RECENT ARTICLES ON EMDR

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This regular column appears in each quarterly issue of the EMDRIA 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, 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 listing of all published journal articles related to EMDR from 2004 and prior years can be found on David Baldwin's award winning web site at: <http://www.trauma-pages.com/emdr-2003.htm>.

Recent Articles

Adler-Nevo, G. and K. Manassis (2005). "Psychosocial treatment of pediatric posttraumatic stress disorder: the neglected field of single-incident trauma." Depression and Anxiety. 2005 Sep 22; [Epub ahead of print]

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❖ *Abstract* ❖ Despite the prevalence of childhood trauma, studies regarding psychotherapy for children suffering from posttraumatic stress disorder (PTSD) are scarce, especially regarding the treatment for pediatric PTSD following single-incident trauma. Treatment practices for this population rely mainly on the paradigms of therapy for adult PTSD and pediatric PTSD following sexual abuse. This review outlines the studies published in the last 10 years pertaining to the treatment of pediatric PTSD following single-incident trauma. This is done in the context of available literature on the paradigms mentioned above. Of 742 articles dealing with treatment of pediatric trauma, 10 were found relevant to the treatment of pediatric PTSD following single-incident trauma. The modalities of treatment most frequently reported in this context were cognitive-behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and play therapy. As a whole, CBT studies were methodologically more rigorous, used manualized, reproducible treatment, and were group, school-based therapies. EMDR treatments were usually short and individual. Most studies showed statistically significant improvement but were still methodologically lacking. We conclude that research on the subject of treatment for pediatric PTSD following single-incident trauma constitutes a neglected part of the study of pediatric PTSD. This stands in contrast to the obvious prevalence of this type of trauma. We encourage future research that will address issues such as clarifying the role of pharmacotherapy, comparing different modes of treatment, dismantling treatment "packages," researching developmentally sensitive treatments, conducting long-term follow-up, and comparing different PTSD populations.

Diseth, T. H. and H. J. Christie (2005). "Trauma-related dissociative (conversion) disorders in children and adolescents - an overview of assessment tools and treatment principles." Nord J Psychiatry **59**(4): 278-92.

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❖ *Abstract* ❖ A high proportion of patients in child and adolescent psychiatry with significant dissociative symptomatology after early childhood traumatization may go undiagnosed, be wrongly diagnosed and/or inappropriately treated. The diagnostics and treatment of dissociative disorders have been limited by lack of comprehensive, reliable and valid instruments and the ongoing polarization and fierce controversy regarding treatment. However, recent neurobiological findings of neurochemical, functional and structural cerebral consequences of early stressful childhood experiences point out a need for active, early and effective identification and treatment interventions. We present an update on assessment tools available in the Nordic countries, and an overview of different appropriate therapeutic intervention models for children and adolescents. A systematic overview of studies of dissociation in children and adolescent published over the last decade disclosed a total of 1019 references. The 465 papers describing aspects of assessment tools and/or treatment were studied in detail. Reliable and valid screening questionnaires and diagnostic interviews for children and adolescents now allow for effective early identification of dissociative disorders. A combination of individual psychotherapy, pharmacotherapy and family therapy are often required to handle dissociative disorders in children and adolescents. Cognitive-behavioural therapy, hypnotherapy, Eye-Movement Desensitization-Reprocessing (EMDR), psychodynamic therapy and an integrated approach are the main described psychotherapeutic approaches, but treatment of dissociation in children and adolescent does not require allegiance to any one particular treatment model. However, achievement of physical safety by providing a safe environment is a primary goal that supersedes any other therapeutic work. Assessments tools are now available, and appropriate therapeutic intervention models may hopefully contribute to reduce the risk of wrong diagnoses and inappropriate treatment of dissociative symptomatology in children and adolescents. However, controlled clinical trials of the various interventions and longitudinal outcome studies are needed.

Freyberger, H. J. and C. Spitzer (2005). "[Dissociative disorders]." Nervenarzt **76**(7): 893-9.

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❖ *Abstract* ❖ There are problems with dissociative and conversion disorders with respect to classification, diagnosis, and therapeutic strategies which can only be understood in the historic context of hysteria. Even current diagnostic systems such as the DSM-IV and ICD-10 differ in the classification of such disorders. High prevalence rates ranging from 3% in the general population to 30% in clinical samples underscore their clinical relevance, and traumatic experiences play a major role in the pathogenesis. High rates of comorbid psychiatric disorders, the tendency to chronicity, and concepts of somatization (particularly in patients with conversion disorders) complicate psychotherapeutic approaches. Depending on the treatment goals, both psychodynamic and cognitive-behavioral methods can be applied, supplemented by specific techniques from trauma therapy, e.g. EMDR.

Schnyder, U. (2005). "Psychotherapies pour les PTSD - une vue d'ensemble. [Psychotherapies for PTSD—An overview.]." Psychotherapies **25**(1): 39.

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❖ *Abstract* ❖ Since the diagnosis of posttraumatic stress disorder (PTSD) was introduced in DSM-III in 1980, a variety of psychotherapeutic approaches have been developed to address the specific problems and needs of traumatised patients. Successful treatment of PTSD requires a well thought-out therapeutic attitude. The therapist must find a well-balanced position between over-identification and turning away out of helplessness. A sensation-seeking attitude should be avoided as should the danger of vicarious traumatisation. In many instances, PTSD cannot be treated sufficiently by psychotherapy alone: a comprehensive, multi-modal treatment plan may include pharmacotherapeutic, physical, social, legal, and other interventions. Early psychotherapeutic interventions in the immediate aftermath of a traumatic event follow the rules of crisis intervention (immediacy, focus on the current problems, time limitation). Special attention should be paid to the issues of developing a trusting therapeutic relationship, creating an atmosphere of safety, helping the patient to regain control over and/or distance himself from intrusive recollections. Eye Movement Desensitisation and Reprocessing (EMDR) and other "power therapies" can offer quick relief from symptoms. After collective traumatization, psychological debriefings are widely used, although the evidence for their usefulness in preventing PTSD is questionable. In patients with chronic PTSD, the psychotherapist should not work exclusively on the traumatic event and its sequelae: treatment should be oriented towards the future rather than the past. Instead of exploring, the therapist should try to activate the patients' resources and help them to find new meaning in their future life. There is an urgent need for carefully designed, randomized, controlled intervention studies investigating the effectiveness of early interventions in acutely traumatized patients and of mid- to long-term psychotherapies in patients suffering from chronic PTSD. Furthermore, future studies should include psychodynamic approaches as well as multimodal treatment protocols, and elaborate more sophisticated clinical endpoints.

Schnyder, U. (2005). "Why New Psychotherapies for Posttraumatic Stress Disorder?" Psychotherapy & Psychosomatics **74**(4): 199.

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❖ *Abstract* ❖ The efficacy of psychotherapeutic and pharmacotherapeutic approaches in the treatment of posttraumatic stress disorder (PTSD) can be regarded as empirically demonstrated. Overall, effect sizes seem to be higher for psychotherapy as compared with medication. Psychotherapy for PTSD includes the following approaches: cognitive-behavioral therapy; eye movement desensitization and reprocessing (EMDR); psychodynamic therapy; and brief eclectic psychotherapy. Treatment for PTSD should not focus exclusively on specific symptoms such as flashbacks and avoidance, but on basic life changes and existential questions as well, since such issues are of relevance for patients who suffer from chronic PTSD.