



Dear EMDR Colleagues:

Fran Yoeli's post and other recent reports from the HAP project in Thailand have inspired us all. I wanted to put a little context on this work.

Immediately after the tsunami, the HAP office began to hear from dozens of clinicians who offered assistance and made emergency financial donations "for Asian relief."

Among them were a number of clinicians working in Asia who have since become our eyes and ears and representatives in developing the ties without which humanitarian assistance cannot happen.

In Thailand, no one was more critical to this work than Jane Lopacka, an EMDR clinician working in a church supported clinic in Cambodia who went to Thailand and single-handedly built the relationships at the University in Bangkok, in the public health services and in the field. Joining her were Mary Bunn, Carolyn Neuneubel, and Dean Sutatip at the University.

As Jim Knipe and I at HAP sorted through options for response, we had the energetic offer from Israeli psychiatrist Gary Quinn to lead a team including Fran Yoeli, Aiton Birnbaum, Alan Cohen, and Joel Comet.

The project came together in record time, while we were still working to gather resources for its support. Ultimately an international team convened in Bangkok, trained 60 Thai clinicians with hastily translated manuals, and proceeded to the seaside to begin treatment of survivors and initial use of EMDR-based group stabilization work, an intervention that has had more than an 80% success rate in reducing PTSD symptoms in earlier disasters.

As this is written Jane Lopacka continues to support the recently trained clinicians and oversee arrangements for them to work as volunteers in the disaster region.

By the end of February, we will need to take major steps to keep this project alive and moving toward its objectives. We need to offer consultation to the new trainees, to expand the use of group stabilization work with children and adults, and provide individual therapy for those who require it.

Within a few more months we need to conduct Part II training in Bangkok and continue consultative support to the trainees. And most importantly, we need to gather systematic data on the effects of EMDR and group treatment methods.

Why? Because the wonderful reports from the field, confirming what we all know about EMDR as a therapy for trauma, do not persuade the major relief agencies, funding sources and local health agencies that need to recognize its merits.

That requires careful documentation systematically gathered. With that documentation in hand, we are confident that there will be new centers of EMDR treatment and training in Thailand, India, Sri Lanka and Indonesia in the very near future, just as there is today in

Istanbul as an outgrowth of HAP's work in Turkey since 1999.

Without it, and without support to new clinicians, newly gained skills can quickly atrophy from disuse. And the point! of HAP is not merely to treat, but to expand the capacity for treatment where it is most needed.

EMDR has so much to offer the victims of the tsunami, but its promise will be unfulfilled unless we can help local clinicians finish what has been so well begun.

HAP has provided about 30% of the costs for the Thailand project to date.

Other organizations have shared the burden. We will need to raise at least \$10,000 more to finish the current effort, even though most of the work is provided by volunteers.

In Sri Lanka and in India, we will soon be launching carefully structured projects that will extend the work reported in Thailand, and most of the costs for these projects will be sustained by new partners like the First Hand Foundation – Cerner Corporation in India (which announced our joint venture on Valentines Day), and International Relief Teams, of San Diego, who will work with us in Sri Lanka.

But the project in Thailand right now has only HAP to rely on.

Fortunately, that has meant a lot in the past, so we are moving ahead with energy and hope.

Bob Gelbach
Executive Director
EMDR HAP