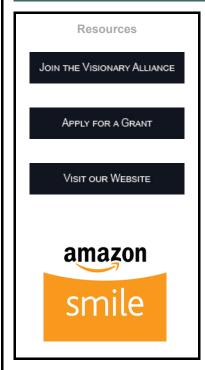






CLINICAL NEWSLETTER

EMDR therapy and Suicide: Prevention and Healing Volume 5, Issue 3



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 EMDR therapy with Suicides. We are hoping you find it useful and informative.

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.

Sincerely,

Wendy J. Freitag, Ph.D.

EMDR Research Foundation

EMDR therapy and Suicide: Prevention and Healing

This newsletter is devoted to highlighting the issue of Suicide, both its prevention and healing. It is obvious that suicide, whether completed or not, has a consequence far beyond the individual involved. Suicide is the 10th leading cause of death each year in the United States. Each year over 44,000 people commit suicide and for each one of those 25 have tried. The rates of suicide are rising; on average there are 121 complete suicides per day. (American Foundation for Suicide Prevention). For each one of these suicides there are myriads of family members who live with the aftermath. To date, research in suicide prevention and survivor support is limited; the application of EMDR

therapy shows promise in case reports. More research is needed.

The EMDR Research Foundation is pleased to announce "The Marcia Murray Memorial Fund: Dedicated to Research in Suicide Prevention and Survivor Support." This fund was initiated by E.M. "Sandy" Murray as a way to memorialize his oldest daughter, Marcie who died in 1979 by suicide. His hope was that through research into the use of EMDR therapy in suicide, future families may be spared the loss and long term anguish that his family endured. All monies donated to this fund will be earmarked for research that investigates EMDR therapy with individuals at high risk of suicide and those who have been impacted by the trauma of suicide loss or exposure to suicide attempts.

A few of the most recent research articles will be highlighted here.

Proudlock, S., & Hutchins, J. (2016). <u>EMDR Within Crisis Resolution and Home Treatment Teams</u>. Journal of EMDR Practice and Research, 10(1), 47–56. <u>doi:10.1891/1933-3196.10.1.47</u>.

In a review of crisis oriented treatment for 9 clients at high risk of suicide, EMDR treatment targeted recent or historical traumatic experiences that fueled the clients' current instability and suicidal intent. The authors reported that extensive preparation was not required, even though clients had suicidal intent and were in crisis. All clients showed marked improvement in their mental state and a reduction in their risk regarding harm to self and harm to others.

Jarero, I., Roque-López, S., Gómez, J., & Givaudan, M. (2014). Third research study on the provision of the EMDR integrative group treatment protocol with child victims of severe interpersonal violence. Revista Iberoamericana de Psicotraumatología y Disociación, 6(2), 1–22.

This study presents the results of the application of the EMDR Integrative Group Treatment Protocol and Individual EMDR Therapy Protocol, to a total of 16 children (2 boys and 14 girls), aged between 9 to 13 years old, who attended a trauma recovery camp. All had been victims of severe interpersonal violence. The 14 girls had been victims of physical violence and rape; some for long periods of time, even years, by family members or acquaintances. One of the girls, as young as 11 years old, contracted

a sexually transmitted disease as a result of the rape; another girl, besides of being repeatedly raped by her political grandfather, was blamed by him, for the rape he perpetrated on the younger sister; arguing she was responsible for looking after her. Regarding the two boys, in addition of being victims of physical and emotional violence; one of them witnessed how his father and cousin raped a female cousin; and the other one witnessed the attempted suicide of his father. All children were living with their families, characterized by being dysfunctional (e.g., knife fights between parents).

To analyze the effects of treatment, a General Linear Model was used. There were analyzed three measures (pre-treatment, post-treatment and follow-up), obtained in the Subjective Units of Disturbance (SUD) and the Short PTSD Rating Interview (SPRINT) scores. The results showed a statistically significant effect of treatment in the between subject's test for both the SUD and the SPRINT scores: (F [1,15] = 146.85, p < .000 and F [1,14] = 238.56, p < .000, respectively. The statistical one-way Analysis of Variance (ANOVA) on the effects of treatment in all groups participating in the trauma recovery camps from 2011 to 2013, showed that after EMDR Therapy, participants had no significant differences in the SPRINT scores, this results denotes that the EMDR therapy had similar beneficial effect for all participants. Further research on

the application of Group and Individual EMDR Therapy, as part of a multicomponen
phase-based treatment for children and adolescents victims of severe interpersona
violence is needed.

Kondo, C. (2009, May). [EMDR with a violent child at school: Collaborative treatment for an abused child who witnessed her mother's suicide]. <u>Japanese Journal of EMDR Research and Practice</u>. 1(1), 3443. <u>Japanese</u>.

She has been acting violently since she entered elementary school. One year before the author met her, a consultation office for children intervened due to physical abuse by her father. The consultation acclivities by a school counselor as a girls with a feeling of relaxation, as she gained affect regulation skills, she gradually improved her interpersonal relationship and began to trust others., The offering of psychoeducational information to the school, supporting teacher and psychological understandings about her, was also important in addition to treatment. School children survivors who rarely visit mental or medical institutions.



Please help us support this vital area of research by contributing today to the Marcia Murray Memorial Fund.

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