This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: aleeds@theLeeds.net.

Note: a comprehensive database of all EMDR therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: http://emdria.omeka.net/.

Previous columns from 2005 to the present are available on the EMDRIA web site at: http://www.emdria.org/?page=43.


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**ABSTRACT**

Bilateral stimulation (BLS) is of significant importance to eye movement desensitization and reprocessing (EMDR) therapy. Eye movements seem to be the most effective form of BLS in EMDR. A brief summary of the cultural applicability of EMDR is provided, and research which showed the value of incorporating religion and/ or spirituality into psychotherapy is highlighted. Islamic Sufism, in common with other traditional religions, has long been known to have a psychotherapeutic perspective and has been used over time to help people to overcome trauma and stress. This article argues that the ritual movements associated with the Sufi Dhikr may involve a form of BLS and that this might underline some of the therapeutic effectiveness of Dhikr and Sufism. The authors recommend investigating if the Sufi Dhikr element could be incorporated into a modified EMDR protocol. We anticipate that this would give EMDR an even wider and more popular acceptance in the Middle East and the Muslim world.

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**ABSTRACT**

**Background:** The most common mental health problems among refugees are depression and posttraumatic stress disorder (PTSD). Eye movement desensitization and reprocessing (EMDR) is an effective treatment for PTSD. However, no previous randomized controlled trial (RCT) has been published on treating PTSD symptoms in a refugee camp population.

**Objective:** Examining the effect of EMDR to reduce the PTSD and depression symptoms compared to a wait-list condition among Syrian refugees. Method: Twenty-nine adult participants with PTSD symptoms were randomly allocated to either EMDR sessions (n = 15) or wait-list control (n = 14). The main outcome measures were Impact of Event Scale- Revised (IES-R) and Beck Depression Inventory (BDI-II) at posttreatment and 4-week follow-up.

**Results:** Analysis of covariance showed that the EMDR group had significantly lower trauma scores at posttreatment as compared with the wait-list group (d = 1.78, 95% CI: 0.92-2.64). The EMDR group also had a lower depression score after treatment as compared with the wait-list group (d = 1.14, 95% CI: 0.35-1.92).

**Conclusion:** The pilot RCT indicated that EMDR may be effective in reducing PTSD and depression symptoms among Syrian refugees located in a camp. Larger RCTs to verify the (cost-) effectiveness of EMDR in similar populations are needed.


ABSTRACT

Aim: To evaluate potential efficacy of a new therapeutic approach in posttraumatic stress disorder in comparison with eye movement desensitization and reprocessing (EMDR), a standard treatment approach and controls.

Methods: The study was designed using a randomized controlled trial methodology. Participants were recruited from military service-men aged between 25 to 50 years who were admitting hospitals of Bushehr, Iran, with the final diagnosis of PTSD. Finally 33 male patients were divided into three subgroups: G1: EMDR; G2: REM Desensitization; and group 3: controls who received no therapy. Mississippi Scale for Posttraumatic Stress Disorder, Pittsburgh Sleep Quality Index (PSQI) and a 37 item death anxiety questionnaire were used for measures.

Results: multiple comparisons showed that intrusive thoughts were significantly more likely to improve with REM Desensitization versus EMDR (P=0.03), while depression was more responsive to EMDR (p=0.03). Among the Pittsburgh scale for the quality of sleep items, sleep quality (p=0.02), sleep duration (p=0.001), and total sleep quality score (p=0.002) were significantly more likely to improve in the REM Desensitization group. Change in the absolute death anxiety scores was not different between subgroups excepting EMDR versus control group (p=0.05).

Conclusion: REM, desensitization, the new therapeutic approach to PTSD is a highly effective strategy, even more than EMDR, the standard treatment, in most of the evaluated subjects, with special emphasis on sleep symptoms, and also in the management of intrusive thoughts. Depression is the only factor in which, REM Desensitization was significantly less likely to represent a superior therapeutic effect than EMDR.


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Theoretical Background: Comparative effectiveness studies of different trauma-related exposure therapies in the in-patient treatment of war-traumatized persons have been researched insufficiently. Issue: In a study the comparative effectiveness of EMDR (Eye Movement Desensitization and Reprocessing Therapy) and IRRT (Imagery Rescripting and Reprocessing Therapy) in trauma therapy was examined with 40 traumatized Bundeswehr soldiers with a PTBS diagnosis. Result: The effectiveness of the two methods on the change in trauma complaints and comorbid symptoms in the treatment of combat- and war-traumatized person is significant. The Reliable Change Index (RCI) for EMDR is 77 percent and for IRRT 67 percent. As regards the change in comorbid symptoms, the effect size for these two methods are large. Discussion: The column discusses the use of the two trauma therapies in the in-patient treatment of war-traumatized veterans.


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Using clinical data at a specialized trauma clinic, this study investigated pre-treatment clinical factors predicting response to eye movement desensitization and reprocessing (EMDR) among adult patients diagnosed with posttraumatic stress disorder (PTSD). Participants were evaluated on the Clinician-administered PTSD Scale (CAPS), the Symptom Checklist-90-Revised, the Beck Depression Inventory, and the Dissociative Experiences Scale before treatment, and were reassessed on the CAPS after treatment and at 6-month follow-up. A total of 69 patients underwent an average of four sessions of EMDR and 60 (87%) completed the post-treatment evaluation, including eight participants who terminated treatment prematurely. Intent-to-treat analysis revealed that 39 (65%) of the 60 patients were classified as responders and 21 (35%) as non-responders when response was defined as a more than 30% decrease in total CAPS score. The non-responders had higher levels of dissociation (depersonalization and derealization) in the symptoms associated with trauma, depression, and anxiety. The non-responders had a higher number of comorbidities, but other PTSD symptoms such as avoidance, hyperarousal and intrusion were not significantly different. The number of psychiatric comorbidities was also associated with treatment non-response. The final logistic regression model yielded two significant variables: dissociation (p < .001) and more than two comorbidities compared to none (p<.05). These results indicate that complex symptom patterns in PTSD may predict treatment response, and support the inclusion of the dissociative subtype of PTSD in the DSM-5.


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Purpose: The aim of this research was to challenge the use of eye movement desensitization and reprocessing (EMDR) therapy in the treatment of the phantom breast syndrome.

Method: Two patients agreed to participate in this study and were treated by EMDR therapy, focusing on two target types: traumatic events related to disease experience and phantom breast sensation. Qualitative evaluations were conducted before the first session, just after the last session and as a follow-up three and six months after. Intensity of the pain and intensity of the sensation were measured, as well as anxiety (through STAI) and depression (through CES-D). Qualitative evaluations completed these measures by paints of breast image made by the patients on the first and last sessions.

Results: Results show the effectiveness of EMDR therapy on all quantitative measures, but also a qualitative and clinical change producing a modification of the body representation of patients and an effective reduction of the phantom breast syndrome.

Discussion: Results show that EMDR approach can be an encouraging, non-invasive and relatively short strategy. While these results need to be completed by other studies covering a larger population and the use of a control group, they are still encouraging because they suggest that a psychological treatment based on EMDR techniques and adapted to the specificity of phantom breast syndrome could be effective in bringing relief to patients.


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ABSTRACT

Trauma and co-occurring substance use disorders are disproportionately prevalent in individuals involved in the criminal justice system. The Thurston County Drug Court Program (TCDCP) in Washington State conducted a preliminary study with 220 participants arrested for nonviolent, felony drug-related crimes. All TCDCP participants were required to engage in a structured 12- to 18-month 3-phase program referred to as Program as Usual (PAU). Data was collected from 2004 to 2009 to investigate the efficacy of adding an “Integrated Trauma Treatment Program” (ITTP) component for those endorsing a Criterion A trauma history (68% of TCDCP). The ITTP combined 2 empirically supported trauma therapies in a phased, integrated approach: mandatory Seeking Safety groups followed by voluntary, individual eye movement desensitization and reprocessing (EMDR) therapy. The investigators hypothesized that trauma-specific treatment might improve existing program outcomes, including higher graduation rates and lower postprogram recidivism. One hundred twelve of the initial 150 participants endorsing trauma completed the Seeking Safety groups and were offered individual EMDR therapy. Of those 112, those who selected EMDR therapy (n = 65) graduated at a rate of 91%; those who declined (n = 47) graduated at 57%. Recidivism rates also differed among TCDCP graduates: PAU, 10%; graduates selecting EMDR therapy, 12%; and graduates declining EMDR, 33%. This article summarizes the literature, describes the ITTP program, reports on graduation rates and recidivism outcomes, and discusses possible differences between those who selected and those who declined EMDR therapy. The authors discuss the benefits of including EMDR therapy in drug court programs with recommendations for future research.


ABSTRACT

Posttraumatic stress disorder (PTSD) is a relatively common mental disorder, with an estimated lifetime prevalence of ~5.7%. Eye movement desensitization and reprocessing (EMDR) and

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6 EyeScan models to choose from

EyeScan Feature Table

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3 Tac/AudioScan models to choose from

Tac/AudioScan Feature Table

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cognitive-behavioral therapy (CBT) are the most often studied and most effective psychotherapies for PTSD. However, evidence is inadequate to conclude which treatment is superior. Therefore, we conducted a meta-analysis to confirm the effectiveness of EMDR compared to CBT for adult PTSD. We searched Medline, PubMed, Ebso, Proquest, and Cochrane (1989-2013) to identify relevant randomized control trials comparing EMDR and CBT for PTSD. We included 11 studies (N = 424). Although all the studies had methodological limitations, meta-analyses for total PTSD scores revealed that EMDR was slightly superior to CBT. Cumulative meta-analysis confirmed this and a meta-analysis for subscale scores of PTSD symptoms indicated that EMDR was better for decreased intrusion and arousal severity compared to CBT. Avoidance was not significantly different between groups. EMDR may be more suitable than CBT for PTSD patients with prominent intrusion or arousal symptoms. However, the limited number and poor quality of the original studies included suggest caution when drawing final conclusions.


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ABSTRACT

Despite the high number of young refugees and the high rate of posttraumatic stress disorder (PTSD) symptoms in this group, there is uncertainty as to which treatments are effective. An extensive literature search resulted in 798 hits, of which 10 studies met our inclusion criteria. Eight studies reported a significant reduction of PTSD symptoms: narrative exposure therapy for children, meditation–relaxation, eye movement desensitization and reprocessing, and rapid-ed therapy. However, owing to the few available studies and their methodological shortcomings it is not possible to make recommendations based on the literature.


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ABSTRACT

Soldiers and veterans diagnosed with PTSD benefit less from psychotherapy than non-military populations. The current meta-analysis identified treatment predictors for traumatised soldiers and veterans, using data from studies examining guideline recommended interventions, namely: EMDR, exposure, cognitive, cognitive restructuring, cognitive processing, trauma-focused cognitive behavioural, and stress management therapies. A systematic search identified 57 eligible studies reporting on 69 treated samples. Exposure therapy and cognitive processing therapy were more effective than EMDR and stress management therapy. Group-only therapy formats performed worse compared with individual-only formats, or a combination of both formats. After controlling for study design variables, EMDR no longer negatively predicted treatment outcome. The number of trauma-focused sessions, unlike the total number of psychotherapy sessions, positively predicted treatment outcome. We found a relationship between PTSD pretreatment severity levels and treatment outcome, indicating lower treatment gains at low and high PTSD severity levels compared with moderate severity levels. Demographic variables did not influence treatment outcome. Consequently, soldiers and veterans are best served using exposure interventions to target PTSD. Our results did not support a group-only therapy format. Recommended interventions appear less effective at relatively low and high patient PTSD severity levels. Future high-quality studies are needed to determine the efficacy of EMDR.


ABSTRACT

Background and Objectives: This study sought to reconcile two lines of research. Previous studies have identified a prevalent and causal role of negative imagery in social phobia and public speaking anxiety; others have demonstrated that lateral eye movements during visualisation of imagery reduce its vividness, most likely by loading the visuospatial sketchpad of working memory. It was hypothesised that using eye movements to reduce the intensity of negative imagery associated with public speaking may reduce anxiety resulting from imagining a public speaking scenario compared to an auditory control task.

Methods: Forty undergraduate students scoring high in anxiety on the Personal Report of Confidence as a Speaker scale took part. A semi-structured interview established an image that represented the participant's public speaking anxiety, which was then visualised during an eye movement task or a matched auditory
task. Reactions to imagining a hypothetical but realistic public speaking scenario were measured.

Results: As hypothesised, representative imagery was established and reduced in vividness more effectively by the eye movement task than the auditory task. The public speaking scenario was then visualised less vividly and generated less anxiety when imagined after performing the eye movement task than after the auditory task.

Limitations: Self-report measures and a hypothetical scenario rather than actual public speaking were used. Replication is required in larger as well as clinical samples.

Conclusions: Visuospatial working memory tasks may preferentially reduce anxiety associated with personal images of feared events, and thus provide cognitive resistance which reduces emotional reactions to imagined, and potentially real-life future stressful experiences.

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**ABSTRACT**

In this article, the concept of humanitarian aid, the basic needs in crisis situations, the definition of eye movement desensitization and reprocessing (EMDR), and EMDR as a humanitarian intervention are explained. General needs and needs in the Middle East are discussed. Some of the published studies about the EMDR therapy as a humanitarian intervention are summarized. Training and humanitarian programs in Turkey are documented. Two of our important humanitarian projects with EMDR including Marmara earthquake training and intervention and Kilis Syrian refugees projects are described in detail. The aim of this article is to underline the importance of basic elements of natural and man-made disasters in terms of organization, financing, training, and intervention.

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**ABSTRACT**

Depression is one of the most common psychiatric disorders. Postpartum depression affects about 9% of women who give birth. Despite significant advances in research and in pharmacotherapy and psycho-therapy, depressive disorders remain difficult to treat. The application of eye movement desensitization and reprocessing (EMDR) therapy to depression has lagged behind its applications to trauma-related and anxiety disorders. I present 2 cases of postpartum depression successfully treated with a combined therapy, where EMDR is integrated into a novel therapeutic framework developed specifically for depressive disorders and based on evolutionary theory of depression, treating depression downhill (TDD). In the integrated TDD-EMDR therapy, I have made adjustments to the standard EMDR protocol such that the choice and nature of targets, the cognitive frame, and the objective for change in affect are determined by TDD framework. The described cases demonstrate the treatment process, including the modifications made to the standard EMDR procedures, and the treatment’s outcome. I identify and discuss the differences between theories of EMDR and TDD.
**ABSTRACT**

**Introduction:** During the Eye Movement Desensitization and Reprocessing (EMDR) changes of brain electrical activity was recently demonstrated in victims of psychological traumas.

**Objectives:** Thirty-one victims of psychological traumas were investigated at the first EMDR session (t0) and at the last one performed after processing the index trauma (t1).

**Methods:** Electrical source activity was computed by eLORETA from a 37-channel EEG. EEG-SFC analysis was based on the lagged phase synchronization (LPS), derived by a two-step eLORETA procedure: dimensionality reduction of inverse matrix from 6239 voxels to 28 regions of interest (ROIs); LPS indices computation, for each spectrum band, in all possible ROI pairs.

**Results:** Resting-state EEG source activity resulted in a low frequency increase of posterior cingulate cortex and a high frequency (beta2 and gamma) decrease in right prefrontal and parietal cortex between t0 and t1. Significant enhancements of EEG-SFC were detected in t1 respect to t0 between ROI pairs of theta band right temporo-parahippocampal regions and alpha band fronto-parietal regions.

**Conclusions:** Significant modifications of resting-state electrical brain activity were present after EMDR therapy. These findings suggest that the elaboration of psychological traumas induced by EMDR produces, in a resting-state condition, an enhancement of activity and functional connectivity of cerebral sources involved in cognitive control and emotional processing.

**ABSTRACT**

**Objective:** Neuropsychological studies have consistently demonstrated impaired verbal memory in posttraumatic stress disorder (PTSD). Trauma-focused treatment for PTSD is thought to rely on memory, but it is largely unknown whether treatment outcome is influenced by memory performance. The aim of the study, therefore, was to examine the relationship between verbal memory performance and treatment response to trauma-focused psychotherapy.

**Method:** Participants were referred to our outpatient clinic and recruited between December 2003 and January 2009 upon diagnosis of PTSD according to DSM-IV. Secondary analyses of a randomized controlled trial comparing eye movement desensitization and reprocessing therapy (n = 70) and brief eclectic psychotherapy (n = 70), a cognitive-behavioral intervention, are reported. Response to treatment was measured by self-reported PTSD symptom severity (Impact of Event Scale-Revised) over 17 weeks. Pretreatment verbal memory measures (California Verbal Learning Test, Rivermead Behavioral Scale-Revised) over 17 weeks. Pretreatment verbal memory was included in the mixed linear model analyses in order to investigate the influence of memory on treatment outcome.

**Results:** Pretreatment encoding, short-term retrieval, long-term retrieval, and recognition performance were significantly associated with treatment response in terms of self-reported PTSD symptom severity for both treatments (P ≤ .013). Receiver operating characteristic curves predicting treatment response with pretreatment memory indices showed that 75.6% of the patients could be correctly classified as responder.

**Conclusions:** Poor verbal memory performance represents a risk factor for worse treatment response to trauma-focused psychotherapy. Memory measures can be helpful in determining...
which patients are unable to benefit from trauma-focused psychotherapy. Future research should explore how treatment perspectives of patients with poor verbal memory can be improved.


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ABSTRACT

Previously undiagnosed dissociative identity disorder (DID) may be present in individuals being assessed for eye movement desensitization and reprocessing (EMDR). Previously undiagnosed DID was present in 3.9% of 1,529 general adult psychiatric inpatients in 10 studies conducted in 6 different countries. In this article, a case of likely DID that was missed in a published case report is presented, and guidelines for when to suspect and how to diagnose DID are provided. Such guidelines are missing from the training of many mental health professionals.


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ABSTRACT

Alarmingly, only 59% of those who have post-traumatic stress disorder (PTSD) respond to SSRIs. Many of the existing treatments, both pharmacological & non-pharmacological, don’t directly target trauma memories which lay at the core in the PTSD pathogenesis. Notable exceptions are medications like ketamine and propranolol and trauma focused psychotherapies like eye movement desensitization and reprocessing therapy (EMDR, developed by Shapiro) and TIMBER (Trauma Interventions using Mindfulness Based Extinction and Reconsolidation for trauma memories, developed by Pradhan). Although anti-depressant effects of ketamine is no longer news, its effects on treatment refractory PTSD (TR-PTSD) is a recent concept. As TR-PTSD has marked public health burden and significant limitations in terms of treatment interventions, a thorough assessment of current strategies is required. Research to bring clarity into the underlying pathophysiology and neurobiology of TR-PTSD delineating the chemical, structural, and circuitry abnormalities will take time. In the interim, in the absence of a "one size fits all" therapeutic approach, pragmatically parallel lines of research can be pursued using the pharmacological and non-pharmacological treatments that have a strong theoretical rationale for efficacy. This article aims at reviewing the current literature on interventions for PTSD, most notably ketamine, transcranial magnetic stimulation (TMS) treatment, yoga and mindfulness interventions, and TIMBER. We present an outline for their future use, alone as well as in combination, with a hope to shed additional insights as well as advocating for developing more effective therapeutic intervention for this treatment resistant and debilitating condition.


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In this case-control study, we aimed to assess the intervention effects of four-session eye movement desensitization and reprocessing (EMDR) on reducing the severity of disaster-related anxiety, general anxiety, and depressive symptoms in Taiwanese adolescents who experienced Typhoon Morakot. A total of 83 adolescents with posttraumatic stress disorder related to Typhoon Morakot, major depressive disorder, or current moderate or high suicide risk after experiencing Typhoon Morakot were allocated to a four-session course of EMDR (N = 41) or to treatment as usual (TAU; N = 42). A multivariate analysis of covariance was performed to examine the effects of EMDR in reducing the severity of disaster-related anxiety, general anxiety, and depressive symptoms in adolescents by using preintervention severity values as covariates. The multivariate analysis of covariance results indicated that the EMDR group exhibited significantly lower preintervention severity values of general anxiety and depression than did the TAU group. In addition, the preintervention severity value of disaster-related anxiety in the EMDR group was lower than that in the TAU group (p = 0.05). The results of this study support that EMDR could alleviate general anxiety and depressive symptoms and reduce disaster-related anxiety in adolescents experiencing major traumatic disasters.


The psychological assessment of the patient with obesity aims to identify the factors of maintenance of excess weight, such as eating disorders or anxio-depressive disorders. Psychotherapy helps a better weight management. Cognitive-behavioral therapy has shown its effectiveness in the treatment of obesity. New psychotherapeutic approaches are explored. The hypnosis and mindfulness are proposed for the management of emotions and stress. A targeted approach on the body image disorder decreases body dissatisfaction. When post-traumatic stress syndrome is involved, EMDR (Eye Movement Desensitization & Reprocessing) is better than other types of therapies. Family therapy is indicated when the entourage is impacted. Psychological difficulties should be the subject of specific care.


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This study examined the effects of bilateral stimulation during unpleasant memory recall followed by free association, similar to Phase 4 of EMDR therapy. Forty-six female nonpatients were randomly assigned to one of three conditions: bilateral eye movements (BEMs), eye fixation with background movements (BDM), or eye fixation (Dot) control, each while recalling a moderately unpleasant memory and each followed by free association to the memory. Electroencephalography recordings were conducted on these participants during the 1-minute free association of the original memory after each of five administrations of the conditions. Results revealed only trend increases in Beta interhemispheric coherence following BEMs. However, statistically significant increases in Right Frontal Theta and Beta intrahemispheric coherences were found following BEMs, with similar trend increases for Left Frontal Theta and Beta and for Right Frontal Gamma. Cortical electrode maps are presented for these Beta coherence effects. Ratings of imagery vividness and emotional valence were collected after each set of eye movements plus free associations and showed a significant decrease across all conditions. Results are discussed within the context of a proposed integrated 2-stage cortical coherence model. Suggestions are made for future research, including investigation of possible implications for treatment of traumatic brain injury.