

RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

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 related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR—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 references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://library.nku.edu/emdr/emdr_data.php. A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: <http://www.trauma-pages.com/s/emdr-refs.php>. Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=43>.

Devilley, G. J., & Brown, L. (2011). The role of imagery rehearsal with and without eye movements in the creation of false memories. *Psychology, Crime & Law*. doi:10.1080/10683160903397524

Grant J. Devilly, Griffith University, School of Psychology, Mt Gravatt, QLD, Australia. E-mail: <g.devilley@griffith.edu.au>

ABSTRACT This study explored differences in recall accuracy following experimental manipulations of two elements specific to two common approaches to trauma treatment—inducing saccadic eye movements during imagery rehearsal (Eye Movement Desensitization and Reprocessing; EMDR) and imagery rehearsal without eye movements (Imaginal Exposure; IE). The study also looked into whether outcome was related to high suggestibility and distress characteristics. The sample consisted of 48 non-clinical adult participants. The results found no significant difference in false recalls between EMDR and IE. While the EMDR group did make more false recognitions, they also made more correct recalls than the IE group. In effect, those in the EMDR group appear to make more true recalls and more false recollections than those in the IE group. Irrespective of treatment condition, fewer positive words were recalled and recognized than neutral and trauma words. As well as all subjects displaying no avoidant encoding style for trauma words overall, we also noted no avoidant encoding style as a function of trauma history or treatment condition. Our results argue against the avoidant encoding hypothesis for those with a history of trauma and also suggest a lowered response criterion following EMDR.



El Khoury-Malhame, M., Lanteaume, L., Beetz, E. M., Roques, J., Reynaud, E., Samuelian, J. C., . . . Khalfa, S. (2011). Attentional bias in post-traumatic stress disorder diminishes after symptom amelioration. *Behaviour Research and Therapy*, 49(11), 796-801. doi:10.1016/j.brat.2011.08.006

Myriam El Khoury-Malhame, National Center for Scientific Research (CNRS), Mediterranean Institute for Cognitive Neuroscience (INCM, UMR 6193), CHU Timone Hospital, 13385 Marseille Cedex 5, France; Department of Neurosciences, Faculty of Life and Health Sciences, University of the Mediterranean, Aix Marseille 2, Marseille, France. E-mail: <myriam.khoury@gmail.com>

ABSTRACT BACKGROUND: Avoidance and hypervigilance to reminders of a traumatic event are among the main characteristics of post-traumatic stress disorder (PTSD). Attentional bias toward aversive cues in PTSD has been hypothesized as being part of the dysfunction causing etiology and maintenance of PTSD. The aim of the present study was to investigate the cognitive strategy underlying attentional bias in PTSD and whether normal cognitive processing is restored after a treatment suppressing core PTSD symptoms.

METHODS: Nineteen healthy controls were matched for age, sex and education to 19 PTSD patients. We used the emotional stroop and detection of target tasks, before and after an average of 4.1 sessions of eye movement desensitization and reprocessing (EMDR) therapy.

RESULTS: We found that on both tasks, patients were slower than controls in responding in the presence of emotionally negative words compared to neutral ones. After symptoms removal, patients no longer had attentional bias, and responded similarly to controls.

CONCLUSION: These results support the existence of an attentional bias in PTSD patients due to a disengagement difficulty. There was also preliminary evidence that the disengagement was linked to PTSD symptomatology. It should be further explored whether attentional bias and PTSD involve common brain mechanisms.



Farrell, D. P., Keenan, P. S., Ali, M. W., S. Bilal, Tareen, S. M., L. Keenan, & Rana, M. H. (2011). Training Pakistani mental health workers in EMDR in the aftermath of the 2005 earthquake in Northern Pakistan. *Counselling Psychology Quarterly*. doi:10.1080/09515070.2011.589599

Derek Farrell: School of Health and Population Sciences, College of Medical and Dental Sciences, University of Birmingham, Edgbaston, Birmingham, United Kingdom, B15 2TT, E-mail: <D.P.Farrell@bham.ac.uk>

ABSTRACT The primary objective of this article will focus predominantly upon EMDR as an evidence-based treatment intervention for psychological trauma. It outlines in particular an EMDR Humanitarian Assistance Training Programme that took place in Abbotabad and Rawalpindi in response to the Pakistan earthquake, 2005, in helping to train teams of mental health

workers in EMDR so as to enable them to treat psychological trauma symptoms of earthquake survivors. Results from two preliminary studies will be presented outlining the effectiveness of EMDR with two psychological trauma populations in Pakistan. This article also discusses the rationale for widening the trainings to different parts of Pakistan to include other significant traumas currently affecting some parts of the Pakistani population.



Hasanovic, M., Pajevic, I., Morgan, S., & Kravic, N. (2011). P03-140 - EMDR training for mental health therapists in postwar Bosnia-Herzegovina who work with psycho-traumatized population for increasing their psychotherapy capacities. *European Psychiatry*, 26, Supplement 1(0), 1309. doi:10.1016/S0924-9338(11)73014-0

M. Hassanovic. Department of Psychiatry, University Clinical Center Tuzla, Tuzla, Bosnia-Herzegovina, Hove, UK

ABSTRACT INTRODUCTION: After war 1992–1995 in Bosnia and Herzegovina (BH), whole population was highly psych-traumatized. Mental health therapists had no enough capacities to meet needs of population. They are permanently in need to increase their psychotherapy capacities. EMDR is a powerful, state-of-the-art treatment. Its effectiveness and efficacy has been validated by extensive research. National Institute for Clinical Excellence (NICE) recommended it as one of two trauma treatments of choice.

AIM: To describe non profit, humanitarian approach in sharing skills of Eye Movement Reprocessing and Desensitization (EMDR) to mental health therapists in BH from Humanitarian Assistance Program (HAP) of UK & Ireland.

METHOD: Authors described educational process considering the history of idea and its realization through training levels and process of supervision.

RESULTS: Highly skilled and internationally approved trainers from HAP UK & Ireland came four times to Psychiatry Department of University Clinical Center Tuzla in BH where they provided completed EMDR training for 24 trainees: neuro-psychiatrists, residents of neuro-psychiatry and psychologists from eight different health institutions from six different cities in BH. After finishing training process, trainees are obliged to practice their EMDR therapy in daily practice with real clients under the supervision process of HAP UK & Ireland trainers to become certified EMDR therapists. Regarding big physical distance between supervisors and trainees, supervision will be realized via Skype Internet technology

CONCLUSION: Psychotherapy capacities of mental health psychotherapists in postwar BH could be increased with enthusiastic help of EMDR trainers from HAP UK & Ireland.



Mehrotra, S., & Geng, W. E. I. (2011). EMDR in India. *Journal of Xihua University (Philosophy & Social Sciences)*, 2. doi:CNKI:SUN:CDSF.0.2011-02-000

Sushma Mehrotra, Translator: AIDS Control Department, Center for Disease Control, Ministry of Health, Dili, East Timor Island. W E I Geng, Center for Mental Health Services, Xihua University, Chengdu, Sichuan, 610039, China.

ABSTRACT After the earthquake in January 2001 in India, 40 trained EMDR Therapists participated in helping more than 1600 people. The symptoms of Post Traumatic Stress Disorder (PTSD) were observed both in children and adults; no gross disintegration of personality was noted. Through analyzing children's drawings, the study finds the relationship between individual emotions and traumatic impact on their psychological health. Although people who had suffered greater destruction and severe loss demonstrated greater emotional upheaval, people in the large residential areas mostly intact from the earthquake felt more insecure than those in severely destructed areas, due to the threat of further destruction.



Silverman, S. J. (2011). Effecting peak athletic performance with neurofeedback, interactive metronome®, and EMDR: A case study. *Biofeedback*, 39(1), 40-42.

Sanford J. Silverman, PhD, Center for Peak Performance, 10229 N. 92nd Street, Suite 101, Scottsdale, AZ 85258, E-mail: <info@peakperformanceaz.com>

ABSTRACT This case study chronicles the application and effects of a customized combination of therapies, including neurofeedback, Interactive Metronome® (IM), and Eye Movement Desensitization and Reprocessing (EMDR) created to help a professional athlete improve his brain function and performance. Brian, a 28-year-old professional baseball player, sought help for difficulty maintaining focus and concentration while playing baseball. He felt his challenges impeded his athletic performance, and he wanted to perform at the highest possible level during the upcoming spring training season. Brian's history combined with the results of a QEEG brain map led to a diagnosis of Attention Deficit Disorder–



EMDR & MINDFULNESS

Innovative 4 week LIVE Telecourse
Course offered on Wednesday evenings in January, 2012
& Tuesday Mornings in May, 2012
6.5 EMDRIA Credits

ONLY \$135.00 PER PARTICIPANT

- *Learn mindfulness and meditation practices to build affect tolerance and increase ego strength
- *Discuss the benefits of regular mindfulness practice for both clinician and client
- *Obtain practical knowledge of the neurobiological impact of EMDR and mindfulness practice
- *Discover ways to create effective, personalized mindfulness practices within the EMDR protocol
- *Gain methods to assist clients in developing self-assessment tools in between EMDR sessions.

Register at www.hopeenrichmentcenter.com under the "EMDRIA Training" tab.



Carrie Ann Cherep, MA, LCPC
EMDRIA Certified Clinician
www.hopeenrichmentcenter.com
708-448-7848

PAID ADVERTISEMENT

BioLateral Sound Recordings

Our CDs use left/right sound movement for *BILATERAL STIMULATION* for EMDR processing.
*****Now available as MP3 Downloads- Order online at: www.biolateral.com*****

Brainspotting: Phase 3 Training in Advanced Techniques
Boulder, CO January 20/21/22, 2012

Now Available Brainspotting Phase 1 DVD Training

www.Brainspotting.pro

Just Released: This is Your Brain on Sports: Beating Blocks, slumps and Performance Anxiety for Good, by David Grand and Alan Goldberg Purchase at www.Amazon.com

EARN 13 EMDRIA CREDITS! NATURAL FLOW DISTANCE LEARNING PROGRAM

EMOTIONAL HEALING AT WARP SPEED: THE POWER OF EMDR Book by David Grand Ph.D.

TO ORDER BY PHONE OR FOR OUR BROCHURE: CONTACT LAURIE DELANEY

TELEPHONE/FAX: 516-826-7996 E-MAIL: lauriedela@aol.com

Or mail to: BioLateral, 2415 Jerusalem Ave., Ste 105, Bellmore, NY 11710

WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS AND DISCOVER

PAID ADVERTISEMENT

Inattentive Type. The individualized treatment program for Brian included neurofeedback to lower theta activity and increase beta, IM to improve coordination and timing, and EMDR to address his feelings of anger and lack of self-confidence. At the conclusion of his training, Brian described feeling "clear-headed" and was able to focus his mind when needed. His timing and coordination improved, and he showed a positive attitude about playing baseball and felt confident that he would perform well at spring training.



van den Berg, D. P., & van der Gaag, M. (2011). Treating trauma in psychosis with EMDR: A pilot study. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(1), 664-671. doi:10.1016/j.jbtep.2011.09.011

David PG van den Berg, Parnassia Psychiatric Institute, Prinsegracht 63, 2512 EX Den Haag, The Netherlands. E-mail: <d.vandenberg@parnassia.nl>

ABSTRACT BACKGROUND: Initial studies have shown that posttraumatic stress disorder (PTSD) can be effectively treated in patients with a psychotic disorder. These studies however used adapted treatment protocols, avoided direct exposure to trauma related stimuli or preceded treatment with stabilizing techniques making treatment considerably longer in duration.

METHOD: An open trial in which adult subjects with a psychotic disorder and a comorbid PTSD (n = 27) received a maximum of six Eye Movement Desensitization and Reprocessing (EMDR) therapy sessions. PTSD symptoms, psychotic symptoms and additional symptoms were assessed at baseline and end-of-treatment.

RESULTS: The dropout rate was 18.5 percent (five subjects). Only five of the twenty-two completers (22.7%) still met criteria for PTSD

after treatment. PTSD symptoms, auditory verbal hallucinations, delusions, anxiety, depression, and self-esteem all improved significantly. Paranoid ideation and feelings of hopelessness did not improve significantly. Treatment did not lead to symptom exacerbation in subjects. There were no adverse events, such as suicide attempts, self-mutilation, aggressive behavior or admission to a general or psychiatric hospital.

CONCLUSIONS: This pilot study shows that a short EMDR therapy is effective and safe in the treatment of PTSD in subjects with a psychotic disorder. Treatment of PTSD has a positive effect on auditory verbal hallucinations, delusions, anxiety symptoms, depression symptoms, and self-esteem. EMDR can be applied to this group of patients without adapting the treatment protocol or delaying treatment by preceding it with stabilizing interventions.

