



Training Efforts in Uganda

Deborah Silveria, PhD., licensed Psychologist, LMFT, felt well prepared when she arrived in Kampala, Uganda as a volunteer trainer, along with Dr. Sushma Mehrotra, for the Trauma Recovery/HAP Basic EMDR Therapy Part 2 in November of 2018. The foundation for success had been laid in the extensive planning and budgeting for the session by Carol Martin, Executive Director, Trauma Recovery, EMDR Humanitarian Assistance Programs (Trauma Recovery/HAP). She had also received invaluable insights and advice from fellow volunteers, Leslie Brown, MA, LPC and Janet Wright, LCSW who provided the Part 1 training in August of 2018.

Arriving a few days early for the training, she and Sushma hurdled local logistical obstacles to get materials and facilities ready for the upcoming 3-day training event. What she was not prepared for was the vibrant African energy and warmth radiating from the smiles of the Ugandans she met, and even reverberating in the air. Dr. Silveria came to share her wealth of EMDR therapy knowledge. She notes "I left with a deep appreciation for the challenges my Ugandan mental health colleagues manage, respect for their determination to become trained in EMDR therapy, and gratitude for the many new professional friendships formed."

Mission and Challenges

The goal of the Trauma Recovery/HAP Basic EMDR Therapy Training effort in Uganda is to bring trauma healing to underserved communities across Uganda through a local community of trained EMDR therapists. The impetus for the Uganda training was a Catholic charity working locally, who contacted Carol Martin early

in 2018 about EMDR therapy instruction. Trauma Recovery/HAP trainers, Janet Wright and Leslie Brown led a very successful Part 1 training in September of 2018. However, Trauma Recovery/HAP's work in Uganda follows and is inspired by much earlier independent efforts involving volunteers, Merrill Powers and Josie Juhasz, and generous supporter, Rosemary Masters.

A diverse group of mental health professionals awaited Dr. Silveria and Dr. Mehrotra at the training in the Jesuit Seminary. The group included Uganda People's Defense Force (UPDF) military counselors, private sector clinicians from the Amani Institute Uganda, treating substance abuse and other disorders, and members of EMDR Uganda in private practice and teaching at the University. These clinicians deal with very different specialty populations and trauma-related mental health issues each day. Approximately 23 clinicians participated in the Trauma Recovery/HAP Basic EMDR Therapy Part 2, comprised of 3 days of training and a day of case consultations.

Mundane challenges, like horrific Kampala traffic, spotty internet service and language barriers, made session attendance and communication difficult. However, adapting the training to the various clinician groups with sensitivity to their specialized populations was a more complex task. In addition, the training team had to navigate and balance political correctness, opposing power and gender biases and differing agency concerns with their delivery, while avoiding cultural taboos. Perhaps the greatest challenge was helping participants work collaboratively with each other on cases and learn to trust each other well enough to transcend individual agency affiliations and interests. It is hoped that fostering on-going collaboration within the participant group can lead to referrals, local consultation and a trauma-healing team view over time. Since completing the training, Silveria and Mehrotra, along with Part 1 trainers Brown and Wright, conduct two consultation sessions every month with four participants aspiring to become certified EMDR consultants.

Faith in Healing Hurt, Creating World Peace

Dr. Silveria has been treating children and adults suffering from complex trauma with EMDR therapy since completing training in 1995. Once clinical director for a Level 14 group foster home in southern California, she knows that these populations are often the most

underserved, frequently treated by the least experienced clinicians. Today in private practice, Dr. Silveria focuses on “kids and cops” she says; that is, children and public safety personnel. Her own recovery from earthquake-related trauma and the healing she has seen case after case fuels her passion for EMDR therapy.

Widely travelled, she has worked in the Far East and India as a missionary, and administered post-earthquake relief and recovery in Haiti, living in a MASH tent. Though suffused with clinical and international aid expertise and her love for cultural discovery, she prepared for her first international EMDR therapy training assignment. She notes that the information provided from the experience of Part 1 trainers, Brown and Wright, was invaluable. “They informed me on money, transportation, immunizations, weather and customs.” says Silveria. In addition to this guidance, she read widely about Uganda and treating culturally based trauma. She also consulted a Ugandan MD friend for medical advice, and built up her immune system with nutrition and exercise. Still, she was unprepared for the vibrant energy and friendly warmth of the Ugandans she met.

Dr. Silveria feels a team effort combined with Dr. Mehrotra’s vast experience and knowledge of international training guaranteed their session success. Silveria now looks at Dr. Mehrotra as a mentor and advisor not only due to her expertise, but also due to her “kind and wise spirit.”

Dr. Silveria believes Bessel VanderKolk’s saying, “hurt people hurt people” and has faith that healing trauma and curing hurt people may ultimately lead to world peace. Her advice to those interested in international training efforts is:

- Become a Trauma Recovery/HAP trainer, this organization and their support is the best in the world,
- Be adaptive and flexible, things can change in an instant,
- Prepare intellectually and physically,
- Expect to come away enriched emotionally and spiritually by the people you will meet.