of your dedication and commitment to EMDR Therapy.

And to all the clinicians and clients who have been caught up in the wave, creating ripples of their own.

A single act does make a difference... it creates a ripple effect that can be felt many miles and people away.

—Lee J. Colan (*Orchestrating Attitude*, 2005)

Fear will make you stand still.

—Sibu Janardhanan (*Personal Conversation, November 2014*)

Foreword

Although Dr. Francine Shapiro's now-famous walk in the park took place in 1987, the first Eye Movement Desensitization and Reprocessing (EMDR) study was published 2 years later in 1989. The EMDR community celebrated its 25th anniversary at the EMDR International Association (EMDRIA) Conference in Denver, Colorado, in 2014. Today, 26 years later, there are trained EMDR therapists around the world. The efficacy of EMDR Therapy has been demonstrated repeatedly, and it is included as the treatment of choice by mental health groups in the United States (American Psychiatric Association, 2004; Department of Veteran Affairs and the Department of Defense, 2004; SAMHSA, 2011) and abroad (Australian Centre for Posttraumatic Mental Health, 2007; Bleich, Kotler, Kutz, & Shaley, 2002; Clinical Resource Efficiency Support Team [CREST], 2003; United Kingdom Department of Health, 2001; World Health Organization, 2013). We have come a long way!

BACK HISTORY

In the summer of 1989 in San Jose, California, there was a brown-bag luncheon for therapists sponsored by the Giaretto Institute. The guest speaker was an unknown psych intern who presented a case with video clips showing work with a client who was a Vietnam War veteran. As Dr. Shapiro explained her method of treatment from her recently published dissertation (Shapiro, 1989a, 1989b), there was a lot of eye-rolling and uncomfortable shifting in chairs. Then she showed the video. The audience quieted. She had our attention. The client was changing before our eyes. We were

witnessing the rapid processing of trauma but did not understand why it was happening.

In the winter of 1989, the Santa Clara County Psychological Association held a special trauma response meeting for earthquake debriefing. After my presentation (Lendl & Aguilera, 1989), Dr. Shapiro approached me and invited me to her upcoming training. She was looking for trauma-trained community therapists to join her "EMD" team. EMD was considered at the experimental stage, but she wanted to start judiciously training as research proceeded. She did not think it was ethical to withhold treatment when it seemed to alleviate suffering so quickly and thoroughly. In the spring–summer of 1990, the first U.S. EMD training began.

At the 2002 EMDRIA Conference in Coronado, California, I met Dr. Barbara Hensley, who was in her first year on the EMDRIA Board and serving as treasurer. I was immediately impressed by her dedication to EMDR and her no-nonsense work ethic. She was the epitome of the EMDR Therapist. Dr. Shapiro encouraged us all to become... utilizing all her talents to benefit EMDR and her community.

Dr. Hensley had spent 30 years mostly in management for the State of Ohio and honed the ability to pinpoint needs, harvest resources, and bring solutions to fruition. With her colleague, Dr. Irene Giessl, she founded the multidisciplinary Cincinnati Trauma Connection practice with its roots in EMDR. They are Regional Coordinators for their fellow EMDR therapists and for many years have sponsored top specialty trainings in their community. Dr. Hensley served a term-and-a-half as EMDRIA Board president during a very difficult reorganization period. She did it quietly, gracefully, and masterfully. Despite her shyness, one of her personal goals as president was to meet as many of the EMDRIA members as possible. She wanted everyone to feel welcome and part of the EMDR community.

When I asked her why she wanted to write this primer, Dr. Hensley confessed that it was not her intention to write a book. She was becoming aware that many people who were trained in EMDR were hesitant to continue training or use EMDR in their practices. When questioned, they often stated that they were afraid to try such a different, "a possibly dangerous" method. She thought that a few examples might be useful. Voila! A book was born. She also said, "I wanted to make a contribution. I don't think you can do enough for EMDR... It has changed so many lives."

It has been my pleasure and honor to be on the editing team for this book. I believe that Dr. Hensley has written a book that is simple, basic, and can mentor therapists who are EMDR trained and yet intimidated. It is the perfect complement to Dr. Shapiro's text (Shapiro, 2001). Learning EMDR Therapy can be likened to learning a language. Having a strong foundation in grammar helps many years down the line. Ever since my Catholic grammar school education stressed diagramming sentences and studying Latin, I have appreciated the necessity for laying a strong foundation in the understanding, maintenance, and facile utilization of learned information. The importance of going back to basics cannot be overemphasized. Beyond

the therapeutic relationship, a thorough understanding and meticulous use of the EMDR methodology will nurture the best EMDR treatment and therefore the greatest therapeutic effects when applied appropriately. This book brings us back to the basics.

I can see EMDR therapists rereading Dr. Shapiro's book chapter by chapter as they move through Dr. Hensley's Primer. And I can hear what Dr. Shapiro would say to us after every training, "Did you learn something? Are you having fun?" Please keep this in mind as you are reading the Primer.

Jennifer Lendl, PhD

REFERENCES

American Psychiatric Association. (2004). *Practice guidelines for the treatment of patients with acute stress disorder and posttraumatic stress disorder.* Arlington, VA: Author.

Australian Centre for Posttraumatic Mental Health. (2007). *Australian guidelines for PTSD.* Melbourne, Australia: University of Melbourne.

Bleich, A., Kotler, M., Kutz, E., & Shaley, A. (2002). *Guidelines for the assessment and professional intervention with terror victims in the hospital and in the community.* Jerusalem, Israel: Israeli National Council for Mental Health.

Clinical Resource Efficiency Support Team. (2003). *The management of post traumatic stress disorder in adults.* Belfast: Northern Ireland Department of Health, Social Services and Public Safety.

Department of Veterans Affairs and the Department of Defense. (2004). *VA/DoD clinical practice guideline for the management of post-traumatic stress.* Washington, DC: Veterans Health Administration, Department of Veterans Affairs and Health Affairs, Department of Defense, Office of Quality and Performance Publication 10Q-CPG/PTSD-04.

Lendl, J., & Aguilera, D. (1989). Multidisciplined survey of therapist-reported patient response to the October 17, 1989 earthquake. Research assessment tool used by the UCSF Center for the study of trauma.

SAMHSA's National Registry of Evidence-based Programs and Practices. (2011). Retrieved from http://nrepp.samhsa.gov/ViewIntervention.aspx?id=199

Shapiro, F. (1989a). Efficacy of the eye movement desensitization procedure in the treatment of traumatic memories. *Journal of Traumatic Stress, 2*(2), 199–223.

Shapiro, F. (1989b). Eye movement desensitization: A new treatment for post-traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry, 20*(3), 211–217.

Shapiro, F. (2001). *Eye movement desensitization and reprocessing: Basic principles, protocols and procedures* (2nd ed.). New York, NY: Guilford Press.

United Kingdom Department of Health. (2001). *Treatment choice in psychological therapies and counseling evidence based clinical practice guideline.* London, England: Author.

World Health Organization. (2013). *Guidelines for the management of conditions that are specifically related to stress.* Geneva, Switzerland: WHO.

Preface

We are what we repeatedly do. Excellence, then, is not an act but a habit.
—Aristotle

TUNING INTO THE CREATIVE FORCE

Sit back and visualize the small but exciting moment in 1987 when Francine Shapiro became aware of her eyes shifting involuntarily and simultaneously back and forth as she focused on some disturbing events in her life. If she had not stopped to notice the relief she felt as a result of this back-and-forth movement of her eyes, the long and successful journey of Eye Movement Desensitization and Reprocessing (EMDR) Therapy could have ended that fateful day. Dr. Shapiro's visionary and creative spark began a quiet revolution in the field of psychotherapy—a ripple in still water.

In his book *Creativity: Flow and the Psychology of Discovery and Invention*, Mihaly Csikszentmihalyi distinguishes between what he defines as "small-c" and "big-C" creativity as he describes how creative individuals influence their respective fields and domains of knowledge. While small-c creativity is somewhat subjective, Csikszentmihalyi states that big-C is the kind of creativity that drives culture forward and redefines the state of the art (1997).

Francine Shapiro belongs to a select group of big-C creators in our world. Small-c creativity involves personal creativity, while big-C requires the type of ingenuity that "leaves a trace in the cultural matrix" (Csikszentmihalyi, 1997), something that changes some aspect of how we view or treat something in a big way. Anyone who has conducted a successful EMDR reprocessing session or has experienced its results firsthand can attest to the expanding ripples that Dr. Shapiro began and that continue to grow as we progress further into the future.

History of EMDR Therapy

Many of you have repeatedly heard the story of Dr. Francine Shapiro's historic walk in Vasona County Park in Los Gatos, California, in 1987. While taking a walk, she noticed that the disturbing thoughts upon which she was focusing about a recent past traumatic event in her life were suddenly disappearing. When she tried to bring them back up, these thoughts did not seem to her to have the same negative charge or significance that they had at the beginning of her walk. She began to pay careful attention, and what she noticed when a negative thought went through her mind was that her eyes began to move spontaneously in a rapid, diagonal movement. Her thoughts had shifted; and, when she tried to bring them back up, they did not have the same charge.

It was during this famous walk that Dr. Shapiro discovered the effects of spontaneous eye movement and began to develop procedures around the effects of bilateral eye movements. In 1989, she published the first controlled outcome study of EMD and PTSD in the *Journal of Traumatic Stress* (1989a). During this same year, controlled studies were also published on exposure therapy, psychodynamic therapy, and hypnosis for the treatment of PTSD. In 1990, Dr. Shapiro changed the name of EMD to EMDR to recognize and acknowledge the comprehensive reprocessing effect that was taking place. It was also during this time that other forms of bilateral stimulation (tones, taps, or music) were recognized as having the same effect and began to be utilized as an alternative to the preferred eye movement. Table 1.2 briefly describes EMD and EMDR.

From the day of her fateful walk in Vasona County Park in Los Gatos, California, Dr. Shapiro's destiny began to change. Excited by her chance revelation, she leapt into action, finding friends and subjects to test her new discovery. She quickly set out to develop well-structured principles, protocols, and procedures around the effects of eye movements based on the consistent treatment results she and others had observed. She trained interested and excited clinicians who in turn encouraged others to learn this new methodology. The big-C ripple mounted as the first controlled study of EMDR Therapy appeared in the *Journal of Traumatic Stress* in 1989. Other studies were soon to follow, and the rest is history. Dr. Shapiro's big-C creativity changed and continues to change the way trained clinicians conceptualize and treat trauma. EMDR Therapy has redefined the state of the art in terms of mental health.

The big-C ripple now encompasses the world many times over—from North to South America, Africa, Europe, India, China, Japan, and Australia. It continues to grow and multiply along with many new ripples that are created every day as clients and clinicians around the world experience for the first time the power of Dr. Shapiro's personal discovery.

WHO COULD BENEFIT FROM READING THIS PRIMER?

EMDR is a powerful therapeutic approach. However, without the proper training and consultation, an untrained therapist (and this includes very experienced clinicians) could put their clients at risk. A goal of this Primer is to target those clinicians who have completed the EMDR Therapy two-part basic training, 10 hours of supervised consultation, and have read Dr. Shapiro's basic text (*Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures,* Second Edition, 2001) and *Getting Past Your Past* (2012), but still want additional information on using it skillfully. They may have experienced fear or apprehension about trying something so new and different or they may simply want to maximize their preparation and skills as they begin using EMDR Therapy.

In consultation groups, clinicians often report being skeptical before EMDR Therapy training, yet amazed by their practicum experiences during the training. Although they concede that using EMDR Therapy has a great potential to help their clients, many still feel a reluctance to utilize what at first appears to be a radically different treatment approach. Some live in remote areas where they are the only EMDR-trained clinician for miles or where their only access to other clinicians is by boat or airplane. I hope this Primer encourages and raises the confidence levels of those trained but wanting to increase their ability to use EMDR Therapy with consistent success. I also want to provide assurance to those doing EMDR Therapy that they are on the right track.

Learning to implement EMDR reprocessing in session with a client is a process of its own; it is not an event. Thus, it is important to understand the basic theory underlying EMDR Therapy before attempting to implement it. The manner in which you as the therapist implement the eight phases with a client will vary with each and every client assessed for treatment. Every client is unique, and EMDR reprocessing is not a "cookbook" approach. Therefore, familiarity with Dr. Shapiro's Adaptive Information Processing model is crucial to enhance your understanding as to why some clients make shifts readily and others experience more difficulty. As you become more adept, comfortable, and knowledgeable in EMDR Therapy with *practice, practice, practice,* your EMDR Therapy approach and delivery will likely change and evolve. Each client can teach you something about the process as he or she resolves his or her own issues.

WHAT IS INCLUDED

Much of the information contained in the following pages has already been described by Dr. Shapiro and others in the rapidly growing body of EMDR Therapy literature and research. The primary intention of this Primer is to supplement Dr. Shapiro's explanation of EMDR Therapy. It is not meant to be a substitute for her training or previous writings. The reader is urged

to read and study them all. It adds case histories and extensive examples of successful EMDR reprocessing sessions. The cases represent composite or conglomerate portraits of the many clients with whom I have utilized EMDR Therapy over the past 20 years.

This text is a Primer and, as such, the writing, examples, and illustrations are presented in a less formal and more personal manner, alternating the pronoun "he" and "she" throughout the book. The Primer has been written from a practical, learning-focused approach so that the clinicians who read it can become more familiar with the principles, protocols, and procedures of EMDR Therapy. It is my desire to facilitate the flow of information so that clinicians can easily and naturally begin to use their EMDR Therapy training as soon as possible. This book is also geared to help clinicians reaccess information that was lost in the weeks, months, or years since they were trained.

PURPOSE OF THE PRIMER

Throughout this Primer are transcripts embellished with relevant details to illustrate important learning points. Other sessions have been created to demonstrate how to identify the touchstone event (if any), set up the procedural steps, deal with blocked processing and blocking beliefs during the Desensitization and Installation Phases, reassess the state of previously targeted material, and identify material for new processing. An attempt is made to take the clinician through complete and incomplete EMDR Therapy sessions, explaining treatment rationale at given points.

The Primer is laid out in the following manner:

- *EMDR Therapy overview*: A straightforward explanation of the Adaptive Information Processing model, the three-pronged approach, the types of targets accessed during the EMDR process, and other relevant information to assist in distinguishing EMDR Therapy from other theoretical orientations are provided.
- *Eight phases of EMDR Therapy*: The eight phases are summarized.
- *Stepping stones to adaptive resolution*: The components of the standard EMDR protocol used during the Assessment Phase are explained, and actual cases are included to demonstrate how the procedural setup is possible with various clients.
- *Building blocks of EMDR Therapy*: The foundation—past, present, and future—is assessed in terms of appropriate targeting and successful outcomes.
- *Abreactions, blocked processing, and cognitive interweaves*: Strategies and techniques for dealing with challenging clients, high levels of abreaction, and blocked processing are the focus.
- *Past, present, and future*: Actual cases demonstrate various strategies to assist the client in reaching adaptive resolution of trauma.

The definitions for EMDR Therapy provided by the EMDR Institute and EMDR International Association (EMDRIA) are also included in the Appendices. These definitions, particularly the one developed by EMDRIA for clinicians, are the yardsticks used to ensure that the explanation and rationale for EMDR Therapy remain consistent from session to session, client to client. In order for clinicians to experience more comfort and familiarity with EMDR Therapy, it is suggested that they keep these definitions close at hand and refer to them frequently until an adequate understanding of the methodology is attained.

A Sacred Space exercise has been added to the Appendices, which can be used side by side with the traditional Calm (or Safe) Place exercise. Simple exercises to teach clients grounding, diaphragmatic breathing, and anchoring in the present can also be found in the Appendices. In addition, scripts for calm (or safe) place, spiral technique, future template, and breathing shift are also included.

The purpose in writing this book is to offer a Primer that can facilitate the process of mental health professionals becoming more confident and experienced clinicians in EMDR Therapy. The process has been simplified as much as possible with diagrams, tables, and other illustrations. Dr. Shapiro's basic text, *Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols and Procedures*, Second Edition, is a masterpiece in itself and contains a wealth of information on EMDR. One needs to read her text over and over again to savor all the kernels of significant information. These kernels have been separated out by providing explanations, as well as anecdotal and illustrative examples throughout. EMDR Therapy is a significant contribution to psychology in the 20th and 21st centuries, and this Primer is offered as a further learning tool.

What is covered in this Primer is but the tip of the iceberg when it comes to all the possibilities in terms of using EMDR Therapy with clients that present from different populations, such as children, athletes, combat veterans, and couples, and those who present with more complex issues, such as dissociation, phobias, obsessive-compulsive disorder, and substance abuse. Regardless of the client populations or the types of issues that the client brings, the basics in this Primer are essential to the overall outcome and success of EMDR Therapy.

EMDR THERAPY

At the 2014 Annual EMDRIA Conference in Denver, Colorado, and as the new name of this Primer reflects, Dr. Francine Shapiro encouraged clinicians in attendance to begin referring to EMDR as EMDR Therapy to reflect its status as a unique, integrative psychotherapeutic approach, and to further clarify that EMDR, based on the Adaptive Information Processing model, is a therapy and not a technique. The following letter by Dr. Shapiro (2014)

was sent to the membership of EMDRIA to further explain her rationale for the name change:

Eye Movement Desensitization and Reprocessing (EMDR) Therapy

As you may know, the World Health Organization (WHO) new practice guidelines have indicated that trauma-focused Cognitive Behavioral Therapy (CBT) and EMDR Therapy are the only psychotherapies recommended for children, adolescents and adults with PTSD. In addition, the glossary description in the document alleviates multiple misconceptions:

World Health Organization (2013). Guidelines for the management of conditions that are specifically related to stress. Geneva, WHO.

Eye movement desensitization and reprocessing (EMDR): This therapy is based on the idea that negative thoughts, feelings and behaviors are the result of unprocessed memories. The treatment involves standardized procedures that include focusing simultaneously on (a) spontaneous associations of traumatic images, thoughts, emotions and bodily sensations and (b) bilateral stimulation that is most commonly in the form of repeated eye movements.

Like CBT with a trauma focus, EMDR aims to reduce subjective distress and strengthen adaptive beliefs related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework.

This description makes clear that EMDR is a "therapy," not a "technique," and is based on a specific model that distinguishes it from other forms of therapy. This has important implications for our field. Given this level of validation, I believe it is important to refer to "EMDR Therapy" in publications, presentations and clinical practice to eliminate the reductive misconception that it is only a "technique."

Although EMDR Therapy has been fully validated only for PTSD, there are numerous research studies underway evaluating applications to a wide range of disorders. Excellent results have already been achieved with myriad diagnoses. In addition to the reduction of symptoms and the strengthening of adaptive beliefs, the client's experience of self and other typically shifts in ways that allow the person to respond more adaptively to current and future life demands. By using the term EMDR Therapy we emphasize the stature of what we are practicing and the fact that it is on the same level as the most widely recognized forms of therapy: psychodynamic therapy and cognitive behavioral therapy.

As indicated below, there are important differences among the various forms of psychotherapy:

Psychodynamic Therapy

- Foundation of pathology: Intrapsychic conflicts
- Treatment: Transference/Verbal "working through"
- Cognitive Behavioral Therapy
- Foundation of pathology: Dysfunctional beliefs and behaviors
- Treatment: Direct procedural manipulations of beliefs and behaviors

EMDR Therapy

- Foundation of pathology: Unprocessed physiologically stored memories
- Treatment: Accessing and processing of memories, triggers, and future templates

While EMDR Therapy is an integrative approach that is compatible with a wide range of orientations, the model and methodology are unique. Likewise, although we may customize the Preparation Phase for individual clients by incorporating a variety of techniques, the conceptualizations of pathology, processing procedures and protocols are distinctly different from those of other therapies. Therefore, I hope you will all join me in consistently referring to our modality as EMDR Therapy and thus provide academics, clinicians and laypeople with a clear understanding of the psychotherapy we practice.

With best wishes for a new year of peace and harmony,

Francine Shapiro, PhD

Notes From the Author

Since the first edition of this Primer in 2009, the author has heard its title pronounced in two different ways by clinicians espousing its usefulness. It was initially titled the EMDR 'pri-mər and offered as an introductory textbook much like the McGuffey Primer, which was widely used in American schools from the mid-19th century to the mid-20th century. The other is the more informal pronunciation of the EMDR 'prim-er, like "priming the pump." The original intent of the EMDR pri-mər was to mirror and to enhance the teachings detailed in Dr. Francine Shapiro's 1995/2001 texts and her EMDR Institute–sponsored trainings since their inception to the present. However the reader chooses to pronounce it ('pri-mər/'prim-ər), it was my overall intention to encourage the growth of clinicians by preparing them to be more skilled, practiced, and confident in (em)powering a client's "*train down the track*" to a healthy, adaptive destination.

A new set of tables has been peppered throughout this second edition called Derailment Possibilities. These tables have been included to alert the engineer (i.e., the clinician) to the possible obstacles ahead on the track that may cause the "train to slow or run off the rails."

Contributing Editors

Victoria Britt, MSW, is a Clinical Social Worker and Marriage and Family Therapist in private clinical and consulting practice in Montclair, New Jersey. She is an EMDRIA Certified Therapist, Approved Consultant, Regional Coordinator, and a commercial trainer. Ms. Britt is also a frequent EMDR facilitator and lecturer of energy psychology. She is co-author of the book, *Evolving Thought Field Therapy: The Clinician's Handbook of Diagnoses, Treatment, and Theory* (2004).

Irene Giessl, EdD, is a Psychologist in private practice and co-founder of the Cincinnati Trauma Connection in Cincinnati, Ohio. Dr. Giessl is an EMDRIA Certified Therapist, Approved Consultant, Regional Coordinator, and EMDR Institute facilitator and logistician. She served on the EMDRIA Board of Directors from 2000 to 2006 including two terms as secretary. In 2011, she received the EMDRIA Outstanding Service Award in recognition of her persistence and fortitude in educating others about the value of EMDR Therapy. She is also currently a member of the EMDRIA Conference Committee.

Deany Laliotis, LCSW, is a Licensed Clinical Social Worker in private practice in Bethesda, Maryland, specializing in the treatment of traumatic stress disorders and attachment issues with EMDR. She is currently an EMDRIA Certified Therapist, Approved Consultant, and senior EMDR Institute trainer and has presented at numerous conferences on the clinical application of EMDR both in the United States and abroad. Ms. Laliotis has also contributed a chapter in the book, *Psychotherapist Revealed: Therapists Speak About Self-Disclosure* (2009).

Jennifer Lendl, PhD, is a Psychologist in San Jose, California, and was one of the first EMDR trainers. She is coauthor of *EMDR Performance Enhancement for the Workplace: A Practitioner's Manual* (1997). Dr. Lendl is an EMDRIA Certified Therapist and Approved Consultant, EMDR Institute facilitator, and currently sits on the EMDRIA Conference Committee. She is also the 2006 recipient of the Francine Shapiro Award and is a frequent presenter at the annual EMDRIA Conferences.

Katy Murray, LICSW, is a Licensed Independent Clinical Social Worker in Olympia, Washington, where she has a general clinical practice with specialties in trauma-related disorders, chemical dependency, and psycho-oncology. Ms. Murray is a Trauma Recovery/EMDR-HAP trainer, the EMDR Institute's Internet Discussion Listserv Moderator, EMDR Institute facilitator, and an EMDRIA Certified Therapist and Approved Consultant. She is on the board of the EMDR Research Foundation and is an EMDRIA Regional Coordinator. In the past, she served on EMDRIA's Standards and Training Committee. She has presented at the annual EMDRIA Conference and other EMDR specialty workshops and is a trainer for Trauma Recovery/EMDR-HAP.

Zona Scheiner, PhD, is a Psychologist, partner, and co-founder of both Family Therapy Associates of Ann Arbor and the EMDR Resource Center of Michigan, a provider of specialty presentations and basic training in EMDR. In addition, Dr. Scheiner is an EMDRIA Certified Therapist and Approved Consultant, EMDR Institute regional trainer and facilitator, and Trauma Recovery/EMDR-HAP trainer. She served on the EMDRIA Board of Directors from 1999 to 2006 and was its president in 2006. Dr. Scheiner was the 2010 recipient of the Outstanding EMDRIA Service Award for her dedication and commitment to EMDR therapy. She is currently on the EMDRIA Conference Committee and the EMDR Research Foundation Board.

Marilyn Schleyer, PhD, is an Advanced Registered Nurse Practitioner and Clinical Counselor with a private practice in northern Kentucky. She is a professor and first Chair of the Department of Advanced Nursing Studies, College of Health Professions, at Northern Kentucky University. Dr. Schleyer is credited with enlisting Northern Kentucky University to originally house and maintain the Francine Shapiro Library. She is an EMDRIA Certified Therapist and past board member of EMDRIA from 2003 to 2006.

Rosalie Thomas, RN, PhD, is a licensed Psychologist in Washington State. She continues to offer EMDR consultation as an EMDRIA Certified Therapist and Approved Consultant since retiring from an active clinical practice. Dr. Thomas has served as board member, treasurer, and president of the EMDR International Association, as well as receiving their Outstanding Service and Francine Shapiro Awards. She currently chairs the EMDRIA Conference Committee and serves as a board member of the EMDR Research Foundation, for which she is the principal author of the