



**Monroe County Domestic Violence Coalition
Meeting Minutes
December 15, 2017**

Mission: The Monroe County Domestic Violence Coalition is committed to improving our community's response to domestic violence issues through communication and coordination of services.

Attending: Heather Davis (MWH), Sam Harrell (MWH), Brittany Lawrence (DCS), Ketelyn Lipa (MWH), Courtney Schwerin (POAP), Pamela Sojker (MWH), Stephanie Waller (MWH), April Wilson (Prosecutor's Office)

Guests: Alison Leslie and Jennifer Spencer (Spencer Psychology)

City Staff: Anthony Christian (CFRD), Michael Shermis (CFRD), Morgan Wells (OOTM)

I. Introductions

II. Conference Planning Update

- A. Currently finalizing the program
- B. Exploring continuing education credits
- C. Have commitments from presenters
- D. Next conference planning meeting: January 5th, 1-2 pm
- E. Call for volunteers: please email [Michael](#) if you are available to volunteer anytime during the day of the conference (March 22nd)

III. Staff Update

- A. Working on updating the stats booklet
- B. Need stats from law enforcement
 - 1. CFRD needs to pull from the open data website
- C. If you have anything you would like to have a speaker come and speak about, email [Michael](#)

IV. Information Sharing

- A. Middle Way House- Sexting
 - 1. They are not in Bloomington High School South, but they are struggling to get in there to present
 - 2. If you have a way to work with the administration and the health teacher please email [Sam](#)
- B. Middle Way House- New support group for survivors of incest

1. Call the crisis line and ask to be connected with the coordinators
- C. Office of the Mayor- Bloomington Revealed
1. <https://www.bloomingtonrevealed.com/> is a website dedicated towards sharing data and stories that will work towards making Bloomington a safe, civil and just city
 2. This website has a ton of data that would be a great resource for everyone to explore

V. Guest Speaker and Presentation (20-30 minutes)

Alison Leslie and Jennifer Spencer (Spencer Psychology)

A. What is EMDR?

1. Moves the memories so when the person is exposed to the trigger, their body no longer responds with panic or distress. The memory becomes a bad thing that happened long ago

B. What is PTSD?

1. A disorder of overactive autonomic nervous system arousal, like a smoke detector
2. Symptoms include
 - a) Hypervigilance
 - b) Insomnia
 - c) Easily startled
 - d) Mood dysregulation
 - e) Mobilization to fight, flight and freeze
3. Activates the vagus nerve
 - a) Before EMDR, therapists need to teach clients how to manage the vagus nerve so they can better handle treatment

C. What is EMDR?

1. Eye Movement Desensitization Reprocessing
2. AIP Model: Adaptive Information Processing
 - a) Provides the opportunity to process isolated neural networks holding distressing incidents that have been unable to connect to neural networks that hold adaptive memories
3. Eight phase protocol
 - a) History taking (intake, foundation)
 - b) Preparation (Controlling the vagus nerve, emotional preparation)
 - c) Assessment (Targeting for EMDR, in what situation did clients feel negatively and how would they like to feel)
 - d) Desensitization (Eye movements and hand-held tappers are used to unfreeze the neural network)
 - e) Installation
 - f) Body Scan: (What are they feeling in their body?)
 - g) Closure
 - h) Reassessment

4. Do the protocol over and over again until the client pairs memories that were previously associated with the negative feeling are now positive
 5. The amount of times that the client needs to go through the protocol vary depending on the trauma
 6. Preparation and desensitization usually are the longest steps
- D. How it works
1. Changes memories from implicit to explicit to allow them to be properly processed
 - a) This is especially important with clients who were traumatized at an early age
 2. Maladaptive links into adaptive networks which can facilitate insights and decrease the volatile response to the memory/cognition
 3. Bilateral stimulation allows for both sides of the brain to be online at the same time opening up the limbic system to digest the memories
- E. Benefits of EMDR
1. Improved outcomes in shorter amounts of time compared to more traditional therapies
 2. EMDR effects tend to last longer than other therapies
- F. Domestic violence and EMDR
1. There was a 2012 study of EMDR and domestic violence
 - a) You can find a link in the slideshow attached
- G. Questions
1. Can this be used for general anxiety?
 - a) Yes, they have had success with this
 2. Do they have tips for how to make clients of crisis services feel safe after they debrief them?
 - a) Basic rounding techniques: Bring them back to let them know they are safe
 - (1) Orient their sensory system so they can be present
 - (a) Mindfulness videos
 - (b) Peppermint oil
 3. How do you ask a therapist if they are tending to the essential vagus nerve aspect of treatment before they start EMDR?
 - a) Are they registered for the level one and level two training on the EMDR registry?
 - (1) [You can look this up online and search by zip code](#)
 - (2) Level one and two are the basics for good EMDR treatment with
 - b) Do they know the window of tolerance?
 4. Can EMDR hurt someone?
 - a) If a therapist activates someone, sends them into a panic attack and then sends them out without knowing what they did, it could cause problems. That is why it is important to get a properly trained therapist.

5. Why do they use different sensory mechanisms for different clients?
 - a) The eye movement is the most powerful, but different clients respond better different types of engagement.
6. Is ongoing maintenance needed?
 - a) It depends on the client's situation, but in the eight stage protocol they train the brain to plan for future situations
 - b) EMDR clients tend to not be long-term clients
7. Can you talk about attachment and PTSD?
 - a) This is the most common trend they see with children in DCS and it can be hard to work with them due to the instability in their life.
 - b) They need a long term care taker that will make them feel that they are loved and can attach to someone
 - c) The parents need to be willing to offer attachment to the child as well

Next Meetings:

12 p.m., January 19, 2017, McCloskey Room, City Hall

- Guest speaker: Dr. Amy Holtzworth-Munroe, Indiana University
- Topic: Intervention Programs for Intimate Partner Violence

12 p.m., February X, 2017, McCloskey Room, City Hall

- Guest speaker: TBD
- Topic: TBD

March, 2017: No meeting in March due to Spring Conference (March 22)