

In the Spotlight: Carol Forgash, LCSW, BCD

BY MARILYN LUBER, PH.D.



Carol Forgash is one of our EMDR community treasures. Her parents were immigrants; her mother was from Belarus, and her father was from Galicia. They came to Brooklyn, New York as children and later met at a basketball game in their mid-20s. They only met because their parents were wise and courageous enough to come to the new world. Her parents saw the world as an exciting place and encouraged all kinds of learning. Reading was nurtured and her parents and younger brother would go to church fairs where they would spend 25 cents and leave with a box of wonderful books. New York City was a subway ride away and Carol and her friends went to "The City" to take part in the many cultural and sporting events there. Carol was and is an avid Brooklyn Dodgers fan and for 15 cents she would take the train to Ebbets Field and sit up in the bleachers.

Carol learned the importance of giving by watching her parents donate to causes important to them. By 9th grade, economics, world history and French whetted her interest in world events and her world expanded. Her high school honors history teacher invited her students to go to the Herald Tribune Exchange student forum at the iconic Waldorf Astoria with a soon-to-be famous young congressman from Massachusetts giving the keynote, John Fitzgerald Kennedy. His message was: "Don't think only about what the country can do for you, become part of the great world and give back!" Carol's desire to play a part increased.

She went on to Brooklyn College and got her degree in archaeology. Although she wanted to be an archaeologist, in the early 1960s, it was not a profession that was encouraged for young women, so Carol became an elementary school teacher. Teaching was not an easy profession, especially for a new teacher. There were no mentors or agencies to help children with emotional problems. What propelled Carol out of teaching was her inability to work with Mary, one of her 2nd grade students. Mary had a jagged scar on her forehead and her face was blank most of the time. Her mother overdosed and it was Mary who found her dead in the bathtub. Mary could not learn and Carol tried everything she knew. She would sit and talk to her gently but she knew that she was failing her. Now, we understand that Mary was dissociating. Carol is not the type of person to sit by in such a helpless role where so many children were falling between the cracks in a system that was not responding to their emotional problems.

After several years teaching, she and her family moved to Smithtown, Long Island where there were no jobs for teachers available. She was relieved, and started looking for another type of helping profession where she could be more effective and the work was more fulfilling. She became an active volunteer with the League of Women Voters of Suffolk County and it opened her world further. The Department of Mental Health asked her chapter to do a survey of the mental health services in Suffolk County. The director of the Mental Health Department tried to make a case that the bulk of patients were just bored housewives. However, the survey showed that was not the case, and that there were very limited relevant resources available. She found that the clinical social workers were providing most of the therapeutic services throughout New York State in agencies. Carol had not known about social work before so when her children started school, she did a two-year volunteer internship in a family treatment agency for the American Cancer Society, as a case advocate. She found it was a good fit so she decided to go to the School of Social Work at Adelphi University where she was granted her MSW in 1979. Her interest in health provided motivation to train with Carl Simonton and then Bernie Siegel, physicians who pioneered using meditation and imagery to teach self-healing to people with cancer. This work became an integral part of her clinical practice.

After graduation, Carol was hired by the New York State Department of Mental Hygiene to work in the outpatient clinic of the psychiatric hospital. At this time, the state hospitals offered staff excellent training opportunities. As a result of the anti-war movement, the holocaust survivor associations and the feminist movement, they were a hotbed of advanced thinking. People began thinking about the needs of Vietnam veterans, holocaust survivors and rape victims. It was during this time that the diagnosis of PTSD developed. Information about dissociation, dissociative disorders and trauma disorders became more widely available. In her first year of clinical practice, she found that 10 out of 30 patients were describing incest experiences to her. She knew the patients were telling the truth as they had so much shame and could hardly describe what happened in a coherent narrative. When she became a supervisor on the inpatient unit, the administration was uncomfortable when she said these patients seemed to have a diagnosis of PTSD, perhaps co-morbid with schizophrenia, or bipolar disorder, etc. However, she was allowed to give in-service courses on working with co-morbid diagnoses and the treatment of sexual abuse and dissociative individuals. She became the go-to person to teach these courses to other agencies and found herself back to her educational roots and found teaching fulfilling.

Through her teaching, Carol joined other clinicians, social service directors, legal and medical professions on a county panel to study and advise how to influence policy and treat child abuse and neglect. Several therapists began informal, monthly peer supervision, which continues 28 years later, to present cases and to study trauma, effects of abuse and neglect, including group and individual treatment techniques. They also hired experts in the field to assist them. As the same time, survivors were interested in community education and empowerment. Carol was part of a group that put together a media art show for sexual abuse survivors: the Sexual Abuse Survivors (SASS) Media Art Show that ran for more than 20 years featuring visual arts, poetry, plays and musical performances. An outgrowth of this

show was “To Tell the Truth,” part of a national empowerment effort for survivors. Also, Carol became a visiting lecturer at SUNY Stony Brook’s School of Social Welfare and School of Medicine on these concerns.

Prior to her training in EMDR therapy, Carol was working with patients with complex trauma and dissociative disorders. She completed EMDR Basic Training in 1995. During a practicum, she worked on a public speaking problem and was never bothered by it again. By 1998, she became an EMDR Institute facilitator. As a result of her work in treating dissociative clients, she was asked to provide a specialty workshop about “EMDR and the Treatment of Dissociative Disorders.” This interest progressed to teaching the following workshops: “*Treating Survivors of Overwhelming Trauma who Present with Pre-existing PTSD and Dissociative Disorders: an EMDR/Ego State Approach*” at the International Society for the Study of Dissociation International Conference in 2003 and on “*Healing the Heart of Trauma, Restoring Connections and Stability*” at the 2004 EMDRIA Conference. From that time, she continued to present at EMDRIA Conference, EMDR Europe Conferences and ISSTD. She went on to become an EMDRIA Approved Consultant and EMDRIA Credit Provider. In 2001, she developed “Advanced Educational Productions” in New York City to develop educational seminars and videos for psychotherapists.

Carol’s goal is to help therapists working with complex trauma clients to develop a sound conceptualization of what complex trauma clients need so that they can feel competent and confident in their EMDR practice skills. This way, therapists can assess what skills and experiences patients are lacking, that if added will promote self-regulation, attachment and the ability to process trauma and heal safely. Over the past years, she has been presenting two advanced two-day seminars nationally and internationally; “EMDR Treatment of Health-Related Problems” and “Healing the Heart of Trauma with EMDR and Ego State Therapy.” In 2007, she co-presented with Jim Knipe on “Advanced Treatment of Dissociation, Personality Disorders, Couples and Disaster Survivors” at the Japan EMDR Association Annual Conference. She is a strong advocate of the Adverse Childhood Experiences Study (ACE Study) conducted by Kaiser Permanente Health Maintenance Organization, as well as the work by Dr. Vincent Felitti and Dr. Robert Anda at Centers for Disease Control and Prevention (CDC). She believes their work on health and mental health should be integrated into EMDR therapy treatment. She presented the plenary address at the 2015 EMDR Europe Conference on “EMDR and ACE” and a Pre-Conference workshop at the 2015 EMDRIA Conference with Jim Knipe on “EMDR Treatment of Complex Trauma: The Cross-Training Model.”

In 2007, Carol and Margaret Copeley edited “Healing the Heart of Trauma and Dissociation with EMDR and Ego State Therapy,” with chapters by her expert colleagues in the field: Jim Knipe, Uri Bergmann, Maggie Phillips, Michael Patterson, Sandra Paulsen, Barry Litt, Joanne Twombly and Richard Schwartz and Carol herself.

Carol’s involvement with the EMDR Humanitarian Assistance Program (HAP) gave her an opportunity to do philanthropic work in addition to her clinical work and teaching. She wanted to help with HAP’s mission to end the cycle of trauma by providing EMDR therapy trainings to clinicians who work for non-profit agencies and serve underserved populations (Native Americans, inner city, developmentally challenged, military veterans) in the United States. Also, she wanted to help provide HAP trainings in other countries where the goal is to help agencies, NGOs, universities and government mental health departments develop EMDR centers. She was involved in the first Long Island HAP training and shortly afterwards was invited to be on the HAP Board of Directors. Carol was a Board member for 11 years and served as President of HAP from 2000-2005. As the organization grew, they found that the original idea to provide EMDR training and treatment after a disaster to a community was not always feasible. It was more effective to train EMDR therapists in a community so that they were prepared in case of a disaster, and also becoming EMDR centers of excellence that could provide EMDR Basic Training as well as specialty trainings.

Although she did not travel often for HAP, she had a memorable trip to Thailand after the tsunami where she was to speak at a Pacific Region Conference on Trauma Treatment with Jack McCarthy on EMDR and disaster work. Word got out and instead of the small group they were expecting, more than 100 colleagues crowded into the room to hear about EMDR! She then went with nurses, who had been trained in EMDR six months earlier, to work with survivors whose villages had been destroyed. Most of the patients saw themselves as “sinners” because they did not save enough people. Many refused to eat, work, interact with others and had sleep disorders. The Thai people only wanted to use tapping not eye movement. Almost all of them had the same negative cognition, “I am a sinner because I couldn’t save everyone. I am weak.” After 1-2 sessions of EMDR, they reported their first good night’s sleep since the tsunami. Their faces were clear, they gave up their belief that they were sinners, and they realized their Positive Cognition: “I did the best I could. Nobody is stronger than the tsunami.” When they got a 7 out of 7 on the Validity of Cognition scale, they would do high fives with the therapists. It was a memorable experience.

The need for Trauma Recovery Networks (TRN) became apparent as Carol learned of the state of disrepair of the bridges over the Mississippi River on her way to teach an EMDR Basic Training in Minnesota. She asked the trainees if a bridge went down would the local EMDR community be prepared to help. She told them that in America we only provided a band-aid for disaster. However, HAP was currently working on developing TRNs. TRNs were based on localized groups, working with their community, while building connections with government, hospitals, the Red Cross, etc. Three weeks later, a bridge did go down and EMDR clinicians provided treatment to

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survivors while developing their own TRN. In 2010, Carol participated in the formation of the Long Island TRN. Bob Gelbach, former Executive Director of HAP, suggested that there be an archive of advanced distance learning courses available for therapists who were not close to conference centers or in rural areas. As an ex-board member, Carol produced DVDs of her two workshops with fellow board member, Gary Scarborough, for HAP to sell on their web store at www.emdrhap.org.

To the EMDR Community:

“There is a lot of work to do in the area of having EMDR be more accepted by the powers that be, such as the military establishment. I hope that EMDR therapists know that if they are interested in a more expansive role, they can volunteer with HAP or EMDRIA. In an era of global uncertainty, we don’t have to feel hopeless. We can take action. We can be a part of Trauma Recovery Networks in our communities. This work has expanded the parameters of my life. To be in a group -that has so many of my core values- has been exciting and fulfilling.”

Carol and her beloved husband, Hank, practice in their home offices when they are not spending time with their sons, Jonathan, Adam and Josh and grandsons, Finn and Leo, and daughter-in-laws, Jen and Andrea. She continues to be an avid reader of fiction, biography and psychotherapy and enjoys listening to music. She counts gardening as the sweetest form of therapy. She is looking forward to continuing to travel and be involved with HAP, her Long Island TRN and creating more learning opportunities.

We all can thank Carol for the enormous contributions she has made to our EMDR family. ❖

