

Global Summit Conference

Global Summit Conference

Breaking the Cycle of Violence: EMDR Integrated Interventions for Recovery from and Prevention of Interpersonal Violence

May 2-3, 2020

Crowne Plaza Boston-Natick Hotel,
Natick, MA
and via Live Stream

PARTICIPATION ON-SITE OR VIA LIVESTREAM AND DISTANCE LEARNING

Program Schedule:

Day 1 (Saturday, May 2)

9:00 am Program Section 1

Section 1- Interpersonal Violence: Prevalence, Impact and Challenges

Trauma Informed Analysis of Interpersonal Violence: Prevalence, Impact and Global Challenges **Rolf Carriere**

To situate the focus of this conference, this presentation will first broadly conceptualize, classify and quantify the various types of interpersonal violence which each year expose millions of people to trauma worldwide. From Intimate Partner Violence (IPV) and Domestic Violence to the impact of large-scale aggression and war, the impact on targets of violence will be depicted. The forces that foster intergenerational transmission of violence and the societally norms that enable it will be described. A focus will be brought to the need for trauma informed interventions of small and large scale, and the potential for EMDR practitioners and organizations to contribute in this effort. The presentation will explore the drivers of, and potential for, policy changes aimed at scaling up trauma relief as a vital contribution towards producing a more benign future for humanity and the earth-world. Issues such as restoring peace, ending poverty, and averting catastrophic climate change will serve as examples.



Rising to the Challenge. The Need for Trauma Informed Services and Opportunities for EMDR Interventions **Derek Ferrell**

This presentation will depict some of the largest patterns of interpersonal violence on a global level. The prevalence and impact of gender-based violence and war will be featured. The presenter will speak from multinational experience with large scale projects designed to treat trauma in the wake of violence. The presenter has employed and evaluated Individual and group interventions and worked with local communities to integrate AIP consistent EMDR type interventions into overall community mental health services. The presentation will review current and strategic research needed to evaluate and validate EMDR based intervention and will discuss what is needed to bring successful interventions to scale on a larger societal level.



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Treating Sexual Abuse Perpetrated by Clergy, Professionals and Those in Fiduciary Roles

Derek Ferrell

Sexual abuse perpetrated by those in fiduciary roles (professionals entrusted with guiding and caretaking roles) breach these legal and ethical relationships of trust. The presentation will feature treatment for clergy abuse, while also considering the prevalence, impact and treatment needs related to abuse by teachers, coaches, health providers, therapists, employers and others. Distinctive forms of sexual traumatology generate unique trauma characteristics not accounted for by existing PTSD classifications (DSM-5/ ICD-11). Such a breach of a fiduciary relationship has significant implications often generating persistent symptoms in areas of safety, trust, secrecy, shame, alienation and moral injury. Trauma informed psychological treatment is critical.

The presentation will describe treatment strategies for survivors of such traumas which is viewed through the lens of the Adaptive Information Processing (AIP) model, and explores six intervention considerations: Psychoeducation; Trauma Stabilization; Trauma Confrontation; Intensive Trauma Treatment; EMDR Group Interventions; Post-Traumatic Growth and Resilience.

10:30 am Break

10:45 am Program Section 2

Section 2 - Recovery from Intimate Partner Violence (IPV) and Domestic Violence

The different faces of Family and Intimate Partner Violence: Understanding and Treating Internalized Trauma and Dysfunctional Coping Strategies

Dolores Mosquera

When domestic violence occurs, there is a rupture of personal safety and trust. Children exposed to family violence are impacted by what they observe and experience directly from these adult models and attachment figures. Similarly, adults exposed to family and IPV struggle to recover and move forward. When these traumatic experiences remain unresolved, indelible impressions of these relational dynamics are imprinted. They shape perception of self and others and provide templates that are called into action when triggered. When violence is an ongoing threat, these triggers are constant and deepen the lack of power and safety.



Adaptive responses that help survive the moment often, unconsciously, develop into maladaptive coping responses that lead to relational patterns. These patterns often manifest as lives trapped in reenactment of the violent trauma they experienced. Defense responses can become future behavioral patterns, ranging from submission to aggressiveness, and including avoidance of one's own emotions.

On one end of the spectrum are the victims of prolonged Intimate Partner Violence, who often have had little experience in safe, healthy relationships. Many stay in abusive relationships because they don't see a way out, don't have resources, or are too frightened of potential retaliation. Others may feel responsible, and even drop charges and go back to their abusive partner, hoping the situation might still change. Idealization, shame, guilt and issues around responsibility and a distorted view of the self and/or the others will need to be addressed.

On the other end, those who are violent often present in treatment with goals that are not therapeutic, such as avoiding prison time or getting their partners back, but in some cases, this is no more than a façade. Under this apparently manipulative and selfish behavior usually lie traumatic histories. Antisocial traits of perpetrators may be the result of negligent or chronically abusive environments. Attachment problems with primary caregivers can create a lack of empathy and emotional resonance problems. Understanding the roots of symptoms such as aggression and impulsivity is crucial for an adequate case conceptualization and treatment. This presentation will explore the trauma template imprint in survivors of IPV, including consequences of this when untreated. We will address different facets of Interpersonal Partner Violence and Family Violence, including internalized and externalized violent and victim parts of the self and how to address these is-

sues with EMDR. Strategies for selecting targets and adapting EMDR therapy procedures to this population will be illustrated through videos of case examples.

12:15 -1: 30 pm Lunch

1:30 (13:30) Program Section 3

Section 3 - Treating Domestic Violence Survivors, Perpetrators and Those at Risk

Breaking the Cycle: EMDR Therapy Solutions for Problematic Anger and Violent Behaviors

Mark Nickerson

This presentation will teach practical strategies within an EMDR treatment approach for clients presenting with problematic anger, hostility and a range of related behaviors across a spectrum of severity. Relevant client issues include temper outbursts; an array of chronic or occasional hostile interactions with others such as verbal aggression, intimate partner abuse, angry parenting, bullying, self righteous anger, revenge obsessions, and ideologically based hostility and prejudice. Violent behavior is often a trauma reenactment, yet there are many considerations including the safety of other in determining when and how to reprocess that trauma.



The Cycle Model offers a comprehensive framework for engaging clients in assessing and prioritizing treatment strategies to transform problematic beliefs, feelings and behaviors. Reference will be provided for an array of protocols, tools and strategies that address trigger identification and target selection; ways to enhance client engagement and motivation; topic-related stabilization and preparation techniques; ways to transform abusive power and controlling behaviors; affect regulation; targeting strategies; strategic skill building, and a protocol for addressing hostile attitudes.

Breaking Down Race Loyalty for Black, Female Survivors of Rape

Quandra Chaffers

When 1 out of 3 women are expected to be the victim of sexual violence in their lifetimes, we are facing a need to be more conscious about the survivors' journey towards sex positivity. Rape in the United States has always been a political and sexual economy (Simmons 2006). United States history is built on violence and unfortunately sexual violence is no less a part of that narrative (Stiritz, 2006). White professionals sometime feel inadequate in addressing sexual violence at the cross section of racism and sexism. Kimberly Crenshaw (2019) uses critical race theory to explain how violence may be experienced differently as black woman compared to that of a black man or white woman due to the intersection of multiple marginalized identities. Similarly, black clients sometimes feel wary voicing their generational trauma to white professionals.

Professionals of all races must learn cultural competency in order to sensitively address sexual violence with each other. This presentation serves to inform EMDR therapist about how to identify the unique experience of black survivors of sexual violence and interweaves for addressing the double bind often experience at the intersection of being both black and a woman. Understanding how marginalized identities also hold strengths that can be resourced during the length of treatment is also crucial to aiding the black woman survivor through trauma work.



Families with PTSD-Related Violence: Managing the Symptoms of Violence

E. C. Hurley

Families of veterans with PTSD experience more physical and verbal aggression. These families experience more instances of family violence. Some studies indicate female partners of veterans with PTSD committed more family violence than their male veteran partners with PTSD. An infantry sergeant stated, "The Army taught me that my job as an infantry soldier was to put as many rounds downrange as possible. When my wife and I disagree, I find myself laying down verbal suppressing fire!" Straight communication becomes sabotaged with emotional reactions. Another veteran stated, "the person I am, they would be afraid to know; the person I pretend to be is not the person I am." The risk of family members suffer-

ing with secondary traumatization and higher risk for domestic violence. Family members tiptoe to avoid activating highly charged memories. Little has been done to study the impact of families dealing with PTSD symptoms. This presentation looks at impact of violence within a multi-generational family systems perspective, families and domestic violence research, and current intervention strategies including EMDR therapy.



The program will include a depiction of individual and family risks of domestic violence among veteran families, a systemic view of violence within veteran families with unresolved trauma, and overview of research and current programs, and effective treatment interventions including EMDR therapy.

3:00 (15:00) Break

3:15 (15:15) Program Section 4

Section 4 - Vicarious Exposure to Violence, Military and First responders, Suicidality

When Violence is Turned on Oneself: Shame, Guilt, Moral Injury and Suicide

E. C. Hurley

Many veterans say, "suicide is always an option" as the pain of living seems more challenging than dying for those who have become desensitized to death. The suicide rate among active military and veterans continue to be at a staggering rate (17-20 veterans per day). The presenter, as an EMDR therapist and retired military, works with veterans with this mindset regularly. The presentation includes video of a veteran who attempted suicide three times and describes what therapists need to know in working with this population. Dr. Hurley describes the role shame, guilt and moral injury contributes to this wound of the soul as well as how to address these wounds with EMDR therapy.

This presentation will include: becoming desensitized to violence and death; the role of shame, guilt and moral injury among persons trained to win in violent confrontations; lessons learned (why no harm contracts seldom work); effective treatment with EMDR therapy; and directions for future EMDR training in working with these populations.

Treating Trauma in First Responders Is Different

Sonny Provetto

First Responders are repeatedly exposed to the worst in human behavior. As we enter 2020, officers are three times more likely to die by suicide than in the line of duty. 197 police officers have died by suicide so far and that number will continue to rise. PTSD and Suicide in emergency responders is three times that of the general public.



This presentation will highlight the need for effective and research proven methods to address the complex issues of trauma in first responders. It will explore EMDR-EI as a useful technique which aid clinicians and trained peers in providing interventions and stabilization after a traumatic event. It will discuss protocols for the use and application of early interventions and expand on the need to treat responders quickly and intensely.

EMDR Brief Treatment with Homicide Survivors: A Community Focus with Trauma

Recovery EMDR Humanitarian Assistance Programs

Don DeGraffenreid

Many of our communities struggle with interpersonal violence and the impact of mass casualty events. There is a need for effective EMDR models that are focused in brief treatment; solution oriented, strength based, generate resilience and will predict positive client outcomes. This workshop will share EMDR brief treatment approaches successfully used with three (3) clients who lost a loved one to a community homicide. All three clients were seen via the Greater New Haven Recovery Network (GNH TRN) a program sponsored by Trauma Recovery EMDR Humanitarian Assistance Programs.



The Greater New Haven TRN is composed of 20 volunteer EMDR therapists who provide up to 10 pro bono EMDR therapy sessions to crime victims and survivors of homicide. Areas to be addressed in this workshop include EMDR brief treatment concepts, working on a single presenting issue, examples of advanced cognitive interweaves with homicide survivors, working effectively in the window of tolerance and specialized “go to the body techniques”. Participants will review a specific brief treatment model for use with victims of violence, that draws from EMD or the Recent Event Protocol.

5:15 (16:15) Day 1 Program close

5:15- 6:15 (16:15- 17:15) Reception

Day 2 (Sunday, May 3)

8:30 am Program Section 1

Section 1- Culturally Based Violence

A Role for EMDR therapy in Northern Ireland' path to peace: a society emerging from conflict and not yet at peace.

Paul Miller

The World Health Organization (WHO) notes that psychological trauma impedes social recovery from war by contributing to rigid patterns of thinking that may perpetuate war, making it chronic. WHO recommends ‘trauma-healing’ to facilitate reconciliation and peace-building? *In the EMDR community we recognize this as Dr Francine Shapiro’s call to break the cycle of violence.*

In Northern Ireland, terrorist violence has impacted our society profoundly and the degree of healing has an effect on our attempts to facilitate Peacebuilding: as well as being the next step of reconciliation. In 2005, The Primary Care Linkworker Project embedded EMDR therapists in Primary Care and treated people from all sides of the conflict. We will examine the findings of this project and the implications for future services and peacebuilding, including the application of the Blind-to-Therapist protocol, which allows for healing without disclosure.

Robert Miller & Michael Doherty will reflect upon their work, including an explanation of models of mediation; giving examples of how mediation has helped resolve contentious issues; exploring Story Telling as part of a healing process. We will examine issues around secondary trauma and the impact on those who may be facilitating or participating in a Story Telling workshop: given that they have often grown up in these traumatized communities.

Interrupting the Trans-generational Transmission of Trauma

Karen Alter-Reid

How does the clinician know when to focus on trans-generational trauma in their treatment plans?

This presentation will help the clinician locate transmissions by: 1) attending to the affective quality and content of the patient’s narrative; (2) understanding symptoms of trans-generational trauma; and (3) finding out about the presence and nature of their tribal narratives. Once the clinician suspects

that symptoms are related to trans-generational trauma, a series of interventions are presented to expand history-taking, locate generational themes and resources, and process along the lines of the generational trauma/themes. In the process of widening the lens, there is a disassembling of dissociation, a building of adaptive networks, and relief of current symptoms. These processes ultimately lead to a coherent, generational/tribal narrative from which the patient can move forward and interrupt the transmission of trauma to the next generation.

Dismantling Prejudice and Reducing Social Bias with EMDR Therapy

Mark Nickerson

Clearly, socially based prejudice drives misunderstanding, social divisions and conflict, and impedes the well-being of many. Though this is obvious at the societal level, assessing and treating the impact of social discrimination and societal injustice is rarely discussed as a therapeutic focus. Yet, the need for treatment is apparent. Vast research within the fields of social psychology and social work support common sense observations that stigmatized and socially disadvantaged



people report overall lower life satisfaction, health and mental health challenges. Many clients have experienced socially/culturally connected traumatic events which are often reinforced by general societal patterns of discrimination. Unprocessed “internalized oppression” can further impede and disempower a person already in a disadvantaged position.



This presentation offers EMDR therapists a conceptual framework and skills to spot and treat the effects of social discrimination. Content and supplemental reference material will introduce elements of social information processing as they inform the AIP model, characteristics of socially based trauma and EMDR treatment strategies, useful terminology, the value of identifying *Externalized Negative Cognitions*, a protocol for dismantling prejudice and reducing social bias, and the unique value of an EMDR approach. Clinical examples will be provided.

Elevating Resourcing as a Critical Tool for Treating Violence-Based Trauma

Eboni Bugg

Chronicling the presenter’s experience in providing trauma-informed interventions in a rural birth center in northern Uganda devastated by civil war, this presentation attempts to draw attention to the intersectional nature of violence, cultural considerations for the therapeutic relationship, and the use of resourcing protocols as a primary EMDR intervention in vulnerable populations. Participants will learn an abbreviated and directive approach to resourcing that draws upon established EMDR protocols, mindfulness and yogic breathing. This approach is designed to reduce negative intrusions, honor the client’s autonomy and voice, and engage the parasympathetic nervous system.



This presentation will broaden the definition of violence & its impact in diverse settings, explore cultural implications for EMDR treatment of violence-based trauma, and offer the Abbreviated Resourcing Protocol to reduce negative intrusions and other strategies with general clinical relevance.

10:30 Break

10:45 Program Section 2

Section 2 - Group Interventions

EMDR Therapy in the Trenches to Address Interpersonal Violence

Nacho Jarero

The EMDR Integrative Group Treatment Protocol (EMDR-IGTP) and the EMDR Protocol for Recent Critical Incidents and Ongoing Traumatic Stress (EMDR-PRECI) are the protocols with most research evidence in the EMDR Early Intervention and Ongoing Traumatic Stress Field. The first part of the presentation will be about the application of the EMDR-IGTP protocol including background, main objectives, advantages, and research with child and adolescents’ victims of severe interpersonal violence, and with women survivors of domestic violence. The second part of the presentation will be about the EMDR-PRECI background and the ongoing Longitudinal Multicenter RCT with Female Minors Victims of Abuse and PTSD Diagnosis.



Suicide Prevention and Community Trauma Response Is Violence Prevention: Riverside Trauma Center’s Model for Responding to Suicide, and Workplace Toxic Stress

Marlene Kenney

A growing body of work shows that human service workers have higher Adverse Childhood Experience (ACE) scores than other professions. As workers on the front lines responding to overwhelming stress, such as homelessness, families in high need, and the opioid crisis, front line workers are routinely exposed to violence and therefore live and work in conditions of toxic stress. This presentation will discuss Riverside Trauma Center’s innovative and integrative approach to responding to two human service organizations where there is chronic exposure to violence and human suffering. The presentation will demonstrate a response protocol tailored to meet each organizational culture that includes EMDR early intervention protocols (both GTEP and EMDR-IGTP-OTS). This protocol was developed to assist teams of homeless shelter workers



on the front lines of the opioid crisis who routinely reverse overdoses and find deceased clients. This unique approach has community sustainability as a cornerstone and therefore address capacity building for the organization. Topic related implications and general recommendations for EMDR clinicians will be offered.

12:15 -1:30 pm Lunch

Section 3- Treatment for Children and Parents Recovering from Family Violence

Systemic-Attachment-Informed EMDR Therapy with Children and Their Parents to Heal Family Violence **Ana Gomez**

This presentation will address the systemic-attachment-informed use of EMDR therapy with children and their parents in the presence of family violence. What makes the caregiving system shift from a system of care to a system that wounds? Some studies suggest that maternal post-traumatic stress disorder (PTSD) may be associated with increased risk for child maltreatment and child exposure to traumatic events (Chemtob, Gudiño & Laraque, 2013). Mothers with violence-related PTSD may experience their child's routine distress as a trigger of pre-existing PTSD (Schechter, Kaminer, Grienenberger & Amat, 2003). Is parental trauma and attachment injuries at the core of violence directed towards their own children? According to Porges, the child's distressing behavior can shift the mother's preoccupation with the child's needs to that of her own individual survival (Porges,2007). Family violence may be the result of intergenerational wounding and as such, it needs to be addressed systemically. This presentation will lay the foundation for the use of EMDR therapy to support the healing of the parent and the child. A summary of the most important elements of the initial phases of treatment along with processing phases will be addressed.



1:30 (13:30) Program Section 3

3:00 (15:00) Break

3:15 (15:15) Program Section 4

Section 4 - Treating Sex and Violence Offenders

Applying the EMDR Therapy Offense Driver Model for Perpetrators of Violence **Cheryl Clayton and Ron Ricci**

Evidence shows that individuals who sexually offend have higher levels of adverse childhood experiences (ACE) than either the general population or other criminal populations. The pathways model examines the etiology of sexual perpetration. These pathways of emotional dysregulation, intimacy deficits, deviant sexual preferences, distorted sexual scripts, and antisocial attitudes are often born of a developmental rupture(s) which forges maladaptive attitudes, beliefs, and behaviors. The adaptive information processing model inherent in eye movement desensitization and reprocessing (EMDR) trauma therapy is theorized to reorganize the maladaptively stored clustering of cognitions and emotions related to these traumatic developmental events.



The presenters considered five (5) extant models in the sex offender literature and developed the offense driver model. This model is designed to guide and inform EMDR therapy with individuals who have sexually offended. A case example illustrates the conceptualization and implementation of this treatment process. The workshop will address the appropriate selection and application of negative cognitions and cognitive interweaves to avoid affirming offense drivers. A checklist of offense drivers is provided to assist in case organization and treatment. The workshop will also discuss how this model has potential relevance for other areas of perpetration such as domestic violence. The importance of collaborating with other disciplines such as probation, parole, and victim services will be discussed.



4:45 (16:45) Conference Close

