



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 10

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 show our support for those clinicians who deal daily with this growing population of traumatized individuals.

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Ways to Support EMDR Research Foundation

You can support EMDR Research Foundation a variety of ways;

Promising Research With Cancer Patients and EMDR Therapy

October is Breast Cancer Awareness Month, an annual campaign to increase awareness of the disease. It is one month of the year where individuals are encouraged to participate in early screening and to promote awareness of the impact of breast cancer on all family members.

Although support systems are often indicated as important for Cancer Patients and their families the real life emotional impact of the diagnosis and treatment of cancer is not always sufficiently addressed. Although research studies vary, up to 45% of women diagnosed and treated for breast cancer experience a DSM IV disorder. (Kissane, 2004). Studies indicate that up to 90% of women with breast cancer describe it as a "trauma" (Boyer, et al 2002), with between 4-19% meeting the criteria for PTSD (reviewed by Kwekkeboom, 2002). One year after diagnosis, 45% of women experience moderate to high levels of intrusion symptoms (including fears of recurrence),

- Become a Visionary Alliance monthly donor.
- Make a single donation.
- Make a donation in honor or in memory of a loved one.

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

If you already support ERF but have not transferred your monthly commitment to our new online donation system, please click on the link provided below. If you need assistance or have questions, please contact the ERF office, and we will assist you.

www.emdrresearchfoundation.org.

Thank you for your continued support as it is critical to the future of evidence-based EMDR therapy. We truly value your contribution to our mission.

Special Notes

The EMDR Research Foundation has established three mechanisms to fund research on EMDR:

1. Doctoral Dissertation Grant
2. Research Grant Awards
3. Research Consultation Awards

To learn more about deadlines and how to apply, visit www.emdrresearchfoundation.org.

The Translating Research Into Practice (TRIP) *Newly Updated!*

[EMDR With Recurrent "Flash-Forwards": Reflections on Engelhard et al.'s 2011 Study.](#) Journal of EMDR Practice and Research, 7(2), 106-111.
<http://dx.doi.org/10.1891/1933-3196.7.2.106> In this issue's column, Lisa Bellecci-St. Romain references Engelhard et al.'s (2011)

39% experiencing moderate to high avoidance symptoms on the IES. (Tjemmland, et al 1998). Palmer, et al (2004) reported 48% of women fulfilled criteria for the arousal cluster symptoms of PTSD. Matsuoka, et al (2002) found that 46% of women aged 18-55 following completion of treatment reported cancer intrusive thoughts. A 2003 study of long term adjustment of women 20 years after treatment found that 18% had posttraumatic stress symptoms (Kornblith, et al).

In 2013, published in the Journal of EMDR Practice and Research [Capezzani, Liuva; Ostacoli, Luca; Cavallo, Marco; Carletto, Sara; Fernandez, Isabel; Solomon, Roger; Pagani \[Marco; Cantelmi, Tonino conducted a pilot study comparing EMDR with CBT in treating PTSD in oncology patients.](#)

Although not specific to breast cancer, the research with oncology patients was very promising and worthy of further study.

This pilot study examined the efficacy of eye movement desensitization and reprocessing (EMDR) treatment compared with cognitive behavioral therapy (CBT) in treating posttraumatic stress disorder (PTSD) in oncology patients in the follow-up phase of the disease. The secondary aim of this study was to assess whether EMDR treatment has a different impact on PTSD in the active treatment or during the follow-up stages of disease. Twenty-one patients in follow-up care were randomly assigned to EMDR or CBT groups, and 10 patients in the active treatment phase were assigned to EMDR group. The Impact of Event Scale-Revised (IES-R) and Clinician-

study examining the impact of eye movements on recurrent, intrusive visual images about potential future catastrophes-"flash-forwards."

TRIP articles bring research alive and make research findings relevant in a therapist's day-to-day practice. It also supports researchers in disseminating their findings and provides a critical link between research and practice.

- **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 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.

Email Katy Murray at katymurraymsw@comcast.net if you think you might want to contribute to the column.

Administered PTSD Scale (CAPS) were used to assess PTSD at pretreatment and one (1) month post treatment. Anxiety, depression, and psychophysiological symptoms were also evaluated. For cancer patients in the follow-up stage, the absence of PTSD after the treatment was associated with a significantly higher likelihood of receiving EMDR rather than CBT. EMDR was significantly more effective than CBT in reducing scores on the IES-R and the CAPS intrusive symptom subscale, whereas anxiety and depression improved equally in both treatment groups. Furthermore, EMDR showed the same efficacy both in the active cancer treatment and during the follow-up of the disease.

Translating Research Into Practice submissions are encouraged!

Have you successfully treated a client for the psychological impact of cancer diagnosis or treatment? "Translating Research Into Practice" is a regular feature of the Journal of EMDR Practice and Research in which clinicians share clinical case examples that support, elaborate, or illustrate the results of a specific research study. Each column begins with the abstract of that study, followed by the clinician's description of their own application of standard EMDR procedures with the population or problem treated in the study. The column is edited by the EMDR Research Foundation with the goal of providing a link between research and practice and making research findings relevant in therapists' day-to-day practices.

If you have successfully treated oncology patients for the psychological impact of cancer diagnosis or treatment, please consider writing up the case for a TRIP article.

Format: Please include the following:

Board Member Recruitment

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

Don't forget to like us on Facebook and follow us on Twitter. It is just one more way to support the EMDR Research Foundation! It is free and quick! We will provide updates on research grants, outcomes from funded programs, and resources for those suffering who want to learn more about how EMDR may be able to help them.

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- (1) Full citation and abstract of original research article: in this case, you can cite Capezzani et al's 2013 pilot study comparing MEDR with CBT in oncology patients,
- (2) Clinical vignette(s) or case example(s) from your practice, using standard EMDR procedures, that support, elaborate, or are inspired by the findings of the original research article, Note that you do not need to have used any pre/post measures.
- (3) Discussion of the relevance of the research findings in your clinical practice,
- (4) References.

You can find a link to TRIP articles through the Foundation's website at www.emdrresearchfoundation.org. If you would like to contribute an article on this topic or any other EMDR application, please contact the EMDR Research Foundation office at info@emdrresearchfoundation.org or contact Katy Murray at katymurraymsw@comcast.net.

Your support is vital to the future of EMDR research. Please help us fund additional research on the effects of EMDR on cancer patients by making a single donation or joining the Visionary Alliance with a monthly contribution. To learn more about how you can help, visit www.emdrresearchfoundation.org.

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