

Recent Articles on EMDR

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.

Balibey, H., & Balıkcı, A. (2013). Eye movement desensitization and reprocessing (EMDR) treatment at a patient diagnosed with post-traumatic stress disorder: Case report. *Düşünen Adam: The Journal of Psychiatry and Neurological Sciences*, 26(1), 96-101.

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ABSTRACT

Post-traumatic stress disorder (PTSD) is a psychiatric disorder that is characterised with autonomic, dysphoric and cognitive signs together with affective numbing, distressed reexperiencing and avoidance from previous traumatic events at a person who has encountered, lived or heard an excessive traumatic event. EMDR is a psychological method which has proven to be effective and it brings together elements of well established approaches such as psychodynamic, cognitive, behavioral and client-centered approaches. In this paper treatment process with Eye Movement Desensitization and Reprocessing (EMDR) of a case who shows signs of post-traumatic stress disorder after a car accident and the need for using this method by clinicians more frequent and widespread at post-traumatic stress disorder patients will be discussed.

Draijer, N., & Van Zon, P. (2013). Transference-Focused psychotherapy with former child soldiers: Meeting the murderous self. *Journal of Trauma & Dissociation*, 14(2), 170–183. doi:10.1080/15299732.2013.724339

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ABSTRACT

This article describes the application of transference-focused psychotherapy (TFP) to the treatment of former child soldiers suffering from dissociative identity disorder. It focuses on the problems with aggression faced in psychotherapy. TFP provides a

psychodynamic, object relations model to understand the aggression arising in psychotherapy, focusing on the transference and countertransference in the here and now of the therapeutic relationship. Aggression is considered an essential and vital inner dynamic aimed at autonomy, distancing, and the prevention of injury and dependency. In extremely traumatized patients there may be aggressive and oppressive inner parts that want total control—identifying with childhood aggressors—thus avoiding vulnerability. According to TFP it is vital that this aggression is addressed as belonging to the patients themselves in order to reach some form of integration, balance, and health. This is illustrated in a case description.

Farrell, D., & Keenan, P. (2013). Participants' experiences of EMDR training in the United Kingdom and Ireland. *Journal of EMDR Practice and Research*, 7(1), 2-16. doi:10.1891/1933-3196.7.1.2

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ABSTRACT

This research projects spans a 6-year period surveying 485 participants' experiences of eye movement desensitization and reprocessing (EMDR) training in the United Kingdom and Ireland between the periods of 2005 and 2011. This research used a mixed research methodology exploring EMDR training participants' application of EMDR within their current clinical practice. The rationale was to explore potential differences between EMDR-accredited and EMDR-nonaccredited clinicians in relation to retrospective reports of treatment. Results indicate that EMDR-accredited clinicians report better treatment outcomes. An argument is presented that EMDR has progressed from a convergent technique to a divergent psychotherapeutic approach. Consequently, the research explored whether current EMDR training is "fit for purpose". A comprehensive model for EMDR training is outlined, proposing the importance of developing more EMDR training in academic institutions.

Forgash, C., Leeds, A. M., Stramrood, C. A. I., & Robbins, A. (2013). Case consultation: Traumatized pregnant woman.

Journal of EMDR Practice and Research, 7(1), 45-49.
doi:10.1891/1933-3196.7.1.45

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ABSTRACT

Case consultation is a new regular feature in the *Journal of EMDR Practice and Research* in which a therapist requests assistance regarding a challenging case and responses are written by three experts. In this article, Amy Robbins, a certified eye movement desensitization and reprocessing (EMDR) therapist from Atlanta, Georgia, briefly describes a challenging case in which a pregnant woman seeks treatment for trauma suffered in a tornado. The clinician asks if it is advisable to provide EMDR treatment and what concerns she should be aware of. The first expert, Carol Forgash, provides some general information about pregnancy and psychotherapy and outlines considerations, concerns, and contraindications for proceeding with EMDR. She recommends that if treatment is chosen, the therapist proceed with a recent trauma protocol to specifically target the traumatic memories of the recent tornado. The second expert, Andrew Leeds, comments on the absence of randomized controlled trials (RCTs) or other scientific reports exploring the safety of EMDR treatment of pregnant women. He states that pregnant women with symptoms of post-traumatic stress should understand that there is a high probability that EMDR will improve maternal quality of life and that the risks of adverse effects on stability of pregnancy are probably low, but that these remain unknown. The third expert, Claire Stramrood, explains that the few case studies that evaluated EMDR during pregnancy have found positive effects but pertained to women with posttraumatic stress disorder (PTSD) following childbirth. She asserts that once obstetricians have been consulted, women have been informed about possible risks and benefits, and, given their informed consent, they should be able to choose to commence EMDR therapy during pregnancy.

Forman-Hoffman, V. L., Zolotor, A. J., McKeeman, J. L., Blanco, R., Knauer, S. R., Lloyd, S. W., . . . Viswanathan, M. (2013). Comparative effectiveness of interventions for children exposed to nonrelational traumatic events. *Pediatrics*. doi:10.1542/peds.2012-3846

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ABSTRACT

OBJECTIVES: To assess the effectiveness of interventions targeting traumatic stress among children exposed to nonrelational traumatic events (eg, accidents, natural disasters, war).

METHODS: We assessed research on psychological and pharmacological therapy as part of an Agency for Healthcare Research and Quality–commissioned comparative effectiveness review.

We conducted focused searches of Medline, Cochrane Library, Embase, PsycINFO, Cumulative Index to Nursing and Allied Health Literature, International Pharmaceutical Abstracts, and Web of Science. Two trained reviewers independently selected, extracted data from, and rated the risk of bias of relevant trials and systematic reviews. We used qualitative rather than quantitative analysis methods because of statistical heterogeneity, insufficient numbers of similar studies, and variation in outcome reporting. **RESULTS:** We found a total of 21 trials and 1 cohort study of medium or low risk of bias from our review of 6647 unduplicated abstracts. We generally did not find studies that attempted to replicate findings of effective interventions. In the short term, no pharmacotherapy intervention demonstrated efficacy, and only a few psychological treatments (each with elements of cognitive behavioral therapy) showed benefit. The body of evidence provides little insight into how interventions to treat children exposed to trauma might influence healthy long-term development. **CONCLUSIONS:** Our findings serve as a call to action: Psychotherapeutic intervention may be beneficial relative to no treatment in children exposed to traumatic events. Definitive guidance, however, requires far more research on the comparative effectiveness of interventions targeting children exposed to nonrelational traumatic events.

George, A., Thilly, N., Rydberg, J. A., Luz, R., & Spitz, E. (2013). Effectiveness of EMDR treatment in PTSD after childbirth: A randomized controlled trial protocol. *Acta Obstetrica Et Gynecologica Scandinavica*. doi:10.1111/aogs.12132

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ABSTRACT

A traumatic experience of childbirth is an important public health issue (1; 2). Approximately 1-2% of women suffer from post-traumatic stress disorder (PTSD) following childbirth (3). To date, no large research project has attempted to evaluate psychotherapeutic interventions for women suffering from PTSD after childbirth in a randomized controlled trial (4). Qualitative pilot studies and clinical expertise suggest that eye movement desensitization and reprocessing (EMDR) treatment is a highly successful psychotherapy for women suffering from traumatic birth.

James, S., Alemi, Q., & Zepeda, V. (2013). Effectiveness and implementation of evidence-based practices in residential care settings. *Children and Youth Services Review*, 35(4), 642-656. doi:10.1016/j.childyouth.2013.01.007

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ABSTRACT

Purpose: Prompted by calls to implement evidence-based practices (EBPs) into residential care settings (RCS), this review addresses three questions: (1) Which EBPs have been tested with children and youth within the context of RCS? (2) What is the evidence for their effectiveness within such settings? (3) What implementation issues arise when transporting EBPs into RCS?

Methods: Evidence-based psychosocial interventions and respective outcome studies, published from 1990-2012, were identified through a multi-phase search process, involving the review of four major clearinghouse websites and relevant electronic databases. To be included, effectiveness had to have been previously established through a comparison group design regardless of the setting, and interventions tested subsequently with youth in RCS. All outcome studies were evaluated for quality and bias using a structured appraisal tool.

Results: Ten interventions matching a priori criteria were identified: Adolescent Community Reinforcement Approach, Aggression Replacement Training, Dialectical Behavioral Therapy, Ecologically-Based Family Therapy, Eye Movement and Desensitization Therapy, Functional Family Therapy, Multimodal Substance Abuse Prevention, Residential Student Assistance Program, Solution-Focused Brief Therapy, and Trauma Intervention Program for Adjudicated and At-Risk Youth. Interventions were tested in 13 studies, which were conducted in different types of RCS, using a variety of study methods. Outcomes were generally positive, establishing the relative effectiveness of the interventions with youth in RCS across a range of psychosocial outcomes. However, concerns about methodological bias and confounding factors remain. Most studies addressed implementation issues, reporting on treatment adaptations, training and supervision, treatment fidelity and implementation barriers.

Conclusion: The review unearthed a small but important body of knowledge that demonstrates that EBPs can be implemented in RCS with encouraging results.

Jarero, I., Roque-Lopez, S., & Gomez, J. (2013). The provision of an EMDR-based multicomponent trauma treatment with child victims of severe interpersonal trauma. *Journal of EMDR Practice and Research*, 7(1), 17-28. doi:10.1891/1933-3196.7.1.17

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ABSTRACT

This study evaluated a multicomponent phase-based trauma treatment approach for 34 children who were victims of severe interpersonal trauma (e.g., rape, sexual abuse, physical and emotional violence, neglect, abandonment). The children attended a week-long residential psychological recovery camp, which provided resource building experiences, the eye movement desensitization and reprocessing integrative group treatment protocol (EMDR-IGTP),

and one-on-one EMDR intervention for the resolution of traumatic memories. The individual EMDR sessions were provided for 26 children who still had some distress about their targeted memory following the EMDR-IGTP. Results showed significant improvement for all the participants on the child's reaction to traumatic events scale (CRTES) and the short PTSD rating interview (sprint), with treatment results maintained at follow-up. More research is needed to assess the EMDR-IGTP and the one-on-one EMDR intervention effects as part of a multimodal approach with children who have suffered severe interpersonal trauma.

Imel, Z. E., Laska, K., Jakupcak, M., & Simpson, T. L. (2013). Meta-Analysis of dropout in treatments for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology*. doi:10.1037/a0031474

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ABSTRACT

Objective: Many patients drop out of treatments for posttraumatic stress disorder (PTSD); some clinicians believe that trauma-focused treatments increase dropout.

Method: We conducted a meta-analysis of dropout among active treatments in clinical trials for PTSD (42 studies; 17 direct comparisons).

Results: The average dropout rate was 18%, but it varied significantly across studies. Group modality and greater number of sessions, but not trauma focus, predicted increased dropout. When the meta-analysis was restricted to direct comparisons of active treatments, there were no differences in dropout. Differences in trauma focus between treatments in the same study did not predict dropout. However, trauma-focused treatments resulted in higher dropout compared with present-centered therapy (PCT), a treatment originally designed as a control but now listed as a research-supported intervention for PTSD.

Conclusion: Dropout varies between active interventions for PTSD across studies, but variability is primarily driven by differences between studies. There do not appear to be systematic differences across active interventions when they are directly compared in the same study. The degree of clinical attention placed on the traumatic event does not appear to be a primary cause of dropout from active treatments. However, comparisons of PCT may be an exception to this general pattern, perhaps because of a restriction of variability in trauma focus among comparisons of active treatments. More research is needed comparing trauma-focused interventions to trauma-avoidant treatments such as PCT.

James, S., Alemi, Q., & Zepeda, V. (2013). Effectiveness and implementation of evidence-based practices in residential care settings. *Children and Youth Services Review*. doi:10.1016/j.childyouth.2013.01.007

Sigrid James, Loma Linda University, Department of Social Work and Social Ecology, Loma Linda, CA 92350. E-mail: ssjames@llu.edu

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Conclusion: The review unearthed a small but important body of knowledge that demonstrates that EBPs can be implemented in RCS with encouraging results.

Joseph, S., & Murphy, D. (2013). Trauma: A unifying concept for social work. *British Journal of Social Work*. doi:10.1093/bjsw/bcs207

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ABSTRACT

The aim is to show how traumatic stress provides a unifying concept for social work. In the last ten years, there have been significant changes in the nature of organisations that provide social care for people in the UK, with social work practice no longer confined to traditional local authority services. Increasingly, social workers are taking up posts in a variety of settings and sectors

demanding new knowledge and skills. The field of traumatic stress is not currently viewed as a social work discipline. However, trauma cuts across a range of contexts and client groups and, as such, needs to be a core component of education and training in social work. The concept of trauma and recent developments in post-traumatic growth offer a new way of thinking that necessitates the development of genuinely psycho-social and relationship-based help and support for individuals, families, groups, communities and organisations affected by adversity.

Laker, M. (2013). Specific phobia: Flight. *ANS: The Journal for Neurocognitive Research*, 54(3-4).

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ABSTRACT

The practice of air travel holds a unique place in modern human life. With the continually shrinking and interconnected world, full global mobility becomes increasingly important for a fully functional life for continually increasing numbers of people. However, while prevalence estimates vary it is undeniable that the fear of flying affects a very large number of people with consequences that are



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personal, professional, and aggregate economical. Although effective treatments do exist, the disorder's high prevalence in both clinical and sub-clinical forms, "diagnostic trickiness", and requirement for time-consuming treatments make the disorder Aviphobia a continuing challenge.

Landin-Romero, R., Novo, P., Vicens, V., McKenna, P. J., Santed, A., Pomarol-Clotet, E., . . . Amann, B. L. (2013). EMDR therapy modulates the default mode network in a subsyndromal, traumatized bipolar patient. *Neuropsychobiology*, 67(3), 181-4. doi:10.1159/000346654

FIDMAG Research Foundation Germanes Hospitalàries, Barcelona, Spain.

ABSTRACT

Background: Some functional imaging abnormalities found in bipolar disorder are state related, whereas others persist into euthymia. It is uncertain to what extent these latter changes may reflect continuing subsyndromal affective fluctuations and whether those can be modulated by therapeutic interventions.

Method: We report functional magnetic resonance imaging (fMRI) findings during performance of the n-back working memory task in a bipolar patient who showed a marked improvement in subsyndromal affective symptoms after receiving eye movement desensitization and reprocessing (EMDR) therapy in the context of a clinical trial.

Results: The patient's clinical improvement was accompanied by marked changes in functional imaging, as compared to 30 healthy subjects. fMRI changes were noted particularly in deactivation, with failure of deactivation in the medial frontal cortex partially normalizing after treatment.

Conclusions: This case supports the potential therapeutic overall benefit of EMDR in traumatized bipolar patients and suggests a possible neurobiological mechanism of action: normalization of default mode network dysfunction.

Mabey, L., & van Servellen, G. (2013). Treatment of post-traumatic stress disorder in patients with severe mental illness: A review. *International Journal of Mental Health Nursing*. doi:10.1111/inm.12007

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ABSTRACT

Although the prevalence of post-traumatic stress disorder (PTSD) is high among those with severe mental illness, little is known about the use of interventions to lessen the burden of PTSD in this population. Currently, there are limited data about safe and effective interventions to treat these individuals. This systematic

published work review presents the scientific published work reporting studies of psychological treatment approaches for individuals with comorbid PTSD and severe mental illness. A secondary aim of this study was to identify the specific models implemented and tested, and their impact upon patient outcomes. A review of the published work from January 2001 through January 2012 of English-language publications retrieved from the Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, and the American Psychological Association generated abstracts (PsycINFO) databases was conducted. Six studies met the inclusion criteria for the review. The treatment programs described were cognitive-behavioural therapy, psychoeducation, exposure-based cognitive-behavioural therapy, and eye movement desensitization and reprocessing. Evidence of the effectiveness of these programs is examined. Data to support the use of these interventions are limited, indicating the need for further research and efficacy trials. Future areas of research and implications for nursing are discussed.

Norgate, K. (2012). EMDR for post-traumatic stress and other psychological trauma. *Nursing Times*, 108(44), 24-6.

Child and Adolescent Mental Health Service, Central Manchester University Hospitals Foundation Trust.

ABSTRACT

The practice of air travel holds a unique place in modern human life. With the continually shrinking and interconnected world, full global mobility becomes increasingly important for a fully functional life for continually increasing numbers of people. However, while prevalence estimates vary it is undeniable that the fear of flying affects a very large number of people with consequences that are personal, professional, and aggregate economical. Although effective treatments do exist, the disorder's high prevalence in both clinical and sub-clinical forms, "diagnostic trickiness", and requirement for time-consuming treatments make the disorder Aviphobia a continuing challenge.

Pagani, M., Hogberg, G., Fernandez, I., & Siracusano, A. (2013). Correlates of EMDR therapy in functional and structural neuroimaging: A critical summary of recent findings. *Journal of EMDR Practice and Research*, 7(1), 29-38. doi:10.1891/1933-3196.7.1.29

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ABSTRACT

Neuroimaging investigations of the effects of psychotherapies treating posttraumatic stress disorder (PTSD), including eye movement desensitization and reprocessing (EMDR), have reported findings consistent with modifications in cerebral blood flow (CBF; single photon emission computed tomography [SPECT]), in neuronal volume and density (magnetic resonance imaging

[MRI]), and more recently in brain electric signal (electroencephalography [EEG]). Additionally in the recent past, EMDR-related neurobiological changes were monitored by EEG during therapy itself and showed a shift of the maximal activation from emotional limbic to cortical cognitive brain regions. This was the first time in which neurobiological changes occurring during any psychotherapy session have been reported, making EMDR the first psychotherapy with a proven neurobiological effect. The purpose of this article was to review the results of functional and structural changes taking place at PTSD treatment and presented during the period of 1999-2012 by various research groups. The reported pathophysiological changes are presented by neuropsychological technique and implemented methodology and critically analyzed.

Park, S. C., Park, Y. C., Lee, M. S., & Chang, H. S. (2012). Plasma brain-derived neurotrophic factor level may contribute to the therapeutic response to eye movement desensitization and reprocessing in complex post-traumatic stress disorder: A pilot study. *Acta Neuropsychiatrica*, 24(6), 384-386. doi:10.1111/j.1601-5215.2011.00623.x

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ABSTRACT

This study assessed the potential of levels of brain-derived neurotrophic factor (BDNF) and nerve growth factor (NGF) as biological predictors of eye movement desensitization and reprocessing (EMDR) responses in complex post-traumatic stress disorder (PTSD). Before and after eight-session EMDR, plasma levels of BDNF and NGF were obtained for eight men with complex PTSD. The results suggest that plasma BDNF levels, which are implicated in vulnerability to depression, may contribute to the therapeutic response to EMDR. The authors concluded that BDNF level might contribute to the therapeutic responsiveness to EMDR in complex PTSD.

Rauch, S. A. M., Eftekhari, A., & Ruzek, J. I. (2012). Review of exposure therapy: A gold standard for PTSD treatment. *Journal of Rehabilitation Research and Development*, 49(5), 679-688. doi:10.1682/JRRD.2011.08.0152

Full text available at: <http://www.rehab.research.va.gov/jour/2012/495/pdf/rauch495.pdf>

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ABSTRACT

Prolonged exposure (PE) is an effective first-line treatment for posttraumatic stress disorder (PTSD), regardless of the type of trauma, for Veterans and military personnel. Extensive research and clinical practice guidelines from various organizations support this conclusion. PE is effective in reducing PTSD symptoms and has also demonstrated efficacy in reducing comorbid issues

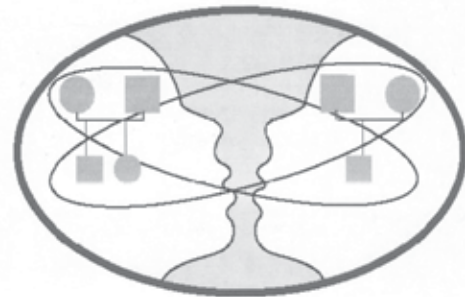
such as anger, guilt, negative health perceptions, and depression. PE has demonstrated efficacy in diagnostically complex populations and survivors of single- and multiple-incident traumas. The PE protocol includes four main therapeutic components (i.e., psychoeducation, in vivo exposure, imaginal exposure, and emotional processing). In light of PE's efficacy, the Veterans Health Administration designed and supported a PE training program for mental health professionals that has trained over 1,300 providers. Research examining the mechanisms involved in PE and working to improve its acceptability, efficacy, and efficiency is underway with promising results.

Regehr, C., Alaggia, R., Dennis, J., Pitts, A., & Saini, M. (2013). Interventions to reduce distress in adult victims of rape and sexual violence: A systematic review. *Research on Social Work Practice*. doi:10.1177/1049731512474103

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ABSTRACT

Objectives: This article presents a systematic evaluation of the effectiveness of interventions aimed at reducing distress in adult victims of rape and sexual violence.



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Method: Studies were eligible for the review if the assignment of study participants to experimental or control groups was by random allocation or parallel cohort design.

Results: Six studies including 405 participants met eligibility criteria. Meta-analyses revealed that specific cognitive and behavioral interventions (cognitive-processing therapy, prolonged exposure therapy, and eye movement desensitization reprocessing) had a statistically significant effect on posttraumatic stress disorder and depression symptoms in comparison to the control groups. Other outcomes that had demonstrated improvement included anxiety, guilt, and dissociation.

Conclusion: Many studies assessing the effectiveness of interventions for decreasing trauma symptoms combine victims of sexual violence in adulthood with other trauma-based samples despite the profound differences in these experiences. This review again points to the need for increased research that focuses specifically on the effectiveness of treatment models for adult victims of sexual violence.

Regourd-Laizeau, M., Martin-Krumm, C., & Tarquinio, C. (2012). Interventions dans le domaine du sport: Le protocole d'optimisme. [Interventions in the field of sport: Protocol of optimism.]. *Pratiques Psychologiques*. doi:10.1016/j.prps.2012.02.001

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ABSTRACT

Optimism can be envisaged according to various approaches. It is possible to envisage it according to a direct point of view as, for example, the proposition of Carver and Scheier (1982) and the concept of dispositional optimism. It is also possible to envisage an indirect point of view as Abramson et al. (1978) and the concept of optimistic explanatory style. Whatever is the reserved option, the optimism is mainly associated with beneficial effects, and what whatever the contexts are: health, workplace, school, or sports performance. Consequently, techniques intended to increase the level of optimism became crucial in various domains and have been finalized. The main contribution of this article is to present some of these techniques and to develop more precisely the contribution of the eye movement desensitization and reprocessing (EMDR) in the development of an optimistic explanatory style in the field of sports. Limits but also promising perspectives are discussed.

Rooijmans, J., Rosenkamp, N. H. G., Verholt, P., & Visscher, R. A. (2012). The effect of eye movements on craving, pleasantness and vividness in smokers. *Social Cosmos*, 3(2), 200-214.

Full text available at: <http://socialcosmos.library.uu.nl/index.php/sc/article/view/62>

ABSTRACT

The presence of craving is an important factor in continuing smoking. Following the Elaborated Intrusion (EI) theory of Desire, craving is effective through the formation of smoking-related mental images. In the current study, craving was generated through the use of a future personal smoking-related image. Eye movements were observed in accordance with the Eye Movement Desensitization Reprocessing (EMDR) intervention. The effect of these eye movements on craving was investigated. In addition, the effect of eye movements on the pleasantness and vividness of the image was examined. 36 participants took part in a within-subjects design with repeated measures. In line with expectations, perceived craving decreased immediately after the experimental condition (eye movements) was experienced. This decrease was not found in the control condition (fixation on a plain wall). After recall of the smoking-related image, the extra measurement showed that the decrease was temporary. Contrary to expectations, the degree of pleasantness and vividness did not decrease after eye movements. In conclusion, the eye movements were found to have only a temporary effect on craving for cigarettes, and did not result in desensitization of the pleasantness and vividness of the personal smoking-related images.

Schoenfeld, F. B., DeViva, J. C., & Manber, R. (2012). Treatment of sleep disturbances in posttraumatic stress disorder: A review. *J Rehabil Res Dev*, 49(5), 729-52. doi:10.1682/JRRD.2011.09.0164

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ABSTRACT

Sleep disturbances are among the most commonly reported posttraumatic stress disorder (PTSD) symptoms. It is essential to conduct a careful assessment of the presenting sleep disturbance to select the optimal available treatment. Cognitive-behavioral therapies (CBTs) are at least as effective as pharmacologic treatment in the short-term and more enduring in their beneficial effects. Cognitive-behavioral treatment for insomnia and imagery rehearsal therapy have been developed to specifically treat insomnia and nightmares and offer promise for more effective relief of these very distressing symptoms. Pharmacotherapy continues to be an important treatment choice for PTSD sleep disturbances as an adjunct to CBT, when CBT is ineffective or not available, or when the patient declines CBT. Great need exists for more investigation into the effectiveness of specific pharmacologic agents for PTSD sleep disturbances and the dissemination of the findings to prescribers. The studies of prazosin and the findings of its effectiveness for PTSD sleep disturbance are examples of studies of pharmacologic agents needed in this area. Despite the progress made in developing more specific treatments for sleep disturbances in PTSD, insomnia and nightmares may not fully resolve.

Shapiro, R., Hofmann, A., & Grey, E. (2013). Case consultation: Unremitting depression. *Journal of EMDR Practice and Research*, 7(1), 39-44. doi:10.1891/1933-3196.7.1.39

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ABSTRACT

Case Consultation is a new regular feature in the *Journal of EMDR Practice and Research*. In this article, an eye movement desensitization and reprocessing (EMDR) clinician briefly describes a challenging case in which a man, "George," was referred for EMDR for treatment of a depression that began more than 2 years previously. After all his reported traumatic memories were completely processed with EMDR, George remains severely depressed and the therapist asks how to proceed effectively with treatment. Responses are written by three experts. The first expert, Robin Shapiro, describes a comprehensive list of possible etiologies, including attachment, early trauma, genetic, and other biological causes and their appropriate EMDR, ego state, or medical treatments. The second expert, Arne Hofmann, reviews the treatment that was provided and makes suggestions for alternate treatment targets, suggesting that the therapist could address the client's belief that "nothing will change" and try the EMDR inverted protocol. The third expert, Earl Grey, recommends that the clinician focus on addressing small "t" traumas, even if the client indicates that he or she has little to no disturbance and explains how to develop and implement a "restorative life span target sequence."

Shapiro, F. (2013). The case: Treating Jared through Eye Movement Desensitization and Reprocessing therapy. *Journal of Clinical Psychology*. doi:10.1002/jclp.21986

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ABSTRACT

No abstract was available for this article.

Smith, P., Perrin, S., Dalgleish, T., Meiser-Stedman, R., Clark, D. M., & Yule, W. (2013). Treatment of posttraumatic stress disorder in children and adolescents. *Current Opinion in Psychiatry*, 26(1), 66-72. doi:10.1097/YCO.0b013e32835b2c01

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ABSTRACT

Purpose of review: We review recent evidence regarding risk factors

for childhood posttraumatic stress disorder (PTSD) and treatment outcome studies from 2010 to 2012 including dissemination studies, early intervention studies and studies involving preschool children.

Recent findings: Recent large-scale epidemiological surveys confirm that PTSD occurs in a minority of children and young people exposed to trauma. Detailed follow-up studies of trauma-exposed young people have investigated factors that distinguish those who develop a chronic PTSD from those who do not, with recent studies highlighting the importance of cognitive (thoughts, beliefs and memories) and social factors. Such findings are informative in developing treatments for young people with PTSD. Recent randomized controlled trials (RCTs) confirm that trauma-focused cognitive behaviour therapy (TF-CBT) is a highly efficacious treatment for PTSD, although questions remain about effective treatment components. A small number of dissemination studies indicate that TF-CBT can be effective when delivered in school and community settings. One recent RCT shows that TF-CBT is feasible and highly beneficial for very young preschool children. Studies of early intervention show mixed findings.

Summary: Various forms of theory-based TF-CBT are highly effective in the treatment of children and adolescents with PTSD. Further work is needed to replicate and extend initial promising outcomes of TF-CBT for very young children. Dissemination studies and early intervention studies show mixed findings and further work is needed.

Spence, J., Titov, N., Johnston, L., Dear, B. F., Wootton, B., Terides, M., & Zou, J. (2013). Internet-delivered eye movement desensitization and reprocessing (iEMDR): An open trial. *F1000Research*, 2.

Full text available at: <http://f1000research.com/articles/2-79>

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ABSTRACT

Recent research indicates internet-delivered cognitive behavioural therapy (iCBT) can reduce symptoms of post traumatic stress disorder (PTSD). This study examined the efficacy of an internet-delivered treatment protocol that combined iCBT and internet-delivered eye movement desensitization and reprocessing (iEMDR), in an uncontrolled trial. Eleven of the 15 participants completed post-treatment questionnaires. Large effect sizes were found from pre-treatment to 3-month follow-up ($d = 1.03 - 1.61$) on clinician-assessed and self-reported measures of PTSD, anxiety and distress, with moderate effect sizes ($d = 0.59 - 0.70$) found on measures of depression and disability. At post-treatment, 55% of the participants no longer met criteria for PTSD and this was sustained at follow-up. Symptom worsening occurred in 3 of 15 (20%) of the sample from pre- to post-treatment; however, these participants reported overall symptom improvement by follow-up. Future research directions for iEMDR are discussed.

Zarghi, A., Zali, A., & Tehranidost, M. (2013). Eye movement desensitization and reprocessing (EMDR) as a neurorehabilitation method. *Basic and Clinical Neuroscience*, 4(1), 19-20.

ABSTRACT

A variety of nervous system components such as medulla, pons, midbrain, cerebellum, basal ganglia, parietal, frontal and occipital lobes have role in Eye Movement Desensitization and Reprocessing (EMDR) processes. The eye movement is done simultaneously for attracting client's attention to an external stimulus while concentrating on a certain internal subject. Eye movement guided by therapist is the most common attention stimulus. The role of eye movement has been documented previously in relation with cognitive processing mechanisms. A series of systemic experiments have shown that the eyes' spontaneous movement is associated with emotional and cognitive changes and results in decreased excitement, flexibility in attention, memory processing, and enhanced semantic recalling. Eye movement also decreases the memory's image clarity and the accompanying excitement. By using EMDR, we can reach some parts of memory which were inaccessible before and also emotionally intolerable. Various researches emphasize on the effectiveness of EMDR in treating and curing phobias, pains, and dependent personality disorders. Consequently, due to the involvement of multiple neural system components, this palliative method of treatment can also help to rehabilitate the neuro-cognitive system.

Thomaes, K., Dorrepaal, E., Draijer, N., de Ruyter, M. B., Elzinga, B. M., van Balkom, A. J., . . . Veltman, D. J. (2012). Treatment effects on insular and anterior cingulate cortex activation during classic and emotional stroop interference in child abuse-related complex post-traumatic stress disorder. *Psychological Medicine*, 1-13. doi:10.1017/S0033291712000499

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ABSTRACT

Background: Functional neuroimaging studies have shown increased Stroop interference coupled with altered anterior cingulate cortex (ACC) and insula activation in post-traumatic stress disorder (PTSD). These brain areas are associated with error detection and emotional arousal. There is some evidence that treatment can normalize these activation patterns.

Method: At baseline, we compared classic and emotional Stroop performance and blood oxygenation level-dependent responses (functional magnetic resonance imaging) of 29 child abuse-related complex PTSD patients with 22 non-trauma-exposed healthy controls. In 16 of these patients, we studied treatment effects of psycho-educational and cognitive behavioural stabilizing group treatment (experimental treatment; EXP) added to treatment as usual (TAU) versus TAU only, and correlations with clinical improvement.

Results: At baseline, complex PTSD patients showed a trend for

increased left anterior insula and dorsal ACC activation in the classic Stroop task. Only EXP patients showed decreased dorsal ACC and left anterior insula activation after treatment. In the emotional Stroop contrasts, clinical improvement was associated with decreased dorsal ACC activation and decreased left anterior insula activation.

Conclusions: We found further evidence that successful treatment in child abuse-related complex PTSD is associated with functional changes in the ACC and insula, which may be due to improved selective attention and lower emotional arousal, indicating greater cognitive control over PTSD symptoms

Tynes, L. L., & Spiegel, J. C. (2013). Considerations in comorbid irritable bowel syndrome and fibromyalgia: A case report and review. *University of Toronto Medical Journal*, 90(2), 40-42.

Full text available from: <http://utmj.org/ojs/index.php/UTMJ/article/view/1483/1289>

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ABSTRACT

Medically unexplained physical symptoms (MUPS) are those without relevant organic pathology and are commonplace in primary care and specialty medical care settings. MUPS disorders include fibromyalgia (FM), irritable bowel syndrome (IBS), multiple chemical sensitivity, chronic fatigue syndrome, and others. The etiologies of FM and IBS are poorly understood and are likely multifactorial and complex. Common factors include symptom hypersensitivity or amplification, hypothalamic-pituitary-adrenal axis perturbation, and genetic vulnerability. A sexual abuse history may play a role as well. Significant comorbidity exists between IBS and FM. Patients with both disorders have more physical and psychiatric symptoms than those with only one disorder. FM and IBS can generally be diagnosed with a careful history and physical exam combined with judicious use of laboratory studies. Treatment is symptomatic and includes addressing psychiatric issues with medications, non-medication therapies, and supportive, caring attitudes.

Udo, I., & Gash, A. (2012). Challenges in management of complex panic disorder in a palliative care setting. *BMJ Case Reports*, 2012. doi:10.1136/bcr-2012-006800

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ABSTRACT

This is a complex case of post-traumatic stress disorder (PTSD) with comorbid panic disorder occurring in a woman in her mid-60s, with a family history of neurotic illness. PTSD arose in the context

of treatment for terminal lung cancer. This patient who had been close to her father watched him die of cancer, when he was about her age. Her diagnosis and treatment prompted traumatic recollections of her father's illness and death that resulted in her voluntary withdrawal from cancer treatment. The goals of treatment were to promptly reduce anxiety, minimise use of sedating pharmacotherapy, promote lucidity and prolong anxiety-free state thereby allowing time for important family interactions. Prompt, sustained relief of severe anxiety was necessary to achieve comfort at the end of life. Skilled additions of psychological therapies (eye movement desensitisation reprocessing, clinical hypnosis and breathing exercises) with combined pharmacotherapy (mirtazepine and quetiapine) led to control of anxiety and reduction of post-traumatic stress.

Wright, S. A., & Russell, M. C. (2012). Treating violent impulses: A case study utilizing eye movement desensitization and reprocessing with a military client. *Clinical Case Studies*. doi:10.1177/1534650112469461

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ABSTRACT

The growing attention to acts of interpersonal violence and misconduct among military members has accompanied a host of research investigating the nature and causes associated with these behaviors. As such, a robust body of literature exists lending insight into risk factors and clinical presentations associated with anger and aggression; however, such factors are multidimensional and complex, particularly for those suffering with war stress injuries. Furthermore, mental health stigma and treatment compliance with exposure and cognitive-based models, particularly in clients with aggressive presentations, can impact successful outcomes. One active-duty marine was referred to an outpatient mental health clinic for the treatment of posttraumatic stress disorder (PTSD). Four sessions of eye movement desensitization and reprocessing (EMDR) were used to significantly reduce obsessive violent impulses, traumatic grief, and depression. The benefit of EMDR therapy as a treatment for violent impulses is explored. The results are promising, but more research is needed.

Zantvoord, J. B., Diehle, J., & Lindauer, R. J. (2013). Using neurobiological measures to predict and assess treatment outcome of psychotherapy in posttraumatic stress disorder: Systematic review. *Psychotherapy and Psychosomatics*, 82(3), 142-151. doi:10.1159/000343258

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ABSTRACT

Background: Trauma-focused cognitive-behavioral therapy (TF-CBT) and eye movement desensitization and reprocessing

(EMDR) are effective treatments for posttraumatic stress disorder. However, little is known about their neurobiological effects. The usefulness of neurobiological measures to predict the treatment outcome of psychotherapy also has yet to be determined. Methods: Systematic review of randomized controlled trials (RCTs) focused on neurobiological treatment effects of TF-CBT or EMDR and trials with neurobiological measures as predictors of treatment response. Results: We included 23 publications reporting on 16 separate trials. TF-CBT was compared with a waitlist in most trials. TF-CBT was associated with a decrease in heart rate and blood pressure and changes in activity but not in volume of frontal brain structures and the amygdala. Neurobiological changes correlated with changes in symptom severity. EMDR was only tested against other active treatments in included trials. We did not find a difference in neurobiological treatment effects between EMDR and other treatments. Publications on neurobiological predictors of treatment response showed ambiguous results. Conclusion: TF-CBT was associated with a reduction of physiological reactivity. There is some preliminary evidence that TF-CBT influences brain regions involved in fear conditioning, extinction learning and possibly working memory and attention regulation; however, these effects could be nonspecific psychotherapeutic effects. Future trials should use paradigms aimed specifically at these brain regions and physiological reactivity. There are concerns regarding the risk of bias in some of the RCTs, indicating that methodologically more rigorous trials are required. Trials with neurobiological measures as predictors of treatment outcome render insufficient results to be useful in clinical practice.

Taghva, A., Oluigbo, C., Corrigan, J., & Rezai, R. (2013). Posttraumatic stress disorder: Neurocircuitry and implications for potential deep brain stimulation. *Stereotactic and Functional Neurosurgery*, 91(4), 207-219. doi:10.1159/000343148

Full text or PDF available at: <http://www.karger.com/Article/Fulltext/343148#SA4>

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ABSTRACT

Posttraumatic stress disorder (PTSD) is a prevalent and highly disabling psychiatric disorder that is notoriously difficult to treat. At some point in their lifetimes, 5-8% of men, 10-14% of women, and up to a quarter of combat veterans carry this diagnosis. Despite pharmacological and behavioral therapies, up to 30% of patients are still symptomatic 10 years after initial diagnosis. Recent advances in imaging have implicated changes in the limbic and autonomic corticostriatopallidothalamocortical (CSPTC) circuitry in the pathogenesis of this disease. Deep brain stimulation modulates CSPTC circuits in movement and other neuropsychiatric disorders. In this review, we discuss the salient clinical features and neurocircuitry of PTSD and propose a neuromodulation strategy for the disorder. ❖