This month we continue our focus on EMDR-related research with refugees and victims of political violence. Since large numbers of people are typically involved in such traumas, we highlight protocols designed to target groups of people suffering from common traumatic situations. Specifically, we include further examples from two relatively recent group protocols: EMDR--IGTP, (Integrative Group Treatment Protocol), and EMDR--R-TEP (Recent Traumatic Episode Protocol).

As the EMDR Research Foundation Board of Directors work to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters. Click here to offer your suggestions.
A Field Study on the EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress Provided to Adolescent Eritrean Refugees Living in Ethiopia


ABSTRACT
The main objective of this study was to evaluate the effectiveness of the EMDR-integrative group treatment protocol for ongoing traumatic stress (EMDR-IGTP-OTS) in reducing posttraumatic stress disorder (PTSD), depression, and anxiety symptoms in adolescent refugees living inside the Shimelba refugee camp in Shiraro, Ethiopia. A secondary objective was to present one clinical case of a male Eritrean refugee adolescent with characteristics of selective mutism and with symptoms of PTSD, anxiety and depression. A total of 48 Eritrean refugee adolescents were treated simultaneously with intensive EMDR therapy using the EMDR-IGTP-OTS. Each of the treatment group participants received an average of five hours of treatment, provided during six group-treatment sessions, over two consecutive days in a setting inside the refugee camp. EMDR-IGTP-OTS treatment
focused only on the distressing memories related to their life as refugees and did not address any other memories. No adverse effects were reported during treatment or at one-month post-treatment assessment.

The Hospital Anxiety and Depression Scale (HADS) and the Post-traumatic Stress Disorder Checklist for DSM-5 (PCL5) were used as pre- and post-treatment assessments measuring each client’s anxiety, depression, and PTSD symptoms, respectively. Statistical analysis showed a significant difference between pre-test (M=42.63, SD=14.69) and post-test (M=27.46, SD=16.83); \( t(47) = 4.43, p<0.0001 \) in PTSD symptoms, depression symptoms pre-test (M=9.31, SD=3.71) and post-test (M=5.88, SD=4.88); \( t(47) = 4.43, p<0.0001 \), and in anxiety symptoms pre-test (M=10.65, SD=4.03) and post-test (M=6.73, SD=4.89); \( t(47) = 3.99, p<0.001 \). The study results show that the EMDR-IGTP-OTS could be an important component of a multidisciplinary approach to reducing or eliminating PTSD, depression and anxiety symptoms in adolescent refugees living in refugee camps.

Keywords: EMDR; EMDR-IGTP-OTS; Evidence-Based Practice; Refugee; Mental Health; Group Therapy; Trauma Exposure; Adolescent; Selective
sessions provided to each group. Pre-treatment assessment with multiple measures was compromised by difficulties with translator availability and refugee mobility, resulting in high attrition. When the post-treatment assessment was conducted 45 days later, many refugees had already left the orphanage. The sparse character of the data matrix produced analyzable data for 8 children (mean age 11 ± 3; 4 females) on the Children’s Revised Impact of Event Scale (CRIES). Statistical analysis showed a significant decrease in CRIES scores, reflecting a decrease in severity of posttraumatic symptoms.

Keywords: Eye Movement Installation and Reprocessing Integrative Group Treatment Protocol (EMDR-IGTP); Syrian refugees; children; group therapy; Children’s Revised Impact of Event Scale (CRIES); early EMDR intervention.

The EMDR Integrative Group Treatment Protocol in a Psychosocial Program for Refugee Children: A Qualitative Pilot Study

Russell Hurn and Ian Barron. Journal of EMDR Practice and Research, Volume 12, Number 4, 2018 EMDR International Association Learn more.

ABSTRACT
The current study evaluated the eye movement desensitization and reprocessing integrative group treatment protocol (EMDR-IGTP) delivered within a novel psychosocial program for child refugees. One Libyan and seven Syrian children, aged 6 to 11 years 10 months (five boys), received four 3-hour sessions, with IGTP in the second session. The study investigated whether IGTP would be valuable for child refugees whose trauma symptoms failed to reach Child and Adolescent Mental Health Service thresholds. In addition, the project aimed to identify cultural hurdles that may hinder access to Western psychological approaches. Qualitative data were collected from eight children, two therapists (an eye movement desensitization and reprocessing [EMDR] practitioner and a family care worker), and a focus group of four Arab interpreters. The qualitative design involved children completing rating scales at the beginning and end of each session and the Subjective Units of Disturbance (SUD) scale for traumatic memories before and after EMDR-IGTP. Therapists reflected on outcomes in a postintervention report, and the interpreters discussed cultural challenges in a focus group. IGTP appeared to lead to reduced internal distress and perceived increases in emotional awareness for children. Therapists’ reports affirmed reduced disturbance and highlighted the cultural sensitivity of
IGTP. The interpreters’ focus group emphasized the challenges of language, the stigma of mental illness, and the differing levels of communicative control across cultures. Future studies of IGTP, embedded within psychosocial programs for refugee children, need to utilize experimental research designs including culturally sensitive outcome measures.

Keywords: children; refugees; trauma exposure; eye movement desensitization and reprocessing integrative group treatment protocol (EMDR-IGTP); recovery; cultural sensitivity

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**EMDR Early Intervention following intense rocket attacks on a town: A randomized clinical trial**


**ABSTRACT**

**Objective:** The aim of the study is to investigate the efficacy of EMDR R-TEP interventions with residents suffering from post-traumatic symptoms.

**Method:** The study employed a waitlist/delayed treatment control group design and participants were randomly allocated to either immediate or waitlist/delayed treatment conditions. The measures used included the PCL-5 post-trauma checklist for DSM-5; the PHQ-9 depression scale; the Subjective Unit of Disturbance (SUD) scale and the Brief Resilience Coping Scale (BRCS). The clinical staff of the Resilience Center (HOSEN) offered EMDR therapy treatment using the Recent Traumatic Episode Protocol (R-TEP) for 25 trauma-stricken residents referred to their center. The study began within three months after the 2014 round of hostilities. Three 90-minute sessions were given first to the intervention group and a month later to the delayed treatment control group. The follow-up measures were taken six months later.

**Results:** The immediate treatment group had significantly improved scores on post-trauma and depression measures compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. There were significant interactions between group and time for PCL-5, PHQ-9 and SUD. Post hoc testing of the interaction revealed that within group A, participants exhibited a significant decrease in PCL-5, PHQ-9
and SUD scores (one-tailed p: <0.001, 0.006, 0.03). The results in resilience scores over time showed an increasing trend in group A that failed to reach significance. Repeated measures analysis of group B revealed a borderline statistically significant difference in resilience scores over time.

**Conclusions:** This study provides further evidence supporting the efficacy of EMDR Early Intervention for reducing post-traumatic stress and depression symptoms among civilian victims of hostility. The evidence for resilience was indecisive and requires further research.

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**Announcing a $50,000 Grant Award**

In honor of the legacy of Dr. Francine Shapiro, the EMDR Research Foundation is pleased to announce a $50,000 grant to be awarded and funded by the Francine Shapiro Memorial Fund. It was her dedication to research that inspired and motivated us to form the EMDR Research Foundation. Her mantra was *Research, Research, Research!* She would often say to clinicians making a verbal report of success, “Will you write that up? That needs to be published!” Whatever is claimed in your clinical practice, must be validated in research. We hope to be able to carry that legacy forward in our work together. [Learn more.](#)
Our next grant application deadline is February 1, 2020 and can be submitted through our website.

RESEARCH AWARD GRANTS
Researchers, if you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a $25,000 research award through the EMDR Research Foundation.

RESEARCH CONSULTATION AWARDS
Up to $1,000 may be available to facilitate access to required expertise that would advance the development of an EMDR Therapy research project, to support the completion of an EMDR Therapy research project underway, or the writing of an article on EMDR Therapy for publication in a professional journal. Applications for these awards are accepted at any time during the year.

Learn more.

Revised Fidelity Rating Scale

NEW for Clinicians, Consultants, and Researchers! The EMDR Fidelity Rating Scale (EFRS) has been significantly revised since it was originally published, making it more precise and user-friendly.

Learn more.

New ISTSS Prevention and Treatment Guidelines

The new International Society for Traumatic Stress Studies' (ISTSS) guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD), and position papers on complex PTSD, have recently been published. An international committee of experts was established in 2015 to update
The guidelines published in 2009 by reviewing the latest evidence from clinical research trials. The guidelines and position papers are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, developing PTSD and Complex PTSD. Professor Julian Ford, ISTSS President, said, "The excellent work of the ISTSS Treatment Guidelines Committee will make a real difference to people affected by traumatic events" The new guidelines and position papers are available to download from the ISTSS website.

Learn more.

Create a Fundraising Page

You have the opportunity to create a fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding, graduation, or running in a 5K race!

Learn more.

See Our Updated Toolkit

Whether humanity inflicting harm on itself or due to natural disasters, left untreated, traumatic life experiences can lead to more harm. The EMDR Research Foundation has created the EMDR Early Intervention (EEI) Toolkit as a research to clinicians and researchers in times of need.

Learn more.