



*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.**

**Volume 4, Issue 3**

#### **In This Issue**

- ~ **National Mental Health Awareness Month**
- ~ **AmazonSmile**
- ~ **Stay Connected**

*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 National Mental Health Awareness Month. We are hoping you find it useful and informative.*

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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

## **May is National Health Awareness Month**

- Approximately 1 in 5 adults in the U.S.-43.8 million, or 18.5%-experiences mental illness in a given year.<sup>1</sup>
- Approximately 1 in 25 adults in the U.S.-10 million, or 4.2%-experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.<sup>2</sup>
- Approximately 1 in 5 youth aged 13-18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8-15, the estimate is

13%.<sup>3</sup>

- 1.1% of adults in the U.S. live with schizophrenia.<sup>4</sup>
- 2.6% of adults in the U.S. live with bipolar disorder.<sup>5</sup>
- 6.9% of adults in the U.S.-16 million-had at least one major depressive episode in the past year.<sup>6</sup>
- 18.1% of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias.<sup>7</sup>
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%-10.2 million adults-had a co-occurring mental illness.<sup>8</sup>

See more at: <http://www.nami.org/Learn-More/Mental-Health-By-the-Numbers>

[The World Health Organization](#) cites the statistic that one in four people in the world will be affected by mental or neurological disorders at some point in their lives. Around 450 million people currently suffer from such conditions, placing mental disorders among the leading causes of ill-health and disability worldwide.

And the correlation between trauma and mental illness is incontrovertible. On the [SAMHSA](#) website, they say:

"Research has shown that traumatic experiences are associated with both behavioral health and chronic physical health conditions, especially those traumatic events that occur during childhood. Substance use (such as smoking, excessive alcohol use, and taking drugs), mental health problems (such as depression, anxiety, or PTSD), and other risky behaviors (such as self-injury and risky sexual encounters) have been linked with traumatic experiences. Because these behavioral health concerns can present challenges in relationships, careers, and other aspects of life, it is important to understand the nature and impact of trauma, and to explore healing. In addition, traumatic experiences can contribute to chronic physical health conditions, such as diabetes and cardiovascular diseases."

This information is not new to EMDR therapists. We are aware on a daily basis of the impact of trauma on the day-to-day lives of millions of people. We have recognized the powerful connection between trauma and both physical and mental health and have seen on a daily basis the positive results of good trauma treatment.

There are many research articles demonstrating the positive impact of EMDR therapy on trauma in various populations. Below we share two recent studies using EMDR therapy with populations where the research is limited. The first article describes how eye movement desensitization and reprocessing (EMDR) can be used in a National Health Service (NHS) mental health crisis team with individuals who are expressing strong desire and intent to die by suicide. Suicide has become a national crisis and research is greatly needed in that arena.

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**Proudlock, S., & Hutchins, J. (2016). EMDR within crisis resolution and home treatment teams. *Journal of EMDR Practice and Research*, 10(1), 47-56. [doi:10.1891/1933-3196.10.1.47](https://doi.org/10.1891/1933-3196.10.1.47)**

This article describes how eye movement desensitization and reprocessing (EMDR) can

be used in a National Health Service (NHS) mental health crisis team with individuals who are expressing strong desire and intent to die by suicide. It explores previous research in this area and examines how offering EMDR therapy may expedite recovery for clients and how offering immediate access to specialized treatment can result in NHS Trusts reducing costs associated with further psychological treatment in the community. Nine cases are presented of clients who were under the care of an NHS crisis resolution and home treatment team and who received brief EMDR therapy. Treatment directly addressed recent or historical traumatic experiences, without extensive preparation 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. An audit of the patient electronic database was used to examine contact with mental health services 12 months posttreatment. Three of the nine clients reaccessed crisis services at 6, 8, and 11 months, respectively.

The second study focused on Trauma Focused Treatment for patients with psychosis, again a population with high levels of trauma background and minimal research focus.

**van den Berg, D. P., de Bont, P. A., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2015). Trauma-Focused treatment in PTSD patients with psychosis: Symptom exacerbation, adverse events, and revictimization. *Schizophrenia Bulletin*. [doi:10.1093/ schbul/sbv172](https://doi.org/10.1093/schbul/sbv172)**

Methods: Analyses were conducted on data from a single-blind randomized controlled trial comparing TF treatment (N = 108; 8 sessions prolonged exposure or eye movement desensitization) and waiting list (WL; N = 47) among patients with a lifetime psychotic disorder and current chronic PTSD. Symptom exacerbation, adverse events, and revictimization were assessed posttreatment and at 6-month follow-up. Also investigated were symptom exacerbation after initiation of TF treatment and the relationship between symptom exacerbation and dropout. Results: Any symptom exacerbation (PTSD, paranoia, or depression) tended to occur more frequently in the WL condition. After the first TF treatment session, PTSD symptom exacerbation was uncommon. There was no increase of hallucinations, dissociation, or suicidality during the first 2 sessions. Paranoia decreased significantly during this period. Dropout was not associated with symptom exacerbation. Compared with the WL condition, fewer persons in the TF treatment condition reported an adverse event (OR = 0.48, P = .032). Surprisingly, participants receiving TF treatment were significantly less likely to be revictimized (OR = 0.40, P = .035). Conclusions: In these participants, TF treatment did not result in symptom exacerbation or adverse events. Moreover, TF treatment was associated with significantly less exacerbation, less adverse events, and reduced revictimization compared with the WL condition. This suggests that conventional TF treatment protocols can be safely used in patients with psychosis without negative side effects.

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For more information about the program, including frequently asked questions, please go to: <http://emdrresearchfoundation.org/get-involved/amazon-smile-program>.

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## Stay Connected and Get Involved with the ERF

*The EMDR Research Foundation is the only funding agency dedicated solely to supporting EMDR research worldwide. With the support of our donors and dedicated researchers throughout the world, we hope to expand the appropriate applications of EMDR therapy.*

### Get Involved!

At the 2011 EMDRIA Conference, the Foundation initiated the "[Visionary Alliance](#)." This program offers our constituents the opportunity to give a sustaining pledge by automatic monthly donations. An effective way to "pay back" for all the benefits received due to EMDR therapy is to "pay it forward" by your ongoing contribution to EMDR therapy research.

### "What does it mean to be a member of the "[Visionary Alliance](#)?"

Your monthly donations of \$15 or more will provide a predictable, continuous stream of income that will give the Foundation leverage when pursuing funding from larger organizations, granting agencies and foundations. It also allows us to predict the amount we can distribute to support research proposals. Please consider becoming a "give as you earn" donor by donating one EMDR therapy session or a portion of a session per month to support EMDR therapy research.

### Stay Connected to the EMDR Research Foundation

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***\*Coming Soon: Conference Activities of the EMDR Research Foundation\****

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EMDR Research Foundation, 401 West 15th Street, Suite 695, Austin, TX 78701

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