

RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: [aleeds@theLeeds.net](mailto:a Leeds@theLeeds.net).

Note: a comprehensive database of all EMDR therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: <http://emdr.omeka.net/>

Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://www.emdr.org/?page=43>

Darongkamas, J., Kiely, B., & Walker, M. J. (2016). A CAT envelope to deliver EMDR: Cognitive analytic therapy around eye movement desensitization and reprocessing. *Journal of Psychotherapy Integration*, 26(4), 462. doi:10.1037/int0000034

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ABSTRACT

Two psychological therapy approaches are outlined: cognitive analytic therapy (CAT) and eye movement desensitization and reprocessing (EMDR). Substantial benefits are to be gained, particularly for patients with complex interpersonal trauma, in combining the 2; providing EMDR within the CAT envelope. This synthesis harnesses the benefits of a CAT reformulation framework of understanding and a proven CAT therapeutic approach generally with the well-established therapeutic efficacy and expediency of EMDR. An overview of each single approach is given, followed by the rationale and the main benefits and limitations of the combined approach, with clinical illustrations.

Gerhardt, A., Leisner, S., Hartmann, M., Janke, S., Seidler, G. H., Eich, W., & Tesarz, J. (2016). Eye movement desensitization and reprocessing vs. Treatment-as-Usual for non-specific chronic back pain patients with psychological trauma: A randomized controlled pilot study. *Frontiers in Psychiatry / Frontiers Research Foundation*, 7, 201. doi:10.3389/fpsy.2016.00201

Full text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5167699/>

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ABSTRACT

Objective: Eye movement desensitization and reprocessing (EMDR)-an evidence-based approach to eliminate emotional distress from traumatic experiences-was recently suggested for the treatment of chronic pain. The aim of this study was to estimate preliminary efficacy of a pain-focused EMDR intervention for the treatment of non-specific chronic back pain (CBP).

Design: Randomized controlled pilot study.

Methods: 40 non-specific CBP (nsCBP) patients reporting previous experiences of psychological trauma were consecutively recruited from outpatient tertiary care pain centers. After baseline assessment, patients were randomized to intervention or control group (1:1). The intervention group received 10 sessions standardized pain-focused EMDR in addition to treatment-as-usual (TAU). The control group received TAU alone. The primary outcome was preliminary efficacy, measured by pain intensity, disability, and treatment satisfaction from the patients' perspective. Clinical relevance of changes was determined according to the established recommendations. Assessments were conducted at the baseline, posttreatment, and at a 6-month follow-up. Intention-to-treat analysis with last observation carried forward method was used. Registered with <http://ClinicalTrials.gov> (NCT01850875).

Results: Estimated effect sizes (between-group, pooled SD) for pain intensity and disability were $d=0.79$ (CI95%: 0.13, 1.42) and $d=0.39$ (CI95%: -0.24, 1.01) posttreatment, and $d=0.50$ (CI95%: 0.14, 1.12) and $d=0.14$ (CI95%: -0.48, 0.76) at 6-month follow-up. Evaluation on individual patient basis showed that about 50% of the patients in the intervention group improved clinically relevant and also rated their situation as clinically satisfactory improved, compared to 0 patients in the control group.

Conclusion: There is preliminary evidence that pain-focused EMDR might be useful for nsCBP patients with previous experiences of psychological trauma, with benefits for pain intensity maintained over 6 months.

González, A., Del Río-Casanova, L., & Justo-Alonso, A. (2017). Integrating neurobiology of emotion regulation and trauma therapy: Reflections on EMDR therapy. *Reviews in the Neurosciences*. doi:10.1515/revneuro-2016-0070

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ABSTRACT

Emotion dysregulation is a frequent feature in trauma-related disorders. Different kinds of emotion dysregulation seem to be linked to particular psychiatric conditions, and there is growing evidence of the association between neurobiological correlates and those dysregulation patterns. Nevertheless, many of the recent findings from the field of the neurobiology have not been translated into clinical practice and are insufficiently contemplated in trauma-oriented therapies. The aim of this article is to review recent developments in the field of emotion regulation connecting these issues with the practical implementation of psychotherapeutic procedures. The evaluation of emotion dysregulation patterns can guide decision making during the therapy independently to the approach, but there are some findings that can be especially useful for some concrete modalities of therapy. In this article we will focus our discussion on how emotion dysregulation may influence eye movement desensitization and reprocessing (EMDR) treatment in trauma-related disorders. EMDR is a well-defined and protocol-based intervention, with a strong empirical support for post-traumatic stress disorder (PTSD). We describe how different patterns of emotion dysregulation may influence EMDR treatment and procedures, and also how the application of EMDR beyond non-dissociative PTSD should take into account the predominant emotion-regulation strategies in specific posttraumatic disorders.

Gutermann, J., Schreiber, F., Matulis, S., Schwartzkopff, L., Deppe, J., & Steil, R. (2016). Psychological treatments for symptoms of posttraumatic stress disorder in children, adolescents, and young adults: A meta-analysis. *Clinical Child and Family Psychology Review*, 19(2), 77-93. doi:10.1007/s10567-016-0202-5

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ABSTRACT

Meta-analyses of the treatment of posttraumatic stress disorder (PTSD) in childhood and adolescence are restricted to specific trauma, selected interventions, and methodologically rigorous studies. This large meta-analysis quantifies the effects of psychological treatments for PTSD symptoms in children and adolescents. An extensive literature search yielded a total of 13,040 articles; 135 studies with 150 treatment conditions (N = 9562 participants) met the inclusion criteria (psychological interventions with children and/or

adolescents with PTSD symptoms that report quantitative measures of symptom change). The mean effect sizes (ESs) for PTSD symptoms ranged from large to small, depending on the control condition. Cognitive behavioral therapy (CBT) yielded the highest ESs. Age and caretaker involvement were identified as moderators. CBT, especially when conducted in individual treatment with the inclusion of parents, is a highly effective treatment for trauma symptoms. Psychological treatments need to be modified to address younger patients' specific needs.

Haagen, J. F., Ter Heide, F. J., Mooren, T. M., Knipscheer, J. W., & Kleber, R. J. (2016). Predicting post-traumatic stress disorder treatment response in refugees: Multilevel analysis. *The British Journal of Clinical Psychology / the British Psychological Society*. doi:10.1111/bjc.12121

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ABSTRACT

Objectives: Given the recent peak in refugee numbers and refugees' high odds of developing post-traumatic stress disorder (PTSD), finding ways to alleviate PTSD in refugees is of vital importance. However, there are major differences in PTSD treatment response

When There Are No Words

Repairing Early Trauma and Neglect From the Attachment Period With EMDR Therapy



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between refugees, the determinants of which are largely unknown. This study aimed at improving PTSD treatment for adult refugees by identifying PTSD treatment response predictors.

Design: A prospective longitudinal multilevel modelling design was used to predict PTSD severity scores over time. We analysed data from a randomized controlled trial with pre-, post-, and follow-up measurements of the safety and efficacy of eye movement desensitization and reprocessing and stabilization in asylum seekers and refugees suffering from PTSD.

Methods: Lack of refugee status, comorbid depression, demographic, trauma-related and treatment-related variables were analysed as potential predictors of PTSD treatment outcome. Treatment outcome data from 72 participants were used.

Results: The presence ($B = 6.5, p = .03$) and severity ($B = 6.3, p < .01$) of a pre-treatment depressive disorder predicted poor treatment response and explained 39% of the variance between individuals.

Conclusions: Refugee patients who suffer from PTSD and severe comorbid depression benefit less from treatment aimed at alleviating PTSD. Results highlight the need for treatment adaptations for PTSD and comorbid severe depression in traumatized refugees, including testing whether initial targeting of severe depressive symptoms increases PTSD treatment effectiveness.

Practitioner Points: There are differences in post-traumatic stress disorder (PTSD) treatment response between traumatized refugees. Comorbid depressive disorder and depression severity predict poor PTSD response. Refugees with PTSD and severe depression may not benefit from PTSD treatment. Targeting comorbid severe depression before PTSD treatment is warranted. This study did not correct for multiple hypothesis testing. Comorbid depression may differentially impact alternative PTSD treatments.

Hasanović, M., Morgan, S., Oakley, S., Richman, A., Pajević, I., & Sabanović, S. (2016). EMDR training for Bosnia-Herzegovina mental health workers resulted with the founding of Bosnia-Herzegovina EMDR association, which became a full member of EMDR Europe in 2015. *European Psychiatry*, 33, S694.

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ABSTRACT

Background: The Humanitarian Assistance Programmes UK and Ireland (HAP) work in partnership with mental health professionals in Bosnia-Herzegovina (BH), the country affected by war 1992–1995, providing knowledge and expertise in the treatment of trauma, and specifically in the use of EMDR (eye movement desensitisation and reprocessing).

Aim: In this way, we aim to build a body of qualified and experienced professionals who can establish and sustain their own EMDR training and professional associations in BH.

Method: Authors described educational process considering the history of idea and its realization through training levels and process of supervision which was provided from the Humanitarian Assistance Program (HAP) of UK and Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results: HAP UK and Ireland started its Bosnia Project in 2009. This is a long-term project, aiming ultimately to bring BH to the point where its trauma professionals can continue the training themselves, with their own national EMDR organisation. Since 2009, HAP UK and Ireland has trained over 100 professionals with EMDR. In 2015, the newly founded EMDR Association of Bosnia-Herzegovina became a full member of EMDR Europe. HAP UK and Ireland is continuing to provide training and supervision support in Bosnia and several clinicians are now EMDR Accredited Practitioners.

Conclusion: Four training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK and Ireland resulted with foundation of Bosnia-Herzegovina EMDR Association, which became a full member of EMDR Europe.

Ipci, M., Inci, S. B., Akyol Ardiç, Ü., & Ercan, E. S. (2017). A case of Asperger syndrome with comorbidity of posttraumatic stress disorder and selective mutism: Significant remission with the combination of aripiprazole and eye movement desensitization and reprocessing. *Journal of Clinical Psychopharmacology*, 37(1), 109-110. doi:10.1097/JCP.0000000000000627

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ABSTRACT

Letter to the Editor

Lancaster, C. L., Teeters, J. B., Gros, D. F., & Back, S. E. (2016). Posttraumatic stress disorder: Overview of evidence-based assessment and treatment. *J Clin Med*, 5(11). doi:10.3390/jcm5110105

Full text: <http://www.mdpi.com/2077-0383/5/11/105>

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ABSTRACT

Posttraumatic stress disorder (PTSD) is a chronic psychological disorder that can develop after exposure to a traumatic event. This review summarizes the literature on the epidemiology, assessment, and treatment of PTSD. We provide a review of the characteristics of PTSD along with associated risk factors, and describe brief, evidence-based measures that can be used to screen for PTSD and monitor symptom changes over time. In regard to treatment, we highlight commonly used, evidence-based psychotherapies

and pharmacotherapies for PTSD. Among psychotherapeutic approaches, evidence-based approaches include cognitive-behavioral therapies (e.g., Prolonged Exposure and Cognitive Processing Therapy) and Eye Movement Desensitization and Reprocessing. A wide variety of pharmacotherapies have received some level of research support for PTSD symptom alleviation, although selective serotonin reuptake inhibitors have the largest evidence base to date. However, relapse may occur after the discontinuation of pharmacotherapy, whereas PTSD symptoms typically remain stable or continue to improve after completion of evidence-based psychotherapy. After reviewing treatment recommendations, we conclude by describing critical areas for future research.

Markus, W., & Hornsveld, H. K. (2017). EMDR interventions in addiction. *Journal of EMDR Practice and Research*, 11(1), 3-29. doi:10.1891/1933-3196.11.1.3

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ABSTRACT

The use of tobacco, alcohol, and illicit drugs is widespread and has significant negative consequences for the individual, their families, and the communities to which they belong. A substantial number of users develop an addiction disorder. Cure-oriented addiction treatment is challenging regarding treatment retention and relapse rates. Here, we discuss the potential of eye movement desensitization and reprocessing (EMDR) therapy to aid addiction treatment. Two approaches are distinguished: trauma-focused and addiction-focused EMDR therapy. Existing adapted EMDR protocols and research on both approaches is critically reviewed. Despite 20 years of development and research, the feasibility and efficacy of addiction-focused EMDR therapy is still largely uninvestigated. Exciting new possibilities, offered by research on working memory theory, are discussed. An overview of all resourcing and EMDR therapy interventions in addiction is presented: the palette of EMDR interventions in addiction (PEIA). The article finishes with recommendations for further research in this field.

Mosquera, D., & Knipe, J. (2017). Idealization and maladaptive positive emotion: EMDR therapy for women who are ambivalent about leaving an abusive partner. *Journal of EMDR Practice and Research*, 11(1), 54-66. doi:10.1891/1933-3196.11.1.54

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ABSTRACT

After ensuring safety, treatment of victims of intimate partner violence is typically focused on the adverse and traumatizing experiences and related negative emotions. In addition, in many cases, idealization of the perpetrator and maladaptive positive emotion are initial elements

that also need to be taken into account. The concept of dysfunctionally stored information described in the adaptive information processing model can be viewed as being broader in nature than maladaptive negative emotions from memories for adverse experiences and can include dysfunctional defenses such as maladaptive positive emotion and idealized life experiences. Self-defeating, dysfunctional, and unrealistic idealization in a relationship can be treated through targeting, with focused sets of bilateral stimulation, specific positive affect memories that are the origin of the distorted idealization. In this way, the client is able to develop adaptive resolution, that is, a more accurate perception of both past events and the present nature of the relationship. This approach to targeting idealization defenses is illustrated with 3 case examples of women who were ambivalent about leaving a highly abusive partner.

Phaf, R. H. (2016). Replication requires psychological rather than statistical hypotheses: The case of eye movements enhancing word recollection. *Frontiers in Psychology*, 7, 2023. doi:10.3389/fpsyg.2016.02023

Full text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5183604/>

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ABSTRACT

Can an experiment be replicated in a mechanical fashion without considering the processes underlying the initial results? Here I will consider a non-replication of Saccade Induced Retrieval Enhancement (SIRE) and argue that it results from focusing on statistical instead of on substantive process hypotheses. Particularly the theoretical integration of SIRE with Eye-Movement Desensitization and Reprocessing (EMDR) therapy, provides clues about when the memory enhancement should occur. A relatively large memory enhancement effect in participants with a consistent (i.e., extreme right or left) handedness should be observed, (a) when explicitly instructed to retrieve and imagine the memories during the eye manipulation, and (b) for emotionally negative material. A finer theoretical analysis may thus well explain the contrast between the original SIRE studies and the non-replication. Also the findings from preregistered confirmatory research (i.e., focusing solely on statistical hypotheses) should be considered preliminary, representing shifts on a gradual scale of evidence, and awaiting interpretation in terms of theoretical hypotheses. Stronger, but still not definitive, conclusions can better be postponed until after multi-study meta-analyses with theoretically motivated moderator variables have been performed.

Qurishi, R., Markus, W., Habra, M. M., Bressers, B., & De Jong, C. A. (2017). EMDR therapy reduces intense treatment-resistant cravings in a case of gamma-hydroxybutyric acid addiction. *Journal of EMDR Practice and Research*, 11(1), 30-42. doi:10.1891/1933-3196.11.1.30

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ABSTRACT

This article presents the first experiences of using eye movement desensitization and reprocessing (EMDR) therapy to aid in the treatment of gamma-hydroxybutyric acid (GHB) dependency. A case presented itself as a result of intense, treatment-resistant cravings despite pharmacological treatment. The patient received 7 weekly sessions using a subset of the palette of EMDR interventions in addiction (PEIA; Markus & Hornsveld, 2017) targeting both negative and positive valenced addiction-related memory representations from the past, present, and future. Patient-reported GHB craving showed a gradual and prolonged reduction. Urine samples showed that the patient remained abstinent during and at least 6 months after EMDR therapy. Further research regarding the effectiveness of EMDR therapy in this particularly challenging group of substance users is warranted.

Thomaes, K., Engelhard, I. M., Sijbrandij, M., Cath, D. C., & Heuvel, O. A. V. D. (2016). Degrading traumatic memories with eye movements: A pilot functional MRI study in PTSD. *European Journal of Psychotraumatology*, 7(0). doi:10.3402/ejpt.v.31371

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Full text: <http://www.ejpt.net/index.php/ejpt/article/view/31371>

ABSTRACT

Background: Eye movement desensitization and reprocessing (EMDR) is an effective treatment for post-traumatic stress disorder (PTSD). During EMDR, the patient recalls traumatic memories while making eye movements (EMs). Making EMs during recall is associated with decreased vividness and emotionality of traumatic memories, but the underlying mechanism has been unclear. Recent studies support a "working-memory" (WM) theory, which states that the two tasks (recall and EMs) compete for limited capacity of WM resources. However, prior research has mainly relied on self-report measures.

Methods: Using functional magnetic resonance imaging, we tested whether "recall with EMs," relative to a "recall-only" control condition, was associated with reduced activity of primary visual and emotional processing brain regions, associated with vividness and emotionality respectively, and increased activity of the dorsolateral prefrontal cortex (DLPFC), associated with working memory. We used a randomized, controlled, crossover experimental design in eight adult patients with a primary diagnosis of PTSD. A script-driven imagery (SDI) procedure was used to measure responsiveness to an audio-script depicting the participant's traumatic memory before and after conditions.

Results: SDI activated mainly emotional processing-related brain regions (anterior insula, rostral anterior cingulate cortex (ACC), and dorsomedial prefrontal cortex), WM-related (DLPFC), and visual (association) brain regions before both conditions. Although predicted pre- to post-test decrease in amygdala activation after "recall with EMs" was not significant, SDI activated less right amygdala and rostral ACC activity after "recall with EMs" compared to post-"recall-only." Furthermore, functional connectivity from the right

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amygdala to the rostral ACC was decreased after “recall with EMs” compared with after “recall-only.”

Conclusions: These preliminary results in a small sample suggest that making EMs during recall, which is part of the regular EMDR treatment protocol, might reduce activity and connectivity in emotional processing-related areas. This study warrants replication in a larger sample.

Zaccagnino, M., Cussino, M., Callerame, C., Civilotti, C., & Fernandez, I. (2017). Anorexia nervosa and EMDR: A clinical case. *Journal of EMDR Practice and Research*, 11(1), 43-53. doi:10.1891/1933-3196.11.1.43

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ABSTRACT

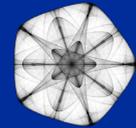
Numerous studies have identified links between psychopathology and a history of traumatic life events and dysfunctional attachment relationships. Hence, given the possible traumatic origins of this pathology, it may be useful to provide a trauma-focused intervention such as the eye movement desensitization and reprocessing

(EMDR) therapy. This article illustrates a clinical case by describing the positive results of the EMDR therapy in the recovery of unremitting anorexia nervosa in a 17-year-old inpatient. She had previously been hospitalized on 4 occasions in the previous 4 years and received both psychodynamic and cognitive-behavioral therapy. At pretreatment, the client weighed (28 kg, 62 lb) and had a body mass index of 14. She was designated with a dismissing attachment style on the Adult Attachment Interview. EMDR therapy was provided for 6 months in hospital, in twice weekly 50-minute sessions and consisted of standard procedures primarily focusing on her relational traumas, interspersed with psychoeducational talk therapy sessions, and integrated with ego state therapy. At the end of treatment, the client weighed (55 kg, 121 lb) and had a body mass index of 21.5. She no longer met diagnostic criteria for anorexia nervosa, and her attachment style had changed to an earned free-autonomous state of mind. She re-reported an increase in self-confidence and in her ability to manage various social challenges. Results were maintained at 12 and 24 months follow-up. The treatment implications of this case study are discussed. ②

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