



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 3, Issue 2

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Dear EMDR Practitioner,

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.

Many of the people we treat experience sleep disturbances. This month's EMDR research article shows an improvement in sleep consolidation and reduction of time spent awake after sleep onset when clients are treated with EMDR Therapy for PTSD.

As the EMDR Research Board of Directors works to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters.

Sincerely,

*Wendy Freitag, Ph.D.
EMDR Research Foundation*

"Expanding Our Research, Deepening Our Impact."

Sleep, Health and PTSD

It is not unusual for our clients who present with PTSD to show significant disturbances in their sleep patterns. This disturbance is perhaps both a result of the traumatic incident as well as an obstacle to its recovery.

On the [American Psychological Association](#) website the following information on sleep is provided, "Millions of people do not get enough sleep and many suffer from lack of sleep. For example, surveys conducted by the NSF (1999-2004) reveal that at least 40 million Americans suffer from over 70 different sleep disorders and 60 percent of adults

report having sleep problems a few nights a week or more. Most of those with these problems go undiagnosed and untreated. In addition, more than 40 percent of adults experience daytime sleepiness severe enough to interfere with their daily activities at least a few days each month - with 20 percent reporting problem sleepiness a few days a week or more. Furthermore, 69 percent of children experience one or more sleep problems a few nights or more during a week."



"New research (as quoted in the 9/14 issue of [Time Magazine](#) but referencing the research of Drs. Jeffrey Iliff and Maiken Nedergaard at the University of Rochester Medical Center) shows a good night's rest isn't a luxury--it's critical for your brain and for your health". "This work shows that the brain is cleansing itself in a more organized way and on a much larger scale than has been realized previously," Nedergaard says. "We're hopeful that these findings have implications for many conditions that involve the brain, such as traumatic brain injury, Alzheimer's disease, stroke and Parkinson's disease."

The original results of the study are published in the August, 2012 [Science Translation Medicine](#).

As to the subject of trauma and sleep difficulties, the [National Sleep Foundation](#) states,"Stress from a traumatic event can often lead to a variety of sleep problems. When the body is overstimulated, the brain is flooded with neurochemicals that keep us awake, such as epinephrine and adrenaline, making it difficult to wind down at the end of the day. The neurochemicals remain present in the brain and can interrupt your normal sleep cycle. The result can be insomnia, bad dreams, and daytime fatigue caused by sleep disturbance. Some people with sleep problems and anxiety have posttraumatic stress disorder, or PTSD."

As we learn more about the importance of sleep, the high incidence of sleep related disturbances, and the correlation between sleep and PTSD, the study below takes on a higher degree of importance. It may be of particular interest to both you and your clients.

[Improvement of mood and sleep alterations in posttraumatic stress disorder patients by eye movement desensitization and reprocessing.](#)

Raboni MR¹, Alonso FF², Tufik S³, Suchecki D¹

Abstract:

Posttraumatic stress disorder (PTSD) patients exhibit depressive and anxiety symptoms, in addition to nightmares, which interfere with sleep continuity. Pharmacologic treatment of these sleep problems improves PTSD symptoms, but very few studies have used psychotherapeutic interventions to treat PTSD and examined their effects on sleep quality. Therefore, in the present study, we sought to investigate the effects of Eye Movement Desensitization Reprocessing therapy on indices of mood, anxiety, subjective, and objective sleep. The sample was composed of 11 healthy controls and 13 PTSD patients that were victims of assault and/or kidnapping. All participants were assessed before, and 1 day after, the end of treatment for depressive and anxiety profile, general well-being and subjective sleep by filling out specific questionnaires. In addition, objective sleep patterns were evaluated by polysomnographic recording. Healthy volunteers were submitted to the therapy for three weekly sessions, whereas PTSD

patients underwent five sessions, on average. Before treatment, PTSD patients exhibited high levels of anxiety and depression, poor quality of life and poor sleep, assessed both subjectively and objectively; the latter was reflected by increased time of waking after sleep onset. After completion of treatment, patients exhibited improvement in depression and anxiety symptoms, and in quality of life; with indices that were no longer different from control volunteers. Moreover, these patients showed more consolidated sleep, with reduction of time spent awake after sleep onset. In conclusion, Eye Movement Desensitization and Reprocessing was an effective treatment of PTSD patients and improved the associated sleep and psychological symptoms.

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History

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 is to "pay it forward" by your ongoing contribution to EMDR research. Since that time, a number of you have taken the opportunity to participate in this community of Research Supporters.



What does it take to be a member?

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.

What does it mean to be a member of the Visionary Alliance?

When the Foundation is funding large scale research projects to the tune of thousands of dollars a year, you will know you were part of the ground swell of support that made it possible. Please consider becoming a "give as you earn" donor by donating one EMDR session or a portion of a session per month to support EMDR research.

The EMDR Research Foundation is the only funding source dedicated solely to supporting EMDR research worldwide.

Join Now!

TRIP Article Published

NEW TRANSLATING RESEARCH INTO PRACTICE ARTICLE PUBLISHED:

Myers, K. (2015). EMDR with Choking Phobia: Reflections on the 2008 Study by de Roos and de Jongh. *Journal of EMDR Practice and Research*, 9(1), 64-70.

<http://dx.doi.org/10.1891/1933-3196.9.1.64>

Partial Abstract: In this issue's column, Keith Myers references de Roos and de Jongh's (2008) study, which investigated EMDR treatment of choking phobias. Illustrating the

treatment considerations and treatment results reported by de Roos and de Jongh, Myers describes the successful treatment of an adult client who presents with choking phobia and secondary depression using the EMDR protocol for phobias. The case example is followed with a discussion of specific treatment considerations in the addressing phobias within the eight phases of EMDR therapy.

Keywords: EMDR, specific phobias, choking phobia, depression, trauma, bridging research and practice

[Write a TRIP Article for the Journal of EMDR Practice and Research](#)

Translating Research Into Practice (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.

If you think you might want to contribute to the column and want more information, email Katy Murray at katymurraymsw@comcast.net.

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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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