

Boston Area TRN Update

By Dr. Rebecca Rosenblum, Co-coordinator

We are happy for this opportunity to share with the larger EMDR community what has happened with the Boston Area TRN, since its inception in late 2012.

We started out as a group of seven clinicians that Dave Dockstader, MA, CAGS brought together to provide EMDR disaster response treatment for survivors of Hurricane Sandy in Staten Island, NY. Our first initiative, led by Dave, involved getting trained in the Recent Traumatic Episode Protocol (R-TEP) of Elan Shapiro and Brurit Laub, in January of 2013. Groups of clinicians then traveled from Massachusetts to Staten Island to provide treatment to survivors, every Saturday until the week of April 15th, 2013; the scheduling and facilities having been managed and arranged by colleagues Joyce and Ira Goldstein of Staten Island.

When the bombs went off at the Boston Marathon (on a Monday, followed by Thursday's fatal shooting of Officer Collier in Cambridge, MA, the pursuit and shoot-out in Watertown, MA, and the lockdown for many parts of Greater Boston on Friday), we had to shift our focus to addressing the large task now ahead of us in our own communities. Rebecca Rosenblum, Psy.D. joined Dave as a co-coordinator of the Boston Area TRN (serving Eastern MA), and we started getting the word out as best we could with the limited resources and staffing characterizing the early days of a TRN. We started treating survivors on April 19th, and worked quickly with HAP trainers Maria Masciandaro, Psy.D. and Betsy Prince, LCSW to set up a R-TEP training for clinicians in our communities throughout Eastern Massachusetts and some from surrounding states. Through collaborations with HAP's training programs, we were able to sponsor three R-TEP trainings from August 2013 to April 2014, training approximately 85 providers in R-TEP.

In addition, the events of Marathon week motivated other clinicians in the area to get trained in EMDR therapy. TRN member Jami Osborne, LMHC served as site coordinator with South Shore Mental Health hosting the Basic Training, Weekends 1 and 2, taught by the capable HAP trainers and facilitators. Approximately

29 people attended weekend 1 and 18 weekend 2, some people coming from surrounding states. One of the goals for Dave and Rebecca is to increase the number of therapists of color trained in EMDR, especially those that serve populations traumatized by community violence. Working with our colleague Ulric Johnson, Ph.D., and with a generous gift from an anonymous donor, we were able to sponsor several clinician's participation in the trainings that Jami organized – eight people attending Weekend 1, five of whom completed Weekend 2.

As noted, we took our first referral on April 19th, and started providing services. From then through March of 2015 we have received over 86 referrals, all but a handful of whom have followed through and received 1-5+ sessions of EMDR therapy from the network. This care has been provided by 37 volunteer members of our TRN, and five EMDR therapists who we sought out

across the country for people who had been at the Marathon and were affected, but did not live in the Greater Boston area. The care provided by the



members of the Boston Area TRN, was of course at no cost, though some of the referrals for out of state services were compensated for by the victims services funds that have been set up for the survivors. These numbers do not reflect the substantial numbers of Marathon survivors who sought out EMDR therapy on their own and paid for those services, often not wanting to take up the free resources.

Now that the federally funded behavioral health response for Marathon week survivors has been launched, we are winding down our pro-bono response, though we occasionally still receive a service request. We are quite proud and pleased that our volunteer efforts resulted in the notice of the Boston Public Health Commission (BPHC) and the Massachusetts Office of Victim Assistance (MOVA). MOVA is working with us to get TRN members on their roster of clinicians so that EMDR therapy is well represented as a treatment modality available to survivors.

One of the important elements of doing disaster work as a TRN is the Quality Improvement (QI) piece. In our TRN we use a handful of psychometric instruments as a way of structuring a brief history taking before we proceed to resourcing the client and then processing the trauma. For those clients who agreed, we will be able to examine this data, along with follow-up data, so as to better understand the factors that promote or inhibit the effectiveness of our disaster response. This will also allow us to demonstrate to other stakeholders in the community, with hard data, the effectiveness of our response and the importance of providing Early EMDR Intervention in the wake of community disasters. For this part of the work of the TRN, we are grateful to have the collaboration of Clare Metha, Ph.D., at Emmanuel College, who has coordinated with the TRN undergraduate interns to help with literature reviews, statistical database creation and statistical analysis, mentored by Dr. Rosenblum and Dr. Metha both.

Dave and Rebecca have also been busy with other aspects of running a TRN. Rebecca has presented about our work and mission to the Massachusetts Psychological Association's annual conference in 2013, as part of the PsyChi conference at University of Massachusetts, Dartmouth in 2014, to the Association for Women in Psychology in 2015, and will also present at the American Psychological Association's 2015 Convention. Dave has been working to form and strengthen relationships with First Responder communities in central and eastern, Massachusetts – something our TRN is very fortunate to have him do, as he is a retired Fire Captain and understands these communities well. He has been very active with the Central MA Critical Incident Stress Management (CISM) team, and has done EMDR with members as needed around difficult incidents.

There have been various criticisms of the attention and funding that the Marathon bombing events have received in comparison to other traumatic incidents. Many in Boston and surrounding communities cope with ongoing acts of violence throughout the year which are also burdened with substantial numbers of dead and injured. For these communities, the contrast in attention, funding, and support has been a blow. Dave and Rebecca have been well aware of these issues and have been working to form collaborations with groups that address ongoing community violence. We were thrilled to be invited to become a part of the BPHC's All-Hazards Psychological Response Team, the first of its kind in the country. This is a group of Non-Governmental Organizations coming together to collaborate with Governmental Organizations to respond to events large and small that are likely to result in psychological trauma. We will be part of the workforce health initiative – treating secondary trauma for those who provide services as part of the All-Hazards team – as well as providing treatment to members of the community directly. In this way, we will have for our TRN members an ongoing initiative to keep their skills honed and a way to continue to give to the communities through EMDR treatment.