



EMDR therapy and Disaster Volume 6, Issue 1

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In 2015, The EMDR Research Foundation issued a [newsletter](#) highlighting some of the impact of global terror and some of the EMDR literature on that topic. In the newsletter, we highlighted the [EMDR Early Intervention Toolkit](#). The toolkit is a source of support for clinicians and researchers who work in the arena of early intervention. It is more than 2 years since this newsletter and an update feels unfortunately very timely.

Whether caused by a massive hurricane, earthquake, avalanche or attacks of terror, the world becomes a place of uncertainty, confusion and yes, trauma, for much of our world's population. In an article written for [encyclopedia.com](#), they said "For the individual and the community, terrorism can quickly erode a sense of security and safety. Brian W. Flynn noted in a speech on the psychological aspects of terrorism (April 24-25, 1996) that "Nearly all terrorist attacks occur with no warning. Warning allows individuals to take psychological and physical protective action [and] allows the activation of psychological defense mechanisms ..." Warning also allows one to perceive some level of control over the terror attack. If you know that it is coming, you can prepare yourself to face it. About terrorism, however, one rarely knows when and where it will occur. An act of terror is sudden, shocking, and unpredictable. Once it occurs, one feels vulnerable, knowing it could happen again at any time."

In a similar vein, there is the impact on communities of natural disasters. The Victoria Council of Social services released a report on the [impact of such events](#). Emergency situations can be an incredibly stressful, disruptive and traumatic time for those affected. Whole communities can be uprooted, friends and family divided, homes, livelihoods and, of course, lives can be lost. In the aftermath of such a disaster, people may experience a range of physical, psychological, emotional or behavioral reactions that, while perfectly natural, can significantly impact their ability to cope with the situation.

Natural disasters and acts of terrorism are becoming part of the fabric of life of people across the planet. Therapists are dealing with the after effects in their offices every day. We need to have the tools to work with that ongoing vulnerability and we need to know those tools are based in solid research. There is not a lot but here are two relatively recent publications on the topic.

In 2017 there was a publication: [Early Eye Movement Desensitisation and Reprocessing \(EMDR\) intervention in a disaster mental health care context](#), by [Saltini, A.](#), [Rebecchi, D.](#), [Callerame, C.](#), [Fernandez, I.](#), [Bergonzini, E.](#), & [Starace, F.](#) (2017). *Psychology, Health & Medicine*, 25, 1-10 doi: [10.1080/13548506.2017.1344255](#).

Abstract: 'Early psychological intervention' is defined as commencing treatment within three months of the traumatic event, with the aim to prevent or treat posttraumatic stress disorder, ongoing distress or acute stress disorder. In natural disaster situations, specific issues may limit the amount of time available for treatment and the possibility of interventions. Eye Movement Desensitisation and Reprocessing (EMDR) can be used without regard to these limits. The aim of the study is to evaluate the effects of EMDR, Recent Traumatic Episode Protocol (R-TEP) provided within three months of the traumatic event to a large sample of individuals exposed to the earthquake that hit Emilia Romagna Region (Northern Italy) in 2012. This study is based on a retrospective review of medical records collected during the activities of psychological and psychosocial unit in the immediate aftermath of earthquake. In total, 529 participants completed the Impact of Event Scale Revised (IES-R) (pre and post treatment). In order to provide a comparison similar to a waitlist-like control group, a method of cohort analysis was applied. In addition, possible time dependent effect was tested. ET (early-treated

sample, participants treated within one month after the earthquake) and LT (late-treated sample, participants treated after the first month from the earthquake) reported at post-treatment an improvement to a level below the IES-R cutoff (65.8% of the ET sample and 64.02% of the LT sample). Control group analogue and time-outcome correlation suggest that positive changes in symptoms were likely due to the treatment provided and not merely to the time lapse from the traumatic event. The results of this study suggest that EMDR is a viable treatment option in response to a disaster crisis and in reducing psychological distress of acutely traumatized individuals within the context of a natural disaster.

In 2015, an article by Elan Shapiro and Brurit Laub Early EMDR Intervention Following a Community Critical Incident: A Randomized Clinical Trial was published in the [Journal of EMDR Research and Practice](#).

Abstract: The aim of this study was to investigate the efficacy of early eye movement desensitization and reprocessing (EMDR) intervention using the EMDR recent traumatic episode protocol (R-TEP) after a traumatic community event whereby a missile hit a building in a crowded area of a town. In a waitlist/delayed treatment parallel-group randomized controlled trial, 17 survivors with posttraumatic distress were treated with EMDR therapy using the R-TEP protocol. Volunteer EMDR practitioners conducted treatment on 2 consecutive days. Participants were randomly allocated to either immediate or waitlist/delayed treatment conditions. Assessments with Impact of Event Scale-Revised (IES-R) and the Patient Health Questionnaire (PHQ-9) brief depression inventory took place at pre- and posttreatment and at 3 months follow-up. At 1 week posttreatment, the scores of the immediate treatment group were significantly improved on the IES-R compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. At 3 months follow-up, results on the IES-R were maintained and there was a significant improvement on PHQ-9 scores. This pilot study provides preliminary evidence, supporting the efficacy of EMDR R-TEP for reducing post trauma stress among civilian victims of hostility, and shows that this model of intervention briefly augmenting local mental health services following large-scale traumatic incidents, using an EMDR intervention on 2 consecutive days may be effective.

In 2014, in the Journal of EMDR Research and Practice, an article EMDR Protocol for Recent Critical Incidents: A Randomized Controlled Trial in a Technological Disaster Context Authors: [Jarero, Ignacio](#); [Uribe, Susana](#); [Artigas, Lucina](#); [Givaudan, Martha](#) was published <https://doi.org/10.1891/1933-3196.9.4.166>

Abstract: This research evaluated the effectiveness of the Eye Movement Desensitization and Reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI) in reducing posttraumatic stress symptoms related to the explosion in an explosives manufacturing factory north of Mexico City that killed 7 employees. The EMDR-PRECI was administered on 2 consecutive days to 25 survivors who had posttraumatic stress symptoms related to the critical incident. Participants' mean score on the Short PTSD Rating Interview (SPRINT) was 22, well above the clinical cutoff of 14. They were randomly assigned to immediate and waitlist/delayed treatment conditions and therapy was provided within 34 days of the explosion. Results showed significant main effects for the condition factor, $F(1, 80) = 67.04, p < .000$. SPRINT scores were significantly different across time showing the effects of the EMDR therapy through time, $F(3, 80) = 150.69, p < .000$. There was also a significant interaction effect, condition by time, $F(2, 80) = 55.45, p < .001$. There were significant differences between the two treatment conditions at Time 2 (post-immediate treatment vs. post-waitlist/delayed), $t(11) = -10.08, p < .000$. Treatment effects were maintained at 90-day follow-up. Results also showed an overall subjective improvement in the participants. This randomized controlled trial provides evidence for the efficacy of EMDR-PRECI in reducing posttraumatic stress symptoms after a technological disaster.

More Research is needed to validate these research efforts. EMDR interventions show promise but without further research and confirmation that data is incomplete. For this to happen we need your help now!

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