



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

Katy Murray | Message to EMDR therapists following the November 2015 terrorist attacks

Dear EMDR colleagues throughout the world,

As I watch the reports from the November terrorist attacks in Paris, (11/13) Beirut, (11/12) and [throughout the world in 2015](#), I am once again rocked by the trauma humanity commits on its self. When disaster strikes a community, it is horrific. When we know that horror was intentionally set by others, it feels beyond human understanding; whether it is from family members, community members, nations, or groups of people.



At times like this that I am particularly grateful for the work of Dr. Francine Shapiro, and all of you who have been willing to integrate EMDR therapy into your clinical practice. I know from my own practice that the wounds of trauma can be resolved - and this gives me a measure of comfort in these times. Dr. Shapiro's discussion (2001 text, pages 382-385) of our global responsibility as EMDR clinicians and researchers further reminds me that ***through practice and research we can make a difference not only for our generation, but future generations throughout the world.***

p. 383: "... if left untreated, trauma and associated stress conditions can impair the physical and mental development of children and contribute to the cycle of violence and psychological disturbance. [citations]

...."Whether individuals are suffering from traumata engendered in developing countries or within the inner cities of developed nations, there is evidence that violence begets violence and that some of our most prevalent social problems are correlated with trauma histories [citations]. Specific research is needed to explore the degree to which successful treatment of trauma decreases the amount of high-risk and /or perpetrator behavior [citations] and deters further victimizations. Specific research is also needed to explore the degree to which neurobiological changes correlated with traumatization, cognitive deficits, affect dysregulation, and perpetrator behavior [citations] can be reversed with the judicious application of EMDR, or any other treatment, within a multimodal treatment plan [citations]. It seems self-evident that the ideal way to address pressing societal needs, on both local and global levels, is by the integration of science and practice."

p.384:...."As a helping profession, we must take help to where it is most needed. As a global network of committed clinicians and researchers, we must integrate our therapeutic practices and our scientific rigor in the service of humanity."

As Dr. Shapiro predicted in her original text, there is an ever growing body of research indicating that Early EMDR Intervention (EEI) - can provide relief to those suffering in trauma's immediate aftermath, and prevent the development of PTSD and other mental health conditions following disaster/trauma.

In 2014, Dr. Shapiro wrote an article that I hope you will read and pass along to your colleagues: Shapiro, F. (2014.) *"EMDR Therapy Humanitarian Assistance Programs: Treating the Psychological, Physical, and Societal Effects of Adverse Experiences Worldwide"*. Journal of EMDR Practice and Research, vol. 8, no. 4, pp. 181-186(6).

Abstract: The negative effects of trauma and other adverse life experiences have been shown to interfere with individual, family, and societal functioning. Eye movement desensitization and reprocessing (EMDR) therapy is empirically supported and recommended as a frontline treatment for psychological trauma in numerous practice guidelines. It provides both effective and efficient treatment without the need for detailed descriptions of the disturbing event or homework. This allows field teams to provide culturally sensitive therapy on consecutive days for those in remote areas and in crisis situations. Humanitarian assistance organizations have conducted projects internationally to provide EMDR therapy after both natural and manmade disasters and have helped develop sustainable mental health resources worldwide. This brief introduction provides an overview of current programs, treatment rationale, and a call for future action.

The full text article is available for free at <http://dx.doi.org/10.1891/1933-3196.8.4.181> The article has been translated in French, and is also available as a free full text pdf: <http://dx.doi.org/10.1891/1933-3196.9.4.E142>

I also want to direct you to a great resource that is available to all EMDR trained clinicians: In response to its research priority to [address the global burden of trauma](#), the EMDR Research Foundation created the *"EMDR Early Intervention Researcher's Toolkit"*. The [EMDR Early Intervention Researcher's Toolkit](#) was specifically designed to assist EMDR clinicians who provide early EMDR interventions as part of frontline trauma response and recovery. It provides guidance to clinicians in the use of specific EEI protocols for groups, individuals, adults, and children; as well as information for measuring the impact of these interventions. I hope you will find it a practical support as you work in the front lines of this and other recent trauma/disaster response. Go to: <http://www.emdrresearchfoundation.org/toolkit/> to learn more, and to download the free toolkit.

My thoughts and prayers are with you all. ***I am proud to be part of this community of professionals who are committed to reaching beyond our neighborhoods and borders to make a difference for all humanity.***

Warmly,

Katy

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