

EMDR and Diversity: A Panel Presentation Discussion

Held on October 3, 2010
2010 Conference, Minneapolis, MN

Speakers

David Eliscu, LCSW - Moderator
Joseph Fitzgerald, LCSW
K. Olivia Janis, LCSW
Katherine Davis, LCSW
Ana Gomez, M.S.
Lloyd Cloud, LCSW
Uri Bergmann, LCSW, Ph.D

DAVID ELISCU: The format I will be following is to introduce each speaker. I will give a short introduction about each of them. Then I will allow each panelist to talk a little bit about what population they work with and how they came to work with that population. Once we have moved through that I will give each panelist, two or three minutes, so that we can get into the substantive issues. There are three questions that I've asked each panelist to address with a lot of freedom. However, if they have other things that they would like to talk about, that's fine.

The three questions are:

1. What, if anything, do you need to be aware of, when taking a history for your population?
2. Which of any of the eight stages of the protocol are most difficult, or perhaps the most successful for your client?
3. Why is EMDR especially effective with your population? In addition when is it not effective?

So, I will begin with

URI BERGMANN: My practice indicates how diverse the styles of trauma are to treat, Holocaust survivors and their children. Basically, I think, I've been doing that ever since I have been in practice. That's the area that I will speak to later when we get around to answering the questions.

DAVID ELISCU: Just one question. How did you come to do that?

URI BERGMANN: In two ways. From the inside, I'm the child of Holocaust survivors. Once that information got around, the referrals came hot and quickly. I'm located in New York, so it's a big Holocaust population.

DAVID ELISCU: Next to speak will be Lloyd Cloud, LCSW.

LLOYD CLOUD: The population that I work with is the chronically mentally ill, in a Community Mental Health Center. I guess I came to this indirectly, through the military, spending four years in the Army and sixteen years in the Navy. I retired in 1995. Before I got out of the Navy, I always wanted to help people. So, before I got out, I thought I needed to do something, to give me a foundation for doing that. That's why I went to The University of New Haven, and completed their Community Psychology Program. After I completed the Community Psychology Program I was discharged from the Navy and hired by The State of Connecticut, in their CPS Program, Department of Children and Families. Once I was employed the State, I thought, this is really not what I wanted to do. I wanted to help people. I didn't want to, you know, take their kids. I wanted to help people. So, I decided to go to an MSW Program. While in that program, the last year's internship, that's how I got to Dixwell Newhallville Community Mental Health Services and working within the state system. Once I got there, I liked it and I stayed.

DAVID ELISCU: I would like to introduce Ana Gomez.

ANA GOMEZ: Well, I'm Ana Gomez, and I was born and raised in Columbia, South America. My native language is Spanish. In my practice, fifty percent is with children. I have a lot of children that are bilingual, with non-bilingual parents. So, you have children that weren't born in the U.S., and they have caregivers that come from different places in South America, Central America, or Spain. We have a large population of children from Mexico. I work with the Hispanic population, mainly because I have the interest in helping the Hispanic population. I also do this because I speak Spanish. I think it is important that when we do EMDR, we can do it in our native languages, if it's possible. As I said before, I grew up in Columbia, South America, and grew up in a Catholic home. I think Catholicism and the Hispanic population, they go pretty close together. I want to talk a little about that later on. I was living in Columbia for twenty-eight years, before coming to the U.S., where I have lived for seventeen years. This has given me the experience of, you know, being raised in a Latin country. I also had to go through the process of a culturization, knowing how that could also be traumatic, going through a new culture, with a new language. A lot of the kids that I work with have to embrace sometimes the

shame, associated with speaking Spanish. So, that's just a summary of the population that I work with.

DAVID ELISCU: Next is Katherine Davis.

KATHERINE DAVIS: I'm going to talk about human trafficking, or modern day slavery, which, you know, is very widespread in the U.S. My contact has been through SAGE, which was a project of the EMDR Humanitarian Assistance Program. This went over a period of about five years. So, the special population I'm talking about is ex-sex workers.

DAVID ELISCU: K. Olivia Janis, LPCC

K. OLIVIA JANIS: I'm really glad to be here today. In the last twenty years, I've had a major focus on working with Indian people. Whether in urban areas, or like my bio says, on reservations, and we traveled a lot for the past twenty years. So, it seemed like wherever I went, I would set myself up working with Indian people there. I think it's really important to mention that, because for people who are not Indian, I'll ask people, "what about the Indian community where you live"? What about the Indian people where you live?' The huge percentage of time the answer is, "here's no Indians where we live" and that's just not true. So, my - - my efforts especially I, I feel so honored to be sitting here today, to be able to talk about this. But my efforts are to be able to provide this to all. To our urban Indian people, who have identity issues, as a major - - a major source of work in EMDR. Getting the people reconnected back to reservations, tribes, birthrights, communities, is a lot of what the work involves. My feeling is that and some effort has been made over the past several years, to try to get training for our traditional healthcare providers. The reason for that is two-fold. One is that they work with people that we will never, ever see in our offices. This is for a number of reasons, which I may have time to get into later. But, the other reason is that we also have a fluid population of people who often leave reservations to come to urban areas. If our traditional healthcare providers know about this resource, and we're able to build some bridges between what we do, and what they do, it will be to the benefit of our Indian people. This should be in our Indian communities, no matter where they are. So, thank you for this opportunity.

DAVID ELISCU: Joseph Fitzgerald, LCSW.

JOSEPH FITZGERALD: I've been working with gay men, since I began my practice, over thirty years ago. As somebody at the Work Center said, "that's because I started when I was fifteen".

At the time, I think I was the only gay therapist in New Haven. We would, try and travel in two worlds, like in the gay community, I wanted to be known. But I wasn't sure how far past, you know, I wanted to be known. Fortunately, over time, that economy melted. The other reason I went into it, because I knew how hard it was to come out, in the sixties and seventies. Of course, there have been huge changes in that in many ways. Although in many ways, not.

{Laughter}

There's been a huge change, and there hasn't been a huge change, at the same time. In general, the reason there's a vast difference between, again this is, this is rough. But middle-aged men, and over, and the younger two generations, you know, grew up often in very different Worlds. Often, not always. Another sub group is, married gay men, in heterosexual marriages. That's whom I work with, and I'm looking forward to telling you more about them.

DAVID ELISCU: Thank you. So, for our next phase, we will basically address whatever you'd like. Whatever you feel would be beneficial for us to know. About the population you work with. But, definitely centered around EMDR, and hopefully addressing some of the questions I raised.

JOSEPH FITZGERALD: I'd just like to start by saying that homophobia is alive and well. How many people saw the front page of USA Today, on Thursday? I presume it was on the front page, or close to the front page. Eighteen-year-old gay man at Rutgers jumped off the George Washington Bridge, after some very sophisticated cyber bullying. How many people know the story, about the story? His roommate had turned his own web camera on, went to the room next door, and figured out a way to remotely control his webcam. On Facebook, I believe, streamed live him having sex with another college young man. So, you know, needless to say, there's been a horrendous, well, a strong reaction to something so horrendous, about, the two kids involved, including the woman whose room it was in. ~~Excuse me?~~

JOSEPH FITZGERALD: The two involved face up to five years in prison. So, like I was saying before, a lot has changed, and a lot hasn't changed. On CNN, earlier this week, there was a brave couple being interviewed by Anderson Cooper about their eleven year old, who had shot himself in the head. He was taunted and bullied in school, and most of it had a gay overtone because he also was small and slight. So, that's the kind of world that many of us grew up in, and that hasn't gone away. I'm going to concentrate on looking at the history portion of the protocol. Because one thing you want to understand, and this is, of course, much of what I'm

saying is true about gay women also. It's just that I started working with gay women, and gay men. But, as more women entered the field, gay women naturally chose to see women, a woman by and large. What I'm saying applies to gay men, because that's - - that's the group that I ended up working with. One thing to look at in the history, which your client may, or may not have significant awareness of, is to what degree was he traumatized by cultural stigma or, vicariously traumatized? I'm sure many kids have been by what happened on Facebook, I'm sure. There is quite a bit of secondary trauma, as they have shown from that. The things to look for, like I said, when they were born, of course, where they were born, rural versus urban, and, of course, the family culture especially if there was a rigidly religious family culture. That's as hard as being a gay child in the fifties probably was. So, it's important to tease those out, and, especially with getting a sexual and a relationship history. If, you know, somebody says, "Oh, you know, I'm fine about it". That's, you know, "I'm out, and you know, none of that stuff bothers me". That might well be true about a twenty-five year old guy. But I would inquire, inquire about it anyway. So, the fear that you're really dealing with, in the cultural stigma, is a very primitive fear of being "cast out of the pack", ejected from the tribe, which, for our animal, and human ancestors, it was life or death. So, I think that lives deeply in us, when we feel threatened by that kind of ejection. For most of the gay men with whom I worked, turned out to be a surprise to me, because it wasn't my experience. But most of the gay men that I worked with knew that they were gay, or somehow different, in a very significant way, which they couldn't quite describe. By the time they were five or six, or seven. Being a good Catholic boy, who went to a seminary, I didn't dawn on me for a while, why I left my family to live with men in the woods. [Laughter]

They were constantly searching for their father. We can be a little dense when we're too close to it. Personally my realization was much later in life. But for a lot of these folks, depending on, how they grew up, then what happens to that awareness. I always believe it's not what happens to a child, but how what happens is dealt with. So, for many kids, with a warm, accepting family, they might sail through that. But that was unusual a few decades ago. There are just so many cultural signals, and like child abuse that you just keep this to yourself. So, there's there's quite a toll that having such a central secret about yourself takes. First of all, it takes a huge amount of psychic energy to maintain that, to - - to keep that wall up. And of course, it's alienating. So, obviously these things I'm talking about are all potential targets in working with somebody. Yes.

FEMALE: I have a question about the target. Almost always there's some little concern that is there, or questioning something about whether it's acceptable.... sexual orientation. I never actually targeted that, and I think it usually just goes away.

JOSEPH FITZGERALD: Yes, that - - that sounds like a very good target. We'd like to say, you know, go with that. I think that would probably be - - be very useful to a legacy kid. But, you know, as an early teen.

JOSEPH FITZGERALD: I'm sorry. I missed that you were talking about adults. But, even more so, think about that question. A real important question to ask them is, 'what's their fantasy life like?' In particular, 'what's their masturbation fantasy like?' I would never tell somebody well how okay is that? Those are your fantasies. But it's a pretty big clue.

JOSEPH FITZGERALD: Those of us who lived through the height of the AIDS crisis and that's another trauma experience, where certainly something that can be targeted. If you lived in a big city, there was a period of time where I've talked to people who have said that their date book was filled with funerals. Some people lost almost all their friends.

JOSEPH FITZGERALD: Is it the same thing, that monster making that noise back there? Where was I? So, living through that, trauma was - - was certainly a possible target. Gay men had an interesting response to that. First there was the period where we knew there was such a thing as this chronic disease. We didn't know what the cause was. When the blood borne cause of it was figured out, and what safe sex is, was therefore deduced. For many men, they were just scared to death of having sex anyway. So, it didn't matter that we knew all sorts of protective things. I've talked to men who just retreated into ten years of celibacy. Unfortunately, quite the opposite. 'What the hell, it's going to happen to me eventually, and so the responses, drugs, alcohol, and promiscuity. So, the responses to that crisis went to those two extremes, you know, as well as everything in between. Because that's, we know as the EMDR therapists, fear doesn't always respond to, "Well, this is the information we have now.'" You know, it's like, 'Well, I'm still scared to death'. Okay. A few more things written somewhere. I want to say something about the resources, of course, of gay men. Well, first of all, there wouldn't be a Broadway, you know, there wouldn't be musical theater, the arts would suffer, and the world would be a terribly decorated place.

So, there would be - - there would be tacky living rooms everywhere. But the, you know, some stereotypes, you know, have been quite a core of truth. That kind of creativity, of course, can be a huge - - a huge rescuing factor. There is an unusual level of empathy often. You know, because they were always trying to figure out who's thinking what, who's feeling what, about me. Am I okay here? Am I okay there? So, there's often quite a bit of empathy. In a number of American Indian tribes and I hope I don't screw up here, given who's sitting next to me. There is a term called the 'predash', who is a gay person in a tribe. Often is the - - the Shaman, or, or close to the Shaman. The Pradesh was seen as walking in a man's shoes, and a woman's shoes, in the world of men, and in the world of women. So, by analogy, they could walk in the in the world of spirit, as well in the world of matter. Were seen as having a special spiritual mission, in the large civilization. There is there is a group, you know, of men here and there that have really responded to that, and tried to re-enliven the sense of a unique gay male spirituality. A number of things have grown off to - - to foster that. So that's definitely a resource in the community, and perhaps in your individual.

DAVID ELISCU: Joe, can I ask one quick question? Does EMDR - - is EMDR effective with your population?

JOSEPH FITZGERALD: Of course, it's good for almost everyone. That's why I concentrated on history. In terms of EMDR processing, you know, there's not much difference. You know, unless you have the poor gay kid who got kicked out by his family, and ends up prostituting himself to stay alive. Then you've got the whole complex trauma issues.

DAVID ELISCU: Okay. Thank you, very much. I think you've sort of provided your own transition to the next person on the panel.

JOSEPH FITZGERALD: Alright.

OLIVIA JANIS: Thank you. Just to respond to what you said, the thing that I can really add about that is that we in English, who would say that, gay and lesbian men and women are two - - two spirited. I know that with our women's ceremonies, historically and traditionally men did not know about our women's ceremonies. However, if a man wore a dress as a woman, and lived as a woman, he was welcomed to all of our ceremonies, just as a woman. So, he had

access to all of that knowledge, information, just as if he were a woman. So I don't know how to integrate to what I was going to talk about after that. But it's something that actually is an interesting topic in our communities now, because we, as women, often are having resurgence in in our own ceremonies. In my experience, some of that information has to come to us from men. Which is really odd, because men don't have that information, but because of - - of the way things happened - - we lost a lot of our own information. And, as our grandmas, and great grandmas died, some of the basic information was still preserved through the men. I am wanting to focus also not on the protocol. But in context, in cultural context in the work that we're doing. Simply because, I think it's really, really critical for my population. I was reminded of how important that is, as a clinician, and - - and being part of this culture of - - of clinicians. Just how important it is for us to remember the world that our clients are living in. I was at a workshop earlier this week, and I was really triggered by a piece of the work. I found every workshop here has been just awesome. I was very excited to be in one workshop. And just feeling so open, and so wonderful, and so excited, as a clinician, about everything that I was learning. Towards the end of the workshop, another tape was played, and this tape was of a little Indian boy who had been removed from his biological family, his Indian relatives. The tape was reprocessing some trauma from the biological Indian mom and dad. He was being held by his white foster mom and dad, and the reprocessing was being done by them, and the white therapist. The person that was there said, 'Oh, and these foster parents are really good.' I don't want to dismiss that the foster family are good people. That is a given. What the therapist said was, 'these foster parents are really good parents, and they wanted to adopt this little Indian boy'. However because of Indian child welfare laws, they haven't been able to do so.' That was all that was mentioned and my heart just sank. I cannot tell you how that affected me. I just wanted to disappear in that room. I had a few minutes where I just wanted to go flip burgers for a living, because I saw the beginning of future damage that is going to have to get cleaned up, at some point down the road. I don't know if any of you saw the movie, "What the Bleep", but they talk about how the Indian people didn't see Columbus until the ships were right on the shore. I don't think that's true for us because we did have boats, you know. I think what I was seeing the other day is actually true. I don't think that the people in that room understood the ramifications of what was happening. What I was seeing before me. All I could think of is, they're not seeing the additional trauma. That boy wasn't just removed from a mother and a father. That boy was removed from a community, from an extended family, from ceremony, from celebration, from language, from song, from food, from everything. It would not be much

different to have a different, foreign occupied group here in this country, removing any of the kids, you know, who belong to families in this room. Then taken and being told that they're going to be loved, and treated as though they were one of their own. Never attending to what that child might be feeling, or thinking. I think that when we're working with Indian people, I think it is critical to know our history. It's a collective history. It's not just Indian history. It is all of our history. We all have buffers that protect us from negative feelings that we have, about a shared history that has been really horrifying and dismissed a lot. When I'm working with an Indian, whether it's a Native American in Iowa, Nebraska, New York, California, Minnesota, it doesn't matter if it's a small town, a large city, or a reservation. We're in Indian country. For Indian people, this is all Indian country. When we're working with Indian people, I think it's helpful to start to acclimate ourselves to that, to re-orient ourselves to that truth. That this is Indian country. I think to know the history, not only a broad history of this Nation. There's great resources to be able to read and learn about that. What's the history of this particular ten mile space? What is the history that my clients, who are from here, what do they bring to the table? Maybe my Indian client especially here in the Twin City's metro area, because we have so many tribes represented here. We're the second largest urban Indian population in the country. The first being Los Angeles. What is the history that we share? In addition to that what is the history of our profession? Our profession comes from a "Grass Roots Movement" that had a real grounding in our need to ally ourselves with a notion that we are agents for social change. Especially in an Indian country, especially working with Indian people, if you are not allied with that, as an ideal, then the only option you have, as a clinician, is to be an instrument for assimilation. Assimilation is a really, really bad thing for our communities and our clients. We don't want to be that. We don't want to be working towards that. That's unfortunately what I saw unfolding the other day. This is in a probably invisible way to most of the people in the room. So, I think these panels and this talk, this beginning is really, really critical. Especially for EMDR, because it's such a potent tool, and because there are aspects of EMDR, which are so familiar to us, in terms of our traditional mindset, or mind views. There's so much of this that's not new to us at all. It's common to us. Wanting to be able to have this tool, to be able to help us with the work that we need to do. Well, let me back up. That's what we need as professionals.

So, with the work that we do with our clients often what will happen to me, if I'm working with an Indian who's living in an urban area. They are to one degree or another dealing with

tremendous identity issues disconnected from their Tribal communities, reservations, birthrights and relatives. Just a little piece of information, knowing that Indian Child Welfare Act (ICWA) was mentioned the other day, without knowing what the reason for the ICWA being, the acronym for Indian Child Welfare Act". This was passed in 1978. We know that up until 1978 there were some communities that called them "The Orphan Trains". People would come into communities, reservation communities and pick up kids off the street or take kids out of neighborhoods. They would even go into homes and just remove kids and move them to opposite sides of the country to be adopted out to white families, who will love and raise them, just as if they were their own. But ICWA, The Indian Child Welfare Act, was passed in 1978 to stop this kind of abuse from happening. There are people my age, and even younger, that are still needing to process these kinds of wounds. That's you know, after all of the abuses that happened with the boarding schools. I don't know how much people know. There is a whole line, a whole history of abuse and trauma. This is a big one right now. People that are wanting to return to meet their relatives to find their families, to know everything from what's my clan to who are my relatives? What are and where's my family? Where do I come from? What's my language? There's a real effort in Indian country to help facilitate this healing process. I think EMDR is just really a great tool to be able to help that process move along. But we need to have clinicians that are educated and sensitive to what exactly needs to happen for those clients. The other thing is that I want to talk a little bit about is about EMDR and resource development. When you think of working with somebody who has been removed from their family, removed from their Nation, removed from their community, removed from their identity, and their birthright, as clinicians, where are we going to send these people? I am not going to do this. I think it's real important that we have our boundaries set. There are things that we do not do, this would not help my client to, you know, help them study, and research, you know, anything that I might be able to teach them about their people. I want to know who are the people out there in the community that I can refer to? I don't need to do resource development and install somebody's Indian name. Right? But if I can connect them with the people who know the people who can do the ceremonies and help them how to do that, they are getting themselves connected in with their communities. They are having their ceremonies; they are getting a healing on a level that we cannot touch, not come close to touching. When they come back to do more trauma work with us guess what resource I'm using? In terms of resource development I'm going to want to reinforce? It's going be some of those things that I can't provide. But, at the same time, it's going to make that person much more connected and much

healthier. Then with those connections, as time goes on, they are much more capable of facing some of the traumas that are have so profoundly impacted upon them. So, with that, I'm going to say, Milgwech, Thank you, and I hope we get to talk again soon.'

KATHY DAVIS: In listening to you, I think one of the things that threads through everything that all of us have been talking about is a special kind of attunement. A cultural attunement. There's been a lot of discussion this weekend about attunement. I think what we're doing is highlighting the necessity for cultural attunement with the population that we're working with. So, with that in mind, I'm talking about trafficking. As I said before, my experience with that has been through "The Stand Against Global Exploitation" (SAGE). This is a group in San Francisco that I have worked with for about five years, developing their training program. EMDR, from the very beginning, was the treatment of choice, with this group of very, damaged folks. They found it efficient, effective, elegant and gentle in its application. From the very beginning, EMDR was part of their program. Most of the clients had a history of sexual abuse, about ninety percent, in fact. Most have substance abuse, and other psychiatric diagnoses, as a result of earlier trauma or the trauma of the actual work itself. I want to remind you, if you don't know this, maybe most of you do, that alcohol and heroin are very good for flashbacks. It's not a surprise that people, who have massive trauma, would be addicted to these substances. In terms of EMDR itself, special care has to be taken with the history taking, and preparation. History taking, because it's so triggering, and because these folks are very damaged there's a lot of shame and preparation is needed. There is a feeling in this population of being quite different from the general population of people. There are people who know about "The Life", as they call it, and those who don't. Getting the history can be quite tedious, and long and long over a long period of time. The stabilization is extremely important, because this is a population of people who don't trust other people for very good reason. Nothing much good has ever happened for them. There's a lot of external resourcing that has to happen, before people are stable enough to even move on internal stabilization. Sobriety practices, for example. The way that I conceptualize this kind of a treatment program is it's sort of like a very, large triangle, if you can picture it. On the bottom I have the base that supports all, which is external resourcing. In the middle we have the stabilization and preparation and only the top of the triangle is really about the reprocessing. That's basically how the program is setup at SAGE, so they want a rehabilitation services, housing programs, vocational services and so forth, on the base of that triangle. I think, in fact, it's a very good model for public agencies that deal with very, troubled populations.

Because one of the things we did was train up peer counselors. That is people who are out of the life themselves, who are able to learn how to teach stabilization and sobriety practices, for example. In SAGE they also have other positions, like some intrepid people who go out, and talk to women who've been trafficked from out of the country. This is life, this is life and death stuff I'm talking about, because these, if the traffickers find them, that they do this, their life is literally at risk. So, what you have here are people who come out of the life and then work in the agency. The cultural attunement you see is not an issue for them. It is for us, if we move into treatment to treat the earlier trauma. Let's see. By the way, this is just ridiculous that we're trying to cover these things, in this amount of time. I hope everybody here will lobby, lobby, lobby for more, you know for "special populations", minorities, and so forth, to be represented in the EMDRIA Annual Conference program. Thank you.

Responding to a question from the audience:

Some of the special issues that come up with this population are things like once you have rehabilitated you're out in the "world", do you tell people about your history? How I spent my first twenty years, as a prostitute? Do I really want you to know, I mean, things like that, especially concerning AIDS and other illnesses. I want to tell you about one person, in particular, so we can kind of bring this down to the particular. This is a woman, who was abused sexually by her father, from her earliest memory. She does not have a memory of ever not having been sexually abused by her father. At the age of five, he began to pass her around to his friends. At thirteen, she joined a gang in New York City, and was passed around sexually to the gang members. She was a runner for the drug trafficking gang. She became addicted to cocaine. At seventeen she was pregnant. By this time, she was living with one man out of the gang. They lost the baby. He decided that he wanted to move to California. She went with him. And after they got there, he deserted her. She had no way; she's still addicted; she had no way of supporting herself. Finally she loses the apartment. She goes on the street. She's homeless now. She's back and forth in jail over the years. She's now about twenty I think, or twenty-two maybe. The last time she came before a judge, she begged to go to jail, because she said, 'if I go on the streets, I'm gonna die.' He did send her to jail. She got off the substances in jail. When she got out, she got EMDR treatment for her trauma. She went back to college. She finally got a Masters in Public Education. And then established SAGE. So, this is a story of my friend, Norma Hotaling, who actually died a year ago. She made such a

difference for all of these men and women who had such horrific histories. That's the population that we're talking about here. She saw hope. I think we can, as EMDR treatment can extend hope because look what happened with one person when she got the care that she needed.

ANA GOMEZ: I want to talk about the Hispanic population. But before I move into talking about the Hispanic population, I want to highlight the cultural issues. I really love that expression. When I look at the culture, I'm looking about diversity that we have a right to. Our own version of our own culture. I come from a pretty, large family. I have four sisters, and one brother. I adore my sisters to death. However we have a different view of our own culture. So, the values that we have could be different, even though we grew up in the same family. Even though we're from the same country. Even though most of us grew up in the same city. We still have a different version. So, we have internalized the culture in various ways. I think it is important to honor that uniqueness. I think that part of being attuned to culture, is being attuned to uniqueness, of each individual, and how each individual has internalized that culture. It is not going to know about cultural Values. I think of the curiosity of getting to know each person and each individual, in terms of, "how have you internalized this Culture"? Teach me about it, coach me. Being curious about each individual, and looking at each, that's how I see the kids that I work with. As a unique person that has been shaped by experience, in such a unique and individual way. With that being said I'm going to talk about some general issues with the Hispanic population. One being is that a culturization Process, and how did this process happen? I'm talking about this process from a personal experience, having to learn a new language, and having to communicate in a language that is foreign for you. It could be a traumatic time. Most of the kids, or teenagers, or adults that you work with have to acculturate to another culture, with a different language; they probably won't bring that up. One, because it could be very shameful, but also because it may be very implicit. Even though we could be a trigger it is below awareness. So, if we don't bring it up, they may not bring up the issues associated with the culturization process. How shameful that can be, having to internalize the values from another culture. That can be difficult. Looking at where you are in that Culturization Process, because sometimes as you acculturate at the beginning, you start to reject your own culture you try to incorporate the values of the dominant culture. In the beginning of my culturization process I started to just buy American music. I mean Billy Joel and all these incredible singers and rejected my own music. My Mom was shocked, because she knew how much I loved that music. As you go on, your right to a point where you can blend two cultures,

and come up with your own, unique, special version of that culture. I think that's what we need to be interested in. Is what does that mean for you, to be Hispanic? Or, to be Indian? Or, to be, you know, whatever culture you come from? How are identities formed? How are socializations connected to Culture? It is so much part of our identity and how the cell forms. I want to bring up something that has to do with religion. I grew up in a Catholic home. I now work with a lot of victims of clergy abuse who were referred by the Dioceses of Phoenix. I was not even aware of my attachment with God, the form of attachment that I had developed with God. I started to question: "is this a secure attachment? Or is it an insecure attachment with God?" It was so engrained with me, the shame, or the fear that God is going to punish me; did I do something wrong? How do you escape from God? God can see what you think, what you feel. I started to see, as a lot of the kids, and teenagers, and adults that I work with, that they have actually formed an insecure passion with a higher power. I have to say that this is, that could be pretty difficult to treat, as it is, you know, with anybody else during attachment issues. I think that we haven't fully embraced in the EMDR community attachment with God. I think we're starting to talk about attachment with our caregivers. I don't think that anybody has fully embraced this form of attachment that is so fundamental in the development of the self, the attachment that we form with the higher power. I work with women, who were abused, and boys, as well. Adult men that were abused by clergy. We work through the sexual abuse. But what I have found is that the hardest piece is to work with is spiritual abuse. How engrained it is in the formation of the self. If you don't ask those questions they probably won't tell us. I have to tell you, I was not aware, and I've been doing psychotherapy for many years. I have been a psychotherapist for sixteen years. I was not even aware of my own attachment with God. So, I think this is something that we need to bring up. It will be interesting to even look at the forms of attachment that we form, in different religions, in different cultures. One of the things that happens with the Hispanic population is, we have an expression, 'que lavar la ropa se lava en casa'. I don't know if you know what that means. It means, 'that doing laundry is washed at home'. So, basically we don't go to outsiders when we have a problem. We go within the family unit. This is why a lot of children do not disclose sexual abuse because 'if I do, and if I break the family unit, that is so shameful.' You're responsible for breaking the family unit and the perpetrator is within that family unit. So that the trauma that these children go through, because they have disclosed sexual abuse, is very, very difficult. That is something that we have to embrace, and ask, in a gentle, honor, and loving way, to these children, teenagers, and adults, what it means? How traumatic that is to be the one seen as responsible. Of course, we know

that this child is the responsible one. But it's seen by the family, as 'you broke the family unit.' That reinforces even more the, the fact that you should go with, to somebody within the - - the family unit. The other issues sometimes with some of the Hispanic population that I work with, is how we can centralize trauma, and we have we can centralize healing. I would say that this is important for any culture that we work with. I had an experience when I was in my first year of using EMDR. I didn't explain EMDR to the caregivers. We have a belief, that if a child had experienced a traumatic event, then we don't talk about it. You don't think about it, you don't talk about it, it will go away. Some of the parents that work really hard on making sure that the child forgot about the incident. So here I am doing EMDR, with a child, about the traumatic event. So, this mother was extremely angry at me, because she said, 'You know how hard we've tried to help this child forget about what happened?' So what you do here in therapy, you bring up the traumatic event.' So, I learned my lesson, and I make sure that I do explain EMDR and how part of the process that we're going to follow has to do with actually remembering and talking about what happened. I also asking them, 'How - - how do you conceptualize healing? What do you think is helpful? Before I use any strategy, so, I can honor where they are, and little by little, you know, helping - - helping them to understand the work that I'm going to be doing, and how that may be helpful. I give them enough information, so they can make an informed decision, to see if EMDR is something that they can - - that they consider helpful. When you take the time to really explain the Accelerated Information Processing Model, and they understand how the 'present is linked to the past', they are then more open and willing to do this. The other issue that I'm doing with the client, the history, and planning is, to honor the triggers, in terms of being part of a minority group. Especially in Arizona, where now a lot of the kids that I work with here are the situation, they, they were born in the United States. They have parents that are considered illegal. I still think that this term is very, very shameful. It should not be used. That's how they are labeled 'illegals'. That creates a shame, in terms of, who I am, and my identity. These are children that are in a state of fear. So, think about what this is doing to the nervous system of these children, when they're in a constant state of alarm. They don't know what's going to happen. What they've done to some of the families is that sometimes the parents are taken away because they're illegal. The child is placed temporary under the care of CPS. I think that - - that just is against human rights. They've been criticized for this. I'm hoping that they start to make changes. Unfortunately, I don't know how - - how fast this is going to happen. Or, if it will ever happen. So, the shaming that, you know, in the present, they're still experiencing it. When we work with individuals that have history of trauma, we emphasize that

it's safety. Right, safety in the present. But, when we're trying to down to it, in fact, this is associated with shame. In the present, these kids are, or teenagers, or adults, they're still being, the shame is still being reinforced. It makes it more difficult to integrate those networks that are associated with shame. In the present, they still have to deal with shame. She had to have - - to do a great deal of resourcing, and helping identify what is so wonderful, and the things that they - - they can feel proud of being Hispanic. The roots, and the traditions, and stories, so, I think it is important that if you work with this population, that you do have books in Spanish, and stories in Spanish, songs in Spanish, that really honor the culture of this individual. Specifically for children as that's the population that I work with. Also to honor what's so special about you. You know, that you come from this culture, and what's wonderful about that? I mean, think about how our identity is so connected to who we are, ethnically and racially. If I cannot feel proud of my own language, my own skin, my own ethnic roots, think about how that affects, how I feel about myself, development of the self, my sense of boundaries. So, building the self, through culture, and I think define the strengths and the resources. You know, the traditions that unfortunately we're losing. We used to have Baby Jesus. I remember, for Christmas, waiting until midnight for Baby Jesus to bring my presents. And that was a wonderful tradition that I grew up with. However, it's been replaced by Santa Claus. I don't have anything against Santa Claus. I love Santa Claus. But you know, honoring what we have in our culture, things in stories, you know, think about how it affects our left brain. Metaphors and stories is the language of our right brain. Using those metaphors in stories that belong to the culture of each individual. This is not about just saying, 'I honor you.' This is about acting in a way that honors this individual that I had in front of me. I think that many of us could say, 'I honor you'. But I think what makes it difficult is to show you, from my heart, that I truly, truly honor you. I see you as an equal. You know, so many people are good at doing the talk. I'm sure you have heard from the government that, 'walking', not 'talking the talk', but 'walking the walk'. So, I would like to use that for this, as well. You know, we can talk about honoring each other's Culture. But we have to actually from our hearts, honor each other, and where we come from, and honor differences. One thing that could happen, how much longer do I have?

The way we sometimes see certain cultural values, like a child, an older child, in the Hispanic culture that happens. Maybe helping raise the younger siblings, you know, and we have a need for that. This is a child that is parentified. The thing is, this is something that is reinforced in the culture. So, here we have a problem. You know, we have a conflict of values between the

dominant culture. What I'm receiving at school, versus what I'm receiving at home. This is what happens to a lot of Hispanic children during adolescence. There is a conflict between what I am receiving at school, and what I receive at home. That creates an internal conflict that we need to bring up, in a gentle, and honoring way. I think, my time is up. It's a pleasure to share this with you.

LLOYD CLOUD: My population is the chronically mental ill. The part of the protocol that I think is important is preparation - - preparation - - preparation. The reason that I thinking that is, because I've only been in EMDR for a couple of years. When I initially came into the EMDR in 2008] there was no, at least I didn't hear any discussion, at the conference about how to work with the chronically mentally ill. I'm encouraged today, because the theme is dissociation. With the chronically mentally ill there's a lot of disassociation going on. I'm also encouraged by the clients that I'm working with. I'd like to talk about at least two today, just to give you a sense, of how EMDR has made a positive impact on their lives. The first client is diagnosed with Psychosis NOS. We think it's probably self-Induced psychosis. He's a forty-six, forty-seven year old African Male, who has military experience. He did well in the military for eight years. When he started to experience hallucinations, it was in the context of him taking drugs, cocaine. We haven't - - we weren't able to give him a diagnosis of 'Substance Abuse' Psychosis, because we didn't have the documentation to verify the substance in his system, at the time we gave the diagnosis. So, he wound up with Psychosis NOS. This was during the time that I was going to my first conference, and I was desperately looking for some information about how to work with this guy. I think I got some encouraging words from Francine, when she came to the conference. She said, 'Go with that'. The reason that I worked with him with EMDR is because his hallucinations were all positive. He had auditory hallucinations of an ex-girlfriend telling him, 'everything's going to be okay. Everything's going be okay.' He had positive visual hallucinations of his ex-wife. So, these were positive things, and that's one of the reasons that I decided to do the EMDR with him. And it was around his hospitalizations; he was hospitalized by his brothers in excess of ten times. That was very distressful for him. That was the issue with him. So, we were able to work on that issue and bring it from a size of ten to a size of one. That was - - that was very encouraging for me. I wanted to continue with it. But, at the time, I really didn't have a sense of how to work with him, with the other issues that might come up, in terms of 'what's going on with him internally'. What we worked on was something that was very positive. I didn't want to get into any negative stuff with him. So, I went back to the Resource

Development work and - - Preparation - - Preparation - - Preparation. My other client, diagnosed with schizophrenia, will usually come into his sessions with very little affect. Resource Development can put a smile on your face. So, that's - - that was very encouraging.

URI BERGMANN: I want to do this backwards, in terms of time. I'm going to go quickly through questions two and three and then go to this specialty piece. Basically with Holocaust survivors, or their children, there isn't any aspect of the protocol that can't be used. There isn't one that's better than the other. The basic question really is, 'how much of this is dissociated? The one thing you really have to look for is how much of this is really heavily disassociated, in terms of modifying what you do with EMDR. So, treatment wise, it's not really an issue. What's really special first of all, is that you're dealing with survivors, it's a generation basically that's almost gone. The majority of the people who survived, they're in their nineties. There are the youngest ones who survived; they're probably in their middle eighties. So, that's a population that's pretty much on its way. The thing that you really have to be careful, in the history are the issues of the shame and of the things that have happened. When you take the history, you have to really be careful to just let it unfold. One of the mistakes that happen, and I've heard this when people have come to me, is that 'therapists will try to take an extensive history.' To begin to sort of ask the question, 'how did you manage to survive?' That is opening up a can of worms that will end treatment, because those who survived minimally basically were making bullets, and such things. If you were efficient enough, that was the first way you survived. But you have to be careful of a lot of it has to do with the women. To a degree with the men is that a lot of horrible things happened, and needed to be done, to get through all of this. That's one of the things that again, if you let the history of that unfold, this stuff will eventually come out. But if you try to get extensive details, it will just shut everything down. So, that's one of the things to be really careful of. Another thing, especially is, if you listen to a Holocaust survivors, basically the assumption that most people have, and the stories we were told is, that people died - - died in the gas chambers. If you listen to Holocaust survivors, and I'm talking about the death camps and so on, you will often hear when they talk about people who died, that they died in the ovens. And more often than not, that is really the case. People really did die in the gas chambers. The Germans didn't even use enough cyanide to kill you. You know, I've heard this before. In some consultation, and other therapists where they used to hear these things, as phrase, "died in the ovens", they began to sort of challenge the question I felt that they died, you know, in the gas

chambers, the gas chambers themselves. So, it's one thing to be sort of sensitive about, because you will hear that phrase. I will just move along through this quickly. I would say that that's one of the essentials to really be attuned, and be careful about. Otherwise, treatment itself will sort of flow. Treatment then will be, if people went into this experience, without a lot of preparation, you already have quite a hard shell to treat. If they went into it already traumatized, now you have a dissociative disorder plus the Holocaust. But we've seen enough that if you modify EMDR, if you know what you're doing, well, then you can get through that. Moving on to the next generation is that being attuned here is the most significant dynamic. Because what's going to happen here, there were two styles of, in terms of the survivors, they generally either went into silence, and basically nothing was heard. But everything was implied, in terms of how the second generation grew up. The second generation learned about it historically, and then what they have to sort of metabolize in their heads is, 'how come I didn't get anything in the house, except Mom and Dad went off, and they took a trip? Or, there was the other extreme, where basically, you know, my generation heard about it, and heard about it, and heard about it. It's not unusual to hear the children, before they were twelve years old that are already hearing it, in German, or in some translation. It was like when the second generation kept hearing about it, it seems like everybody just went to the library to read about it. But the most unusual dynamic was this pressure to make restitution. The most common thing you will hear is, some version of parent's, you know, children are children. Children do what they do. But, the mantra was always, 'after all we've been through, how could you?' That is sort of the - - that's sort of the unique curse that sort of inflicted on the second generation. Everything else is pretty much, you know, so much more trauma, so much less trauma. But that is - - it's the unique dynamic to listen for, and to basically treat. Otherwise, everything else is EMDR, and its complexity.

DAVID ELISCU: Thank you. To everybody who came today, we'd just like to quickly read off some of the things we heard, and to think about to explore further. One of the main things on this front page, is we're at a Conference on disassociation. What happens when you come from a culture that is different from this culture, and you have to exist within this culture? There's almost an implied disassociation that has to occur, at some point, as you move through your day. This is something I don't think was explored at this conference, which is a fruitful area. In terms of talk about spirituality, which is another issue that is tremendously important in healing, and EMDR, and we can look further into. Oppression, what happens with the trauma of oppression? When you have a history of people who are oppressed? That goes through a

generations, and that's the piece of who you are. In addition, as honestly, you're also an individual. But that's - - that's your history. I think everybody pretty much addressed that theme. The importance of advocating for your people, for your culture, for your right to be who you are, without being assimilated, or changed, or white-washed, or whatever. The whole issue of shame has a result of being from a different culture, and having to fit into this culture. How do you deal with that? Deprived of a culture that you were given by your parents, by your heritage. Your concept of yourself, what that becomes when you're from another culture. How complex that is. Honoring your culture, and honoring yourself, as an individual, the two pieces of that. And building self through your culture. Once again, 'walking the walk'. That's what we need to do here. We need to 'walk the walk' to explore these issues, and not just 'talk the talk.' Yes, it's very nice. Yes, we need to do this. We need to find concrete ways of moving further with these concepts. And the things that were just really touched upon today, by this really, magnificent panel. .

MALE: By the way, one thing to, obviously this should have been easily three hours. Obviously I will have something to say about it, at my end of the conference. But that's not enough. What all of you need to do, and get others, if you can, is write to the Conference Committee, on the evaluation, and to the Board, and basically talk about what happened here. Talk about the fact that this thing needs to be about, as far as I'm concerned, should be held annually. Basically talk about the fact that at least, for now, I mean, if you want to really bargain, ask for a whole day. But, really push for - - for a three-hour format for this.