

Eye Movement Desensitization and Reprocessing (EMDR) as the Primary Treatment Modality for Victims of disasters and crises

Authors: **Fatemeh Rahimi** * - **Nahid Reieh** - **Sima Feyzollahzadeh** - **Fatemeh Abedi-Mohsen Lotfi**

1. Critical Care Nursing (**تخصص مراقبت‌های ویژه در اورژانس**) (medical and education center, Alborz University of Medical Sciences, Karaj, Iran
2. **Frahimi110@gmail.com**
3. MSc , PhD student in Emergency & Disaster Health (**دانشجوی ارشد و دکتری در اورژانس و سلامت در حوادث و بلایا**) University of Medical Sciences
4. PhD, Associate Professor, Elderly Care Research Centre, **Shahid Rajaei** University, Tehran, Iran.
5. **Nursing** student, **Shahid Rajaei** (medical and education center, Alborz University of Medical Sciences, Karaj, Iran

Address: **Shahid Rajaei** medical and education center, Alborz University of Medical Sciences, Karaj, Iran

Introduction:

Traumatic events can occur and adversely affect people during their lifetime. Natural disasters such as the earthquake or terrorist atrocities around the world, or personal events such as physical, can result in psychological difficulties for those people directly affected by these events. The diagnostic term Posttraumatic Stress Disorder is generally used to explain the often-severe psychological sequelae, **Shapiro**(1995) that people may exhibit when directly affected by trauma and Natural disasters. However, what of those people not directly involved in the trauma and Natural disasters, but those who have borne witness to it, either by listening to the stories of survivors, or in the case of the helping professionals (such as police officers, nurses, **doctors, psychotherapists**, fire-fighters), actively working with survivors in psychological distress?

Post-traumatic stress disorder (PTSD) presents with a complex and diverse set of symptoms involving a mixture of social, biological, and psychological processes. Adding to the complexity are several comorbid disorders, including mood, anxiety, and substance use disorders, traumatic brain injury, grief, and chronic pain. Comorbid disorders complicate the identification of predisposing and perpetuating factors, assessment, clarity of primary diagnosis, and selection of treatment plans. Here we present a broad overview of PTSD, including its intricate neurobiological and psychological symptom profile and common comorbid disorders. Evidence for the effectiveness of eye movement desensitization and reprocessing (EMDR) is then presented, as well as its possible advantages, controversies, and key processes. Finally, the future possibilities for EMDR are **discussed. Information-processing theories** hypothesize that processing memories so that resolution of the meaning of the event takes place is a more successful theoretical and subsequent treatment model for PTSD than models based on learning theory. Emotional processing, cognitive models, dual representation, and adaptive information processing all fall

under the banner of information-processing theories. More specifically, EMDR evolved under the adaptive information-processing theory. EMDR was built on the understanding that processing the meaning of the event through integration of memories into an individual's autobiographical memory would help to alleviate PTSD symptoms. EMDR has been verified as an effective treatment for PTSD and meets criteria for evidence-based practice in the UK by the National Institute for Clinical Excellence (2005), in Australia by the Australian Centre for Posttraumatic Mental Health (2013), and in the Netherlands by the Dutch National Steering Committee for Guidelines for Mental Health Care (2004). EMDR is also listed in the World Health Organization guidelines for PTSD. Research suggests that EMDR, although equal in achieving overall symptom reduction, may be superior to other treatment models in terms of treatment efficiency. Some studies have found that EMDR results in more rapid symptom reductions than other comparable treatment models, which in turn results in fewer treatment sessions required for the same outcome in comparison with other types of therapy. The rapid reduction in symptoms may be due to a large drop in intrusive symptoms in EMDR. Several studies have shown fewer dropouts in EMDR groups, leading to the proposition that EMDR is both better tolerated and a more efficient treatment model.

Keywords: disasters, EMDR, Post-traumatic stress disorder (PTSD)