RECENT ARTICLES ON EMDR

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This regular column appears in each quarterly issue of the EMDRIA Newsletter. It lists citations, abstracts, and preprint/reprint information (when available) on all EMDR related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR (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, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: Aleeds@theLeeds.net.

Note: a comprehensive listing of all published journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=18

Due to an oversight, EMDR related articles appearing in premier issue of the Journal of EMDR Practice and Research (JEMDR) were omitted from the December 2007 column. Because of limited space all relevant articles from Volume 1 Number 1 and two articles from Number 2 will appear in this column. The other articles from Volume 1 Number 2 along with those in Volume 2 Number 1 will appear in the June 2008 column. The standard criteria for inclusion and exclusion described in the opening paragraph are being applied to selecting which articles from the JEMDR will appear in the column. Editorials, clinical questions and answers, and clinical vignettes are generally excluded. Note that EMDRIA members have access to the full content of JEMDR through the member area of the EMDRIA website.

In this column, readers will note the appearance of EMDR in the latest update of the Cochrane Database (Bisson & Andrew, 2007) listing of randomized, controlled studies of psychological treatments for PTSD. The Cochrane Database is a highly respected publication of The Cochrane Collaboration. The Cochrane Collaboration is a group of over 11,500 volunteers in more than 90 countries who apply a rigorous, systematic process to review the effects of biomedical interventions.

Full text of Bisson & Andrew (2007) can be found at: http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD003388/frame.html
More information on The Cochrane Collaboration can be found at: http://www.cochrane.org OR http://en.wikipedia.org/wiki/Cochrane_Collaboration

Those interested in the neural mechanisms that underlie EMDR treatment effects will want to review two new research reports and a recent theoretical article. Propper, et al. (2007) find evidence that supports previous work on the retrieval of episodic memory suggesting that the bilateral eye movements used in EMDR enhance inter-hemispheric interaction. Oh & Choi (2007) find evidence from SPECT imaging of two cases that EMDR appears to reverse the functional imbalance between the limbic area and the prefrontal cortex. Kaye (2007) explores the theory that EMDR reverses reciprocal suppression of cognitive processing in the anterior cingulate cortex. In addition, Sack et al. (2007) report reduced psychophysiological stress reactions and heightened parasympathetic tone in a series of 16 patients with type I trauma treated with EMDR.

Recent Articles

Abbasnejad, M., Mahani, K. N., & Zamyad, A. (2007). [Efficacy of "eye movement desensitization and reprocessing" in reducing anxiety and unpleasant feelings due to earthquake experience.][Farsi (Iranian]. Psychological Research, 9(3-4), 104-117.

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❖ *Abstract* ❖ To investigate the efficacy of "eye movement desensitization and reprocessing" (EMDR) in reducing earthquake anxiety and negative feelings resulting from earthquake experience, 41 persons who underwent the stress of the earthquake in Bam, were selected and randomly assigned to experimental and waiting-list control conditions. Participants in the experimental condition participated in 4 sessions of EMDR using a software program, and were multiply assessed before, after and at a one month follow up. Results of the comparison between the experimental and control group and the comparison of pretreatment and post treatment measures indicated that, EMDR is effective in reducing earthquake anxiety and negative emotions (e.g. PTSD, grief, fear, intrusive thoughts, depression, etc) resulting from earthquake experience. Furthermore, results show that, improvement due to EMDR was maintained at a one month follow up. Also, the use of EMDR in the waiting-list control group indicated that this technique is effective in reducing earthquake anxiety and negative emotions resulting from earthquake experience. These findings are consistent with the findings from many other studies on efficiency and efficacy of EMDR in treatment of anxiety, phobia, PTSD, grief, and other unpleasant feelings resulting from traumatic experience. Furthermore, the findings show that, clinical practitioners can successfully use a software, such as the one employed in this study, for the EMDR treatment, even in a group format.

Ahmad, A., Larsson, B., & Sundelin-Wahlsten, V. (2007). EMDR treatment for children with PTSD: Results of a randomized controlled trial. Nord J Psychiatry, 61(5), 349-354.

Child Center for Trauma and Exposure (Maskrosen), Department of Child and Adolescent Psychiatry, Uppsala University Hospital, Sweden.

❖ *Abstract* ❖ The objective of the study was to examine the efficacy of EMDR treatment for children with post-traumatic stress disorder (PTSD) compared with untreated children in a waiting list control group (WLC) participating in a randomized controlled superiority trial (RCT). Thirty-three 6-16-year-old children with a DSM-IV diagnosis of PTSD were randomly assigned to eight weekly EMDR sessions or the WLC group. The Posttraumatic Stress Symptom Scale for Children (PTSS-C scale) was used in interviews with children to evaluate their symptoms and outcome. Post-treatment scores of the EMDR group were significantly lower than the WLC indicating improvement in total PTSS-C scores, PTSD-related symptom scale, and the subscales re-experiencing and avoidance among subjects in the EMDR group, while untreated children improved in PTSD-non-related symptom scale. The improvement in re-experiencing symptoms proved to be the most significant between-group difference over time. The results of the present exploratory study including a limited number of children with PTSD are encouraging and warrant further controlled studies of larger samples of children suffering from PTSD.

Bisson, J., & Andrew, M. (2007). Psychological treatment of post-traumatic stress disorder (PTSD). Cochrane Database Syst Rev(3), CD003388.

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❖ *Abstract* ❖ BACKGROUND: Psychological interventions are widely used in the treatment of post-traumatic stress disorder (PTSD). OBJECTIVES: To perform a systematic review of randomised controlled trials of all psychological treatments following the guidelines of The Cochrane Collaboration. SEARCH STRATEGY: Systematic searches of computerised databases, hand search of the Journal of Traumatic Stress, searches of reference lists, known websites and discussion fora, and personal communication with key workers. SELECTION CRITERIA: Types of studies - Any randomised controlled trial of a psychological treatment. Types of participants - Adults suffering from traumatic stress symptoms for three months or more. Types of interventions - Trauma-focused cognitive behavioural therapy/exposure therapy (TFCBT); stress management (SM); other therapies (supportive therapy, non-directive counselling, psychodynamic therapy and hypnotherapy); group cognitive behavioural therapy (group CBT); eye movement desensitisation and reprocessing (EMDR). Types of outcomes - Severity of clinician rated traumatic stress symptoms. Secondary measures included self-reported traumatic stress symptoms, depressive symptoms, anxiety symptoms, adverse effects and dropouts. DATA COLLECTION AND ANALYSIS: Data were entered using Review Manager software. Quality assessments were performed. Data were analysed for summary effects using Review Manager 4.2. MAIN RESULTS: Thirty-three studies were included in the review. With regards to reduction of clinician assessed PTSD symptoms measured immediately after treatment TFCBT did significantly better than waitlist/usual care (standardised mean difference (SMD) = -1.40; 95% CI, -1.89 to -0.91; 14 studies; n = 649). There was no significant difference between TFCBT and SM (SMD = -0.27; 95% CI, -0.71 to 0.16; 6 studies; n = 239). TFCBT did significantly better than other therapies (SMD = -0.81; 95% CI, -1.19 to -0.42; 3 studies; n = 120). Stress management did significantly better than waitlist/usual care (SMD = -1.14; 95% CI, -1.62 to -0.67; 3 studies; n = 86) and than other therapies (SMD = -1.22; 95% CI, -2.09 to -0.35; 1 study; n = 25). There was no significant difference between other therapies and waitlist/usual care control (SMD = -0.43; 95% CI, -0.90 to 0.04; 2 studies; n = 72). Group TFCBT was significantly better than waitlist/usual care (SMD = -0.72; 95% CI, -1.14 to -0.31). EMDR did significantly better than waitlist/usual care (SMD = -1.51; 95% CI, -1.87 to -1.15; 5 studies; n = 162). There was no significant difference between EMDR and TFCBT (SMD = 0.02; 95% CI, -0.28 to 0.31; 6 studies; n = 187). There was no significant difference between EMDR and SM (SMD = -0.35; 95% CI, -0.90 to 0.19; 2 studies; n = 53). EMDR did significantly better than other therapies (self-report) (SMD = -0.84; 95% CI, -1.21 to -0.47; 2 studies; n = 124). AUTHORS' CONCLUSIONS: There was evidence individual TFCBT, EMDR, stress management and group TFCBT are effective in the treatment of PTSD. Other non-trauma focused psychological treatments did not reduce PTSD symptoms as significantly. There was some evidence that individual TFCBT and EMDR are superior to stress management in the treatment of PTSD at between 2 and 5 months following treatment, and also that TFCBT, EMDR and stress management were more effective than other therapies. There was insufficient evidence to determine whether psychological treatment is harmful. There was some evidence of greater drop-out in active treatment groups. The considerable unexplained heterogeneity observed in these comparisons, and the potential impact of publication bias on these data, suggest the need for caution in interpreting the results of this review.

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Cox, R. P., & Howard, M. D. (2007). Utilization of EMDR in the treatment of sexual addiction: A case study. Sexual Addiction & Compulsivity, 14(1), 1.

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❖ *Abstract* ❖ Sexual addiction is strongly anchored in shame and trauma. Research conducted over the last fifteen years has consistently shown the prevalence of emotional, physical, and sexual abuse in this population. The resultant trauma can present as Post Traumatic Stress Disorder (PTSD). Eye movement desensitization and reprocessing (EMDR) has become a leading method of intervention with trauma and PTSD with effective results in an extremely short time. This paper will examine the issues of trauma in the etiology and treatment of sexual addiction. The use of EMDR as a specific intervention will be highlighted through the use of a clinical case study.

De Jongh, A., ten Broeke, E. (2007). Treatment of Specific Phobias With EMDR: Conceptualization and Strategies for the Selection of Appropriate Memories, Journal of EMDR Practice and Research, 1(1), 46-56.

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❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) has been shown to be a structured, noninvasive, time-limited, and evidence-based treatment for unprocessed memories and related conditions. This paper focuses on EMDR as a treatment for specific fears and phobias. For this purpose, the application of EMDR is conceptualized as the selection and the subsequent processing of a series of strategically important memories of earlier negative learning experiences concerning specific objects or situations. Firstly, the practical application and conceptualization of the treatment of phobias with EMDR is presented and compared with an exposure-based treatment approach. Next, specific attention is given to the assessment and selection of appropriate memories for processing. It is hypothesized that phobias with a non-traumatic background, or those in later stages of treatment after some reduction in anxiety has been achieved, would profit more from the application of a gradual in vivo exposure, whereas trauma-based specific phobias and those with high initial levels of anxiety would respond most favorably to EMDR.

Grandison, P. (2007). A combined approach: Using eye movement desensitisation and reprocessing (EMDR) within a framework of solution focused brief therapy. Educational and Child Psychology, 24(1), 56.

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❖ *Abstract* ❖ This paper reports on a qualitative, exploratory study that creatively combined two therapeutic approaches: eye movement desensitisation and reprocessing (EMDR) and solution focused brief therapy. It was expected that the use of techniques drawn from solution focused brief therapy could help children to facilitate and enhance the use of techniques within EMDR. In particular, techniques focusing on current and future positive resource installation were utilised. Five primary school children age 9 to 11 years were identified by class teachers and parents as presenting as shy, anxious and lacking self-confidence. The group intervention took place in school over six sessions. Within the group setting, the children targeted their own individual area that they wished to improve. Data were collected during and after each session and post-intervention. Increases in children's self-confidence and an improvement in targeted areas were reported by children, parents and teachers. Children found the intervention helpful and were able to identify particular aspects of solution focused brief therapy and EMDR that were useful.

Hettiarachchi, M. (2007). Brief intervention for Post Traumatic Stress Disorder with combined use of Cognitive Behaviour Therapy and Eye Movement Desensitisation Reprocessing. AeJAMH (Australian e-Journal for the Advancement of Mental Health), 6(1), 1.

Malkanthi Hettiarachchi, Suwaya Psychology and Counselling Service, 1006/220 Collins Street, Melbourne, VIC, Australia, 3000, <malshanthi@gmail.com>

❖ *Abstract* ❖ This case study is of a 23 year old female diagnosed with Post Traumatic Stress Disorder (PTSD) in Sri Lanka, six months following the Asian Tsunami of December 2004. The intervention was conducted in a village clinic on the southern coast of the country. Treatment involved the use of Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation Reprocessing (EMDR). The Beck Anxiety Inventory (BAI) was used to monitor levels of anxiety. The Impact of Event Scale (IES) was administered to assess level of intrusion and avoidance (Horowitz, Wilner & Alvarez, 1979). Subjective Units of Distress Scores (SUDS) were obtained to assess level of distress and the Validity of Cognition Scale (VOC) used to assess accuracy of positive beliefs (Shapiro, 2001). A significant reduction in trauma symptoms, levels of distress, intrusion and avoidance were noted at post-treatment. Treatment gains were maintained at one month and nine month follow-up. The combined treatment protocol may be an effective brief intervention to use in situations that require rapid treatments to alleviate personal psychological distress in the aftermath of large scale disasters.

Kaye, B. (2007) Reversing Reciprocal Suppression in the Anterior Cingulate Cortex: A Hypothetical Model to Explain EMDR Effectiveness. Journal of EMDR Practice and Research, 1(2), 88-99.

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❖ *Abstract* ❖ A theoretical model is proposed to explain desensitization during Eye Movement Desensitization and Reprocessing (EMDR) as resulting from the reversal of reciprocal suppression of cognitive processing in the anterior cingulate cortex (ACC). Dual-attention and error monitoring are known to activate dorsal regions of the ACC that mediate metacognitive processing. Neuroimaging research has produced evidence that cognitive areas in the upper ACC may reciprocally suppress affective processing in the lower areas and vice versa. It is therefore proposed that the original eye-to-finger tracking task of EMDR may achieve its therapeutic effect by using error monitoring to reverse suppression of the upper ACC by the lower ACC. Contributions to EMDR effectiveness from resource installation and novelty-driven orienting reflexes may also influence ACC functioning. A distraction effect is proposed to be a negative and potentially disruptive by-product of very interactive stimulation tasks. A semantic priming procedure is suggested to limit distraction effects during more interactive forms of stimulation.

Maxfield, L. (2007) Current Status and Future Directions for EMDR Research, Journal of EMDR Practice and Research, 1(1), 6-14.

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❖ *Abstract* ❖ This review provides the groundwork for a basic understanding of articles written about eye movement desensitization and reprocessing (EMDR), including a brief overview of theory and practice. It documents EMDR's established efficacy in the treatment of posttraumatic stress disorder and specifies specific subsets of this population in need of further investigation. The article also provides a review of recent studies evaluating a range of EMDR's clinical applications and outlines new directions for research investigations and for developments in clinical practice. It concludes with an overview of current research evaluating pre- and post-neurobiological changes, and mechanisms of action. Specific recommendations for future areas of investigations are outlined, and rigorous evaluation is strongly encouraged.

Oh, D-H., Choi, J. (2007). Changes in the Regional Cerebral Perfusion After Eye Movement Desensitization and Reprocessing: A SPECT Study of Two Cases , Journal of EMDR Practice and Research, 1(1), 24-30.

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❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) has emerged as a promising new treatment for trauma and other anxiety-based disorders. However, the neurobiological mechanism of EMDR has not been well understood. This study reports changes in the resting regional cerebral blood flow after successful EMDR treatment in two patients with posttraumatic stress disorder (PTSD). Brain 99mTc-ECD-SPECT (Technetium 99m-ethyl cysteinate dimmer-single photon emission computerized tomography) was performed before and after EMDR, and, in addition, a pre- and posttreatment comparison was made with 10 non-PTSD participants as a control group. After EMDR, cerebral perfusion increased in bilateral dorsolateral prefrontal cortex and decreased in the temporal association cortex. The differences between participants and normal controls also decreased. Changes appeared mainly in the limbic area and the prefrontal cortex. These results are in line with current understanding of neurobiology of PTSD. EMDR treatment appears to reverse the functional imbalance between the limbic area and the prefrontal cortex.

Propper, R. E., Pierce, J., Geisler, M. W., Christman, S. D., & Bellorado, N. (2007). Effect of bilateral eye movements on frontal interhemispheric gamma EEG coherence: implications for EMDR therapy. The Journal of Nervous and Mental Disease, 195(9), 785-788.

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❖ *Abstract* ❖ The use of bilateral eye movements (EMs) is an important component of Eye Movement Desensitization and Reprocessing (EMDR) therapy for posttraumatic stress disorder. The neural mechanisms underlying EMDR remain unclear. However, prior behavioral work looking at the effects of bilateral EMs on the retrieval of episodic memories suggests that the EMs enhance interhemispheric interaction. The present study examined the effects of the EMs used in EMDR on interhemispheric electroencephalogram coherence. Relative to noneye-movement controls, engaging in bilateral EMs led to decreased interhemispheric gamma electroencephalogram coherence. Implications for future work on EMDR and episodic memory are discussed.

Sack, M., Lempa, W., Lamprecht, F. (2007). Assessment of Psychophysiological Stress Reactions During a Traumatic Reminder in Patients Treated With EMDR. Journal of EMDR Practice and Research, 1(1), 15-23.

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❖ *Abstract* ❖ This study investigates changes of stress-related psychophysiological reactions after treatment with EMDR. Sixteen patients with posttraumatic stress disorder (PTSD) following type I trauma underwent psychometric and psychophysiological assessment during exposure to script-driven imagery before and after EMDR and at 6-month follow-up. Psychophysiological assessment included heart rate (HR) and heart rate variability (HRV) during a neutral task and during trauma script listening. PTSD symptoms as assessed by questionnaire decreased significantly after treatment and during follow-up in comparison to pretreatment. After EMDR, stress-related HR reactions during trauma script were significantly reduced, while HRV indicating parasympathetic tone increased both during neutral script and during trauma script. These results were maintained during the follow-up assessment. Successful EMDR treatment may be associated with reduced psychophysiological stress reactions and heightened parasympathetic tone.

Schneider, J. Hofmann, A. Rost, C. Shapiro, F. (2007). EMDR and Phantom Limb Pain: Theoretical Implications, Case Study, and Treatment Guidelines. Journal of EMDR Practice and Research, 1(1), 31-45.

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❖ *Abstract* ❖ This article reviews the literature on EMDR treatment of somatic complaints and describes the application of Shapiro's Adaptive Information Processing (AIP) model in the treatment of phantom limb pain. The case study explores the use of EMDR with a 38-year-old man experiencing severe phantom limb pain 3 years after the loss of his leg and part of his pelvis in an accident. Despite treatment at several rehabilitation and pain centers during the 3 years, and the use of opiate medication, he continued to experience persistent pain. After 9 EMDR treatment sessions, the patient's phantom limb pain was completely ablated, and he was taken off medication. Effects were maintained at 18-month follow-up. The clinical implications of this application of EMDR are explored.

Shapiro, F. (2007). EMDR, Adaptive Information Processing, and Case Conceptualization. Journal of EMDR Practice and Research, 1(2), 68-87.

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❖ *Abstract* ❖ EMDR is an integrative, client-centered psychotherapy approach that emphasizes the brain's information processing system and memories of disturbing experiences as the bases of those pathologies not caused by organic deficit or insult. EMDR addresses the experiences that contribute to clinical conditions and those needed to bring the client to a robust state of psychological health. Overviews of the history, development, and research that have established EMDR as an empirically supported treatment are provided. Subsequent to an explanation of the adaptive information processing model, an extended case example is used to illustrate the recommended EMDR case conceptualization and eight phases of treatment. This approach is used to process the early memories that set the foundation for the pathology and the present situations that trigger the dysfunction, while providing templates for appropriate future action that incorporate the information and behaviors needed to overcome skill and/or developmental deficits. The benefits of integrating EMDR and family systems perspectives to provide the most comprehensive therapeutic effects are described.

Stapleton, J. A., Taylor, S., & Asmundson, G. J. G. (2007). Efficacy of various treatments for PTSD in battered women: Case studies. Journal of Cognitive Psychotherapy, 21(1), 91.

Steven Taylor, Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada, V6T 2A1, <taylor@unixg.ubc.ca>

❖ *Abstract* ❖ Spousal abuse and other forms of domestic violence can lead to posttraumatic stress disorder (PTSD). Little is known about how to best treat this form of PTSD. The current case series, based on data collected as part of a larger clinical trial, was designed to evaluate the effectiveness of exposure therapy, Eye Movement Desensitization and Reprocessing (EMDR), or relaxation therapy. Three woman with battered-spouse-related PTSD were assigned to one of these treatments. The patient receiving exposure responded well to treatment and no longer met the criteria for PTSD at post-treatment or at 3-month follow-up. The battered women in the other two conditions continued to meet the criteria for PTSD at post-treatment and at follow-up. The patterns of treatment response were similar to those experienced by individuals with other forms of PTSD (N = 42) examined in the larger trial. The results of these case studies encourage further studies of exposure therapy for battered-spouse-related PTSD.

Talwar, S. (2007). Accessing traumatic memory through art making: An art therapy trauma protocol (ATTP). The Arts in Psychotherapy, 34(1), 22.

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❖ *Abstract* ❖ In this article I propose an art therapy trauma protocol (ATTP) designed to address the non-verbal core of traumatic memory. Trauma theorists [van der Kolk, B.A. (2003). Frontiers in trauma treatment. Presented at the R. Cassidy Seminars, St. Louis, MO 2004; Steele, W. & Raider, M. (2001). Structured Sensory Intervention for Traumatized Children, Adolescents and Parents-Strategies to Alleviate Trauma. New York: The Edwin Mellen Press] have endorsed alternative treatment methods such as eye movement desensitization reprocessing (EMDR), body-based psychotherapy, and expressive arts therapy as an alternative to verbal psychotherapy. Following an overview of the role of memory and emotions in trauma and theories of art making and brain function, I describe a protocol that has had success in integrating the cognitive, emotional and physiological levels of trauma drawing on EMDR, McNamee's bilateral art and Michelle Cassou's method of painting. A one-session example serves to illustrate its use.

Tarquinio, C. (2007). La therapie EMDR: Dans la prise en charge du traumatisme psychique. [The EMDR method: A psychotherapeutic treatment for PTSD.]. Revue Francophone Du Stress et du Trauma, 7(2), 107.

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❖ *Abstract* ❖ Since 1989, numerous articles have demonstrated the effectiveness of the EMDR (Eyes movement desensitization and reprocessing) method and, in less than ten years, this therapy has become the model for the psychotherapeutic treatment of posttraumatic stress disorder (PTSD) which has led to a great number of studies. There are in fact more articles today on controlled studies of the treatment of PTSD using EMDR therapy than for any other type of clinical intervention, including medicinal treatments (cf. National Center for PTSD). The aim of this paper is to allow a better understanding of EMDR therapy by firstly proposing a theoretical guideline of the approach. Secondly, we will evaluate 15 controlled and randomized studies which on the whole confirm the good effectiveness of this therapeutic approach in the treatment of PTSD. Finally, after having presented in a comprehensive manner the basic protocol of EMDR therapy, we will briefly present one clinical case treated with this approach.

Standards & Training Committee REPORT

Jocelyn Barrett, MSW, LICSW
Susan Curry, MS, MFT
Co-Chairs

Greetings from the Co-Chairs of the Standards and Training Committee!

As we embark on a new year, we would like to take this opportunity to introduce ourselves and let you know that you will hear from us from time to time, both in the EMDRIA Newsletter and the monthly EMDRIA e-News, to update you on the work that the Standards and Training Committee is doing.

Looking back upon 2007, there were 132 Basic EMDR Trainings and EMDRIA Credit Programs reviewed. The Committee currently has 20 Basic EMDR Trainings and 8 EMDRIA Credit Program applications in the process of review. EMDRIA Credit Programs already approved for 2008 totals 44.

The Committee goals for 2008 include coming up with a more efficient review process, which should then result in shorter response times to applicants, along with improved communication. In an effort to achieve our goals, we are recruiting new Committee members. The Committee currently has 15 members. With more Committee members, we will be able to review applications in a timelier manner. Previous service on an EMDRIA Committee is preferred, but not required. If you're interested in serving on this Committee, or if you would like more information, please contact our Education & Training Coordinator, Kim Carlson, at KCarlson@emdria.org.

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