



Promoting the health and growth of human beings through the support of quality research, evidence-based practice and compassionate, well-informed clinicians.

A monthly newsletter keeping you informed.

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This is a monthly e-newsletter created primarily for EMDR researchers and trained clinicians. The purpose of it is to promote continued dialogue regarding the efficacy and current developments with EMDR therapy and its use with a variety of populations.

This month we are sharing with you current research focused on the global impact of trauma. We are hoping you find it useful and informative.

Quick Links

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As the EMDR Research Foundation Board of Directors works to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters.

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Sincerely,
Wendy Freitag, Ph.D.
EMDR Research Foundation

Global Impact of Trauma

The EMDR Research Foundation has as one of its research priorities, "Addressing the Global Burden of Trauma". We welcome the exploration of EMDR therapy in natural or man-made disaster responses, by determining the effectiveness of the following protocols: early intervention protocols, the child or adult group protocols, or the use of EMDR standard protocols in disaster response. That priority has become even more critical in recent times, given the increasing number of people displaced by the impact of war.

In July, 2015, the UNHCR ([The United Nations High Commissioner for Refugees](#)) estimated that there were over four million Syrian Refugees. We all know that number

continues to grow daily. They report that in 2014, there were almost 60 million refugees world-wide, a number that is difficult to envision. What happens to refugees emotionally as well as practically is devastating and long lasting.

The [National Library of Medicine](#) conducted a systematic literature review concerning the long term impact on the mental health of war-affected refugees. "The review identified 29 studies on long-term mental health with a total of 16,010 war-affected refugees. There was significant between-study heterogeneity in prevalence rates of depression (range 2.3-80 %), PTSD (4.4-86 %), and unspecified anxiety disorder (20.3-88 %), although prevalence estimates were typically in the range of 20 % and above. Both clinical and methodological factors contributed substantially to the observed heterogeneity. Studies of higher methodological quality generally reported lower prevalence rates. Prevalence rates were also related to both which country the refugees came from and in which country they resettled. Refugees from former Yugoslavia and Cambodia tended to report the highest rates of mental disorders, as well as refugees residing in the USA. Descriptive synthesis suggested that greater exposure to pre-migration traumatic experiences and post-migration stresses were the most consistent factors associated with all three disorders, whilst a poor post-migration socio-economic status was particularly associated with depression." They recommend that more and better research be conducted on this ever growing population but state: "Existing evidence suggests that mental disorders tend to be highly prevalent in war refugees many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socio-economic factors."

A recent study: **EMDR for Syrian refugees with posttraumatic stress disorder symptoms: results of a pilot randomized controlled trial** conducted by Ceren Acarturk, Emre Konuk, Mustafa Cetinkaya, Ibrahim Senay, Marit Sijbrandij, Pim Cuijpers, and Tamer Aker and published in the *European Journal of Traumatology* <http://www.ejpt.net/index.php/ejpt/article/view/27414>

The author's abstract states:

Background: The most common mental health problems among refugees are depression and posttraumatic stress disorder (PTSD). Eye movement desensitization and reprocessing (EMDR) is an effective treatment for PTSD. However, no previous randomized controlled trial (RCT) has been published on treating PTSD symptoms in a refugee camp population.

Objective: Examining the effect of EMDR to reduce the PTSD and depression symptoms compared to a wait-list condition among Syrian refugees.

Method: Twenty-nine adult participants with PTSD symptoms were randomly allocated to either EMDR sessions ($n=15$) or wait-list control ($n=14$). The main outcome measures were Impact of Event Scale-Revised (IES-R) and Beck Depression Inventory (BDI-II) at posttreatment and 4-week follow-up.

Results: Analysis of covariance showed that the EMDR group had significantly lower trauma scores at posttreatment as compared with the wait-list group ($d=1.78$, 95% CI: 0.92-2.64). The EMDR group also had a lower depression score after treatment as compared with the wait-list group ($d=1.14$, 95% CI: 0.35-1.92).

Conclusion: The pilot RCT indicated that EMDR may be effective in reducing PTSD and depression symptoms among Syrian refugees located in a camp. Larger RCTs to verify

the (cost-) effectiveness of EMDR in similar populations are needed.

In a recent edition of the the World Post, there were reports on the work with Yezidi survivors of the ISIS Massacre http://www.huffingtonpost.com/entry/yazidis-movement-desensitization-and-reprocessing-therapy_565f76d2e4b079b2818d2a65.

This was not a research project but rather a project using EMDR to aid these survivors of the Massacre. We share this article with you to highlight the growing mental health crises in our world of trauma. One conclusion of the project was that "There are now at [least 1 million displaced people](#) in Iraq's Kurdish region. But in all of Iraq, there was only one psychiatrist per 400,000 people in 2011, the latest year for which [World Health Organization statistics are available](#)." The project was coordinated by the [Jiyan Foundation for Human Rights](#) and the [Free Yezidi Foundation](#). The trainings were organized by Derek Farrell, a UK Psychologist and a member of the Board of the Free Yezidi Foundation.

For this type of project to have world-wide recognition and acceptance, more research validation is required. We know that EMDR therapy works with trauma and with PTSD but data on effective treatment in the midst of ongoing trauma, displacement, and the impact of war is difficult to acquire.

For this to happen, we need YOU and your ongoing support. The EMDR Research Foundation, in an effort to increase good research in this area, has created a [Toolkit](#) that can be used for conducting research in disaster situations, or in clinical situations such as crises clinics, emergency rooms, or rape treatment centers. The EMDR Early Intervention Researcher's Toolkit is available for all those conducting research on these situations. For the research to happen, we need good proposals and financial support from YOU.

Year End Updates

The EMDR Research Foundation has had a busy year. If you visit our [website](#) you can very quickly learn about the activities for the year 2015 and/or watch a powerpoint slideshow about us. There are also updates about the Research studies that we have funded. We hope you are as thrilled as we are about the progress. Thank you for your part in these endeavors!

EMDR Research Foundation Announces the AmazonSmile Program

<https://smile.amazon.com/ch/72-1601034>



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If you shop at Amazon, please choose the EMDR Research Foundation as your AmazonSmile charity. Amazon will donate .5% of your eligible purchases to the EMDR Research Foundation - allowing us to fund more EMDR therapy research - and advance the evidence base for EMDR therapy to more populations and conditions.