



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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Volume 1, Issue 4

Sign up for EMDR and The Military In Action

ERF sponsors a monthly newsletter that focuses on our colleagues who have been specifically trained to treat military personnel, veterans, and their families.

EMDR and The Military In Action is designed to promote continued interest and education in EMDR and to show our support for those clinicians who deal daily with this growing population of traumatized individuals.

EMDR Treatment and Community Disasters

On behalf of the EMDR Research Foundation Board of Directors, our thoughts and prayers go out to all of those affected by the bombings at the Boston Marathon last week. As we find our way through the shock of this tragic event, we look to provide assistance to those in need of support.

If you or a loved one is in need of mental health assistances, you can find an EMDR therapist in your area by visiting <http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=235>

If you are an EMDR clinician living or working in the Boston area, please consider joining the Boston Area TRN. For more detailed information on the Boston Area TRN, contact David Dockstader at BostonareaTRN@emdrhap.org.

Boston Area TRN and HAP (EMDR Humanitarian Assistance Programs) are working together to develop an appropriate response to this event. The Boston Area TRN comes well-equipped as they recently worked with other east coast TRNs in a concerted response to Superstorm Sandy. As the plans and needs of the Boston Area TRN develop over the next few weeks, HAP will keep you

 JOIN OUR MAILING LIST

The New EMDR Research Foundation On-line Donation System is LIVE

EMDR Research Foundation continues to expand its efforts and has recently updated their online donation system. The new system allows donors to make donations online.

Over the next several months, we hope to integrate all members into the new system. If you want to register your membership on your own, please visit emdrresearchfoundation.org. If not, someone from the Foundation office will be contacting you by phone to set up your account.

Your continued support is crucial to the success of the Foundation, and we value your contributions. We want to thank you for your support during this transition. If you have any questions, please feel free to contact us.

informed on how you can assist them. Together, we can all play a part in the healing that is to come. For future updates, you can visit their website at <http://www.emdrhap.org/>.

Resources for Clinicians

A resource for clinicians on [*EMDR Treatment of Recent Events and Community Disasters*](#) can be found in the entire open access issue of the *Journal of EMDR Practice and Research*, Volume 2, Number 2, 2008

A more current study: [*The EMDR Protocol for Recent Critical Incidents: Brief Report of an Application in a Human Massacre Situation*](#) was published in the *Journal of EMDR Practice and Research*, Volume 5, Number 4, 2011

[*EMDR for Disaster-Exposed Children*](#) - a 2011 Randomized Controlled Study: An EMDR Research Foundation *Translating Research Into Practice* link:

Direct links to two free, full text articles on EMDR with phantom limb pain:

Wilensky, M. (2006). [*Eye movement desensitization and reprocessing \(EMDR\) as a treatment for phantom limb pain. Journal of Brief Therapy*](#), 5(1), 31-44.

Abstract: Five consecutive cases of phantom limb pain were treated with EMDR. The time since the amputation ranged from one week to three years. Four of the five clients completed the prescribed treatment and reported that pain was completely eliminated, or reduced to a negligible level. The one client who stopped treatment chose to do so after reducing his pain by one half. The standard EMDR treatment protocol was used to target the accident that caused the amputation and other related events. The five cases are described in detail. The treatment and theoretical implications are explored and recommendations are made for

Support EMDR Research Foundation today!

With your support, we can learn more about the benefits of EMDR therapy.

Visit www.emdrresearchfoundation.org

Special Notes

"Getting Past Your Past"

by Dr. Francine Shapiro

is now available in paperback - It is written in a simple language and includes many useful examples and therapy techniques. Clinicians will learn more about case conceptualization, self-control techniques, and clinical applications.

Clinicians have reported that their clients have also benefited from reading the book. **Fifty-percent of the royalties from this book will go to support the EMDR Research Foundation.** To purchase it online, visit [Amazon](https://www.amazon.com)

Board Members Needed

If you are interested in promoting EMDR through research and education, and if you have an interest in giving back to the community by serving on the EMDR Research Foundation Board, please

future research.

Schneider, J., Hofmann, A., Rost, C., & Shapiro, F. (2007). [EMDR and phantom limb pain: Theoretical implications, case study, and treatment guidelines](#). *Journal of EMDR Practice and Research*, 1(1), 31-45. doi:10.1891/1933-3196.1.1.31.

Abstract: This article reviews the literature on EMDR treatment of somatic complaints and describes the application of Shapiro's Adaptive Information Processing (AIP) model in the treatment of phantom limb pain. The case study explores the use of EMDR with a 38-year-old man experiencing severe phantom limb pain 3 years after the loss of his leg and part of his pelvis in an accident. Despite treatment at several rehabilitation and pain centers during the 3 years, and the use of opiate medication, he continued to experience persistent pain. After 9 EMDR treatment sessions, the patient's phantom limb pain was completely ablated, and he was taken off medication. Effects were maintained at 18-month follow-up. The clinical implications of this application of EMDR are explored. [Author Abstract]

EMDR Research Aiding in Sexual Assault Prevention

This month marks the 12th anniversary of Sexual Assault Awareness Month. Sexual violence is a serious public health issue that affects millions of men, women, and children in the United States. While statistics underestimate the problem because many victims do not tell anyone about the violence, they still show that one in five women and one in 71 men have been raped in their lifetime; and, nearly one in two women and one in five men have experienced other forms of sexual violence at some point in their lives.

contact Rosalie Thomas at rthom@centurytel.net for more information.

The Translating Research Into Practice (TRIP) column is soliciting clinical case examples inspired by or supported by research.

- **Clinicians** - If you have read a research article that stimulated your thinking, inspired your work, or made a difference in your work with a client, please share this by writing a brief case description that elucidates or is inspired by the findings of a research article.
- **Researchers** - If you have been involved in a research study and would like to share clinical examples that elucidate your findings, we invite you to share them with your clinical colleagues by writing your case example and how it relates to your

Sexual addition is strongly anchored in shame and trauma. While not all sex offenders have been victimized themselves, research has consistently shown the prevalence of emotional, physical, and sexual abuse in this population. Approximately 150,000 adult sex offenders are currently in state and federal prisons throughout the United States. Each year, between 10,000 and 20,000 are released to the community, and it is estimated that 12% to 24% of known sex offenders will re-offend.

EMDR therapy has become a leading method of intervention with trauma and PTSD with effective results. EMDR therapy has shown to help predators reduce the desire to repeat sexual assault. When their own trauma is processed with EMDR, the deviant behavior has shown to have vanished. Below are studies showing EMDR therapy as a viable treatment in the effort to prevent sexual violence.

Monahan, K., & Forgash, C. (2012, March) *Childhood sexual abuse and adult physical and dental health outcomes*. In E. A. Kalfoğlu & R. Faikoglu (Eds.), *Sexual Abuse - Breaking the Silence* (pp. 137-152). Intechopen

Along the same lines, evidence-based assessment and interventions must be in line with the finding of how significant the subjective impressions of sexual assault are for incarcerated older adults in treatment. A promising intervention that is being piloted in the criminal justice system with younger age groups is Eye Movement Desensitization and Reprocessing (EMDR). EMDR specifically targets change in subjective units of distress among trauma survivors, particularly sexual abuse survivors, which in turn reduces post traumatic stress symptoms (Kitchiner, 2000). Moreover, previous research with incarcerated juvenile offenders

research.

- **Clinical consultants and trainers** - If you have found a research article that has proven helpful to a consultee or to trainees in their understanding of or application of EMDR, please share your experiences. We can support researchers in disseminating their findings and provide the critical link between research and practice. To learn more about TRIP, visit our website.

Resources for EMDR Researchers can be found on our website, visit www.emdrresearchfoundation.org

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shows that EMDR can work in reducing post traumatic stress reactivity resulting in less violent behavior and conduct problems among samples. Its utility for older adults, especially those with histories of sexual assault victimization and perpetration is perhaps a promising intervention. The use of evidence-based practices suggests that untreated trauma and grief are related to increased adult recidivism rates (Leach et al., 2008). Therefore, treating psychological distress and untreated symptoms effectively, which involves both screening and treatment that captures subjective experiences, may help to break the cycle of recidivism and in some case sexual offending.

(A study funded by EMDR Research Foundation) Kathleen Wheeler, Ph.D., APRN, FAAN; Ronald Ricci, Ph.D., Cheryl Clayton, LCSW, CSOTP, James Cole, Ed.D. *A Randomized Clinical Trial of Eye Movement Desensitization and Reprocessing (EMDR), Supportive Psychotherapy and Cognitive Behavioral Therapy in a Relapse Prevention Program (CBT-RP) for Sex Offenders: Treatment Effects and Long-Term Maintenance*

This proposal seeks to determine the effectiveness of EMDR in treating sex offenders with Child Sexual Abuse through a randomized clinical trial. Twenty CBT therapists who lead mandated groups for sex offenders will complete Levels I and II EMDR training. From these CBT-Relapse Prevention groups, 90 participants will be recruited and randomized into one of three groups; CBT-RP group only, supportive psychotherapy with CBT-RP; and EMDR with CBT-RP, receiving 12

updates on research grants, outcomes from funded programs, and resources for you and those suffering who want to learn more about how EMDR may be able to help them.

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sessions, with pre, post, and follow-up at 12 and 24 months.

Dissertation Abstracts International:
Section B: The Sciences and
Engineering. 68(10-B), 2008, pp. 6951.
(Boyer, W. R. (2007). *An exploratory
study of the effects of EMDR on
state/trait anxiety and anger in adult
male sex offenders*. Argosy University,
San Francisco, CA. ATT 3286571.

The emergent themes of emotional processing and the therapeutic alliance have not been fully explored in sex offender therapy and may warrant further scrutiny. Additionally, processing of developmental traumas and past victimization has been avoided or minimized in standard cognitive-behavioral sex offender treatment contrary to more recent research findings that identify attachment problems and intimacy deficits as key dynamic risk factors associated with sexual recidivism (Adams, 2003). The field of sex offender therapy may benefit from future research that investigates the role of trauma resolution in mitigating dynamic risk factors that are linked with recidivistic sexual violence. EMDR may serve as an adjunctive therapy to assist sexual offenders to effectively process developmental wounds and in so doing target dynamic risk factors by improving their ability to emotionally self-regulate and enhance their ability to more fully experience victim empathy and improve interpersonal relationships. Future sex offender research may benefit from more expanded investigations of EMDR and other limbic therapies.

Our commitment in the fight to eliminate sexual violence is research. Through continued research of EMDR therapy of both predators

Ph.D.

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and survivors, we can reduce the number of sex crimes and provide effective treatment in our communities.

To learn more about how you can support our continued efforts in EMDR research, visit our website, www.emdrresearchfoundation.org.

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