



November Feature: Maria Masciandaro

In 1995, I took my Level I training in Philadelphia and experienced first-hand the power of EMDR therapy. Finishing my training in 1996, I felt privileged to have had Francine Shapiro, each time, as my trainer. Utilizing the EMDR therapy framework when I returned home was new. I was grateful for a monthly consultation group with Sheila Bender. After I learned more about the larger EMDR therapy community, I joined Sheila, Victoria Britt and Betsy Prince in 1999 as an EMDRIA Regional Coordinator. That was when I heard about Trauma Recovery, EMDR Humanitarian Assistance Programs. During Barbara Korzun's time as Executive Director, following 9/11, we formed a HAP DRN (Disaster Response Network), which later became our local Trauma Recovery Network. In 2006, as my youngest child was getting older, I was able to accept the invitation to become a Trauma Recovery/HAP facilitator.

Why all this involvement with EMDR therapy, EMDRIA and Trauma Recovery/HAP? Well, my Dad was a community physician in the Italian section of Elizabeth, NJ. My Mom, an O.R. nurse, was committed to sending supplies to missionaries overseas. My role models taught me the importance in recognizing the suffering around us. I knew I would dedicate my life to easing that suffering. I became one of those kids who chose this career path in high school and stuck to it.

As a clinician, my caseload became weighted with individuals coping with disability, and/or recent trauma. It became pertinent that I learn the early EMDR intervention protocols. When Elan Shapiro and Brurit Laub first presented at the EMDRIA Conference, the Recent Traumatic Event Protocol (R-TEP) really captured my attention. I felt it would better prepare me to help the NJ Transit employees I was seeing following various forms of assault and accidents. I also became more involved with individuals suffering from physical challenges - acute and chronic.

In 2011, Trauma Recovery/HAP sent Betsy Prince and me to Alabama after the tornado devastation in Tuscaloosa. We were there to train local therapists in R-TEP. One lone R-TEP clinician was treating other peers who were in turn overwhelmed by their community's needs. She was very grateful we were there to help increase the number of R-TEP clinicians to handle the need.

Since then, we have worked in many different communities across the country sharing this powerful, safe way of working with recent trauma. The feedback we receive is positive. Clinicians tell us how they see implementing this protocol fitting the needs for containment and titration so clients can efficiently process their reactions to recent traumatic events. Seeing the reaction of the participants at the trainings and hearing their stories keeps us motivated to help Trauma Recovery/HAP build capacity across the country to continue to offer these trainings. There are now several R-TEP trainers and facilitators with more in training.

Whether working with therapists in Arizona following the wildfires; therapists on the East Coast after Hurricane Sandy, or the Sandy Hook Elementary tragedy; therapists dealing with the survivors of the Boston bombing; Chaplains stationed at Fort Hood; or therapists in Washington, California, or D.C. – R-TEP has been embraced as a valuable tool that Trauma Recovery/HAP makes available to the EMDR therapy community. I am moved by the dedication of so many volunteers across the country and I am proud to be a part of this large healing community.