Can EMDR be done alone/self-administered?
A: EMDR should never be used by someone who has not been trained. It can cause retraumatization if not used correctly. That said, clinicians who have been trained can self-administer in some cases, like vicarious trauma.

Could there be a possible application for other disorders and clients such as sexual offenders?
A: Yes, EMDR has been used in a very wide variety of disorders. I do not know of any studies or statistics of results with sex offenders.

Do the recent shootings and the media coverage contribute to the problem of PTSD in the general public? What about to those who have previously been diagnosed with PTSD?
A: Yes, I believe that many people who hear or see the details of traumatic events through the media can develop symptoms of PTSD. Many people have symptoms from 9/11/2001 coverage of the planes crashing into the World Trade Center building in New York.

Do you have an available bibliography on EMDR?
A: There is a “store” on EMDR.com with 24 books approved by the Institute. http://www.emdr.com/product-category/books/
There have been many other books written about EMDR, some of which are excellent and some of which are not. Some of the other books I use are Attachment Focused EMDR by Laurel Parnell and Elena Fleder; The EMDR Revolution, Tal Croitoru; and Neurobiological Foundations for EMDR Practice, Uri Bergmann

How can integration happen more smoothly with staff? We have MH and AD services which used to be separated. Our drive is to have a true integrated behavioral health system and it's the buy-in from these groups to work together.
A: If the concern is the clinical staff, I think that using case studies with small groups and having the clinicians formulate diagnoses, analysis and recommendations would help them realize that we all work with the same problems in different ways. Trainings that include both MH and CD staff is essential. Staffing clients with all clinical staff working with them must happen frequently.

How does the client's ongoing marijuana use effect appropriateness for EMDR treatment?
A: In my work and the work of my colleagues, use of MJ and benzodiazepines either blocks EMDR processing completely or slows it immensely. I inform clients of this information, but will use EMDR Therapy to see how that particular client responds.

Around how many EMDR sessions does it generally take to see effectiveness with addiction?
A: There is no definitive answer to how many sessions it takes to be effective in treating any problem. It depends on what emotions, senses, traumas, experiences, people and places are attached to the addictive experiences, how strong the emotional reaction was, the number of times they have had positive and negative experiences, etc. There are too many variables.
That said, I have had success with EMDR Therapy with nicotine addiction in one session. I have also seen moderate success with nicotine, opioid and marijuana addiction using 10 or more sessions.