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ABSTRACT This pilot study evaluated the effectiveness of eye movement desensitization and reprocessing (EMDR) in treating posttraumatic stress disorder (PTSD) symptoms and concomitant depressive and anxiety symptoms in survivors of life-threatening cardiac events. Forty-two patients undergoing cardiac rehabilitation who (a) qualified for the PTSD criterion “A” in relation to a cardiac event and (b) presented clinically significant PTSD symptoms were randomized to a 4-week treatment of EMDR or imaginal exposure (IE). Data were gathered on PTSD, anxiety, and depressive symptoms at pretreatment, posttreatment, and 6-month follow-up. EMDR was effective in reducing PTSD, depressive, and anxiety symptoms and performed significantly better than IE for all variables. These findings provide preliminary support for EMDR as an effective treatment for the symptoms of PTSD, depression, and anxiety that can follow a life-threatening cardiac event.


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ABSTRACT Research on treatments for childhood anxiety disorders has increased greatly in recent decades. As a result, it has become increasingly necessary to synthesize the findings of these treatment studies into reviews in order to draw wider conclusions on the efficacy of treatments for childhood anxiety. Previous reviews of this literature have used varying criteria to determine the evidence base. For the current review, stricter criteria consistent with the original Task Force (1995) guidelines were used to select and evaluate studies. Studies were divided by anxiety disorder; however, many studies combine various anxiety disorders in their samples. As a result, these were included in a combined anxiety disorder group. Using more traditional guidelines, studies were assigned a status of well-established, probably efficacious, or experimental based on the available literature and the quality of the studies. While some treatments do meet the criteria for well-established status, it is clear from this examination that gaps remain and replication is necessary to establish many of these treatments as efficacious. In addition, there still appears to be a lack of research on the effects of treatment on the physiological and cognitive aspects of fear and anxiety.


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ABSTRACT Background: Building on previous research with disaster-exposed children and adolescents, a randomised clinical trial was performed in the treatment of trauma-related symptoms. In the current study two active treatments were compared among children in a broad age range and from a wide diversity of ethnic populations.

Objective: The primary aim was to compare the effectiveness and efficiency of Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).

Design: Children (n 52, aged 4-18) were randomly allocated to either CBT (n 26) or EMDR (n 26) in a disaster mental health after-care setting after an explosion of a fireworks factory. All children received up to four individual treatment sessions over a 4-8 week period along with up to four sessions of parent guidance. Blind assessment took place pre- and post-treatment and at 3 months follow-up on a variety of parent-rated and self-report measures of post-traumatic stress disorder symptomatology, depression, anxiety, and behaviour problems. Analyses of variance (general linear model repeated measures) were conducted on the intention-to-treat sample and the completers.
ABSTRACT

Cognitive-behavioral therapies (CBTs) can be effective treatments for posttraumatic stress disorder (PTSD) but their effectiveness is limited by high rates of premature dropout. Few studies have compared pretreatment characteristics of treatment completers and dropouts, and only one has examined their effectiveness is limited by high rates of premature dropout. Few studies have compared pretreatment characteristics of treatment completers and dropouts, and only one has examined their effect. A pilot study of concentrated EMDR: A brief treatment approach for PTSD in Iraq and Afghanistan war veterans.


Engelhard, I. M., Hout, M. A. V. D. Rajmer, M. J., & Reij, B. J. (2011). Reducing vividness and emotional intensity of recurrent emotional memory accounts: eye movements tax working memory. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively. The study also evaluated the same application of concentrated EMDR. At the follow-up, the scores on the Beck Depression Inventory (BDI) were 49 and 38, and on the Beck Anxiety Inventory (BAI) were 49 and 38, respectively.

Results: Both treatment approaches produced significant reductions on all measures. The treatment gains of EMDR were maintained at follow-up.

Conclusion: Standardized CBT and EMDR interventions can significantly improve functioning of disaster-exposed children.
Rejoinder: In this rejoinder, I highlight areas of agreement between Shapiro and me that were obscured by Shapiro’s (2010) response to my (Greenwald, 2010) commentary. I also address some of the erroneous statements made by Shapiro (2010) in her arguments against my positions. Finally, I summarize our disagreements, and again assert that until we have an empirical basis for preferring a particular theoretical model of eye movement desensitization and reprocessing (EMDR), it is premature for professional organizations to endorse Shapiro’s model. Shapiro Response: In response to Greenwald, I again confine myself to addressing some of the errors and misconceptions in his arguments in relation to important aspects of EMDR therapy, theory, and research. Further, contrary to his assertion, there is already a sufficient empirical basis to support the preferential use of the adaptive information processing (AIP) model from which the EMDR procedures were formulated. His argument against this position is antithetical to the traditional process by which foundational models are challenged, refined, or replaced. Implications are salient to both training and practice.


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**ABSTRACT TOPIC:** Anticipatory stress chronically activates the stress response in children with post-traumatic stress disorder (PTSD). Effects of the allostatic load may begin even before birth in a stressful environment. **PURPOSE:** The purpose of this paper is to discuss the anticipatory stress response in children with PTSD. The paper discusses the etiology, the impact of the disorder on long-term health, cognitive and behavioral manifestations, and clinical management and treatment options. **SOURCES USED:** A review on current literature is presented and includes several key studies. **CONCLUSIONS:** Anticipatory stress in PTSD has acute and long-term health implications for the child. The psychiatric nurse plays a key role in preventing the long-term effects of PTSD.


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**ABSTRACT TOPIC:** Public education campaigns are needed to proclaim the right of children to be safe in their own homes and to encourage both abusers and victims to seek help. Broad-based discussion of this problem, its causes, its consequences and its remedies, would help lift the veil of secrecy and shame that surrounds the topic of sexual abuse within the family, preventing many individuals from seeking assistance. We therefore urge that all means, including the media, be used to raise public awareness about the need to end the sexual abuse of children, particularly within the family.


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**ABSTRACT** “Question: Is there a script that I can use to teach my clients to use a “container” resource? When and how might I use this with my clients?”

Excerpt: “Posttraumatic stress disorder (PTSD) can be thought of as a disorder of the present. Traumatic materials, including the beliefs, feelings, sensations, perceptions, urges, and images of the stored trauma intrude in the present; the client confuses the triggered experience with the reality of what is currently occurring. The adaptive information processing (AIP) model (Shapiro, 2001) posits that many presenting issues and diagnoses are fed by maladaptively stored experiential contributors and involve the experience of the past in the present. If a client has the ability to “put away” or “set aside” some disturbing memories, thoughts, worries, urges, and cravings, he or she is able to function more fully in the present rather than having his or her attention “hijacked” by the past or future. The use of a container resource can teach clients this ability. It can be introduced early in therapy during client preparation—Phase 2 in the eye movement desensitization and reprocessing (EMDR) approach—along with the calm/safe place skill.”


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**ABSTRACT** Emerging evidence supports the notion of disrupted sleep as a core component of Posttraumatic Stress Disorder (PTSD). Effective treatments for nighttime PTSD symptoms are critical because sleep disruption may be mechanistically linked to development and maintenance of PTSD and is associated with significant distress, functional impairment, and poor health. This review aimed to describe the state of science with respect to the impact of the latest behavioral and pharmacological interventions on posttraumatic nightmares and insomnia. Published studies that examined evidence for therapeutic effects upon sleep were included. Some behavioral and pharmacological interventions show promise, especially for nightmares, but there is a need for controlled trials that include valid sleep measures and are designed to identify treatment mechanisms. Our ability to treat PTSD-related sleep disturbances may be improved by moving away from considering sleep symptoms in isolation and instead conducting integrative studies that examine sequential or combined behavioral and/or pharmacological treatments targeting both the daytime and nighttime aspects of PTSD.


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ABSTRACT The aim of this study is threefold. First, the current evidence-based treatments for posttraumatic stress disorder (PTSD) are reviewed. Treatments reviewed for efficacy include prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing. Next, concepts identified as protective measures against chronic PTSD are explored, with particular emphasis on resiliency and posttraumatic growth (PTG).

Third, based on the abovementioned systematic review, a new treatment model for trauma-related behavioral health conditions, the posttraumatic growth path (PTGP), is proposed. This research will demonstrate how this new model integrates a variety of therapeutic approaches and protective measures to treat and mitigate the development of chronic PTSD and other concomitant mental health concerns. Implications for practice are discussed.


ABSTRACT Cognitive therapy/cognitive behavior therapy was introduced into the field of psychiatry in the late 1980s in Japan, and the Japanese Association for Cognitive Therapy (JACT), founded in 2004, has now more than 1500 members. Along with such progress, awareness of the effectiveness of cognitive therapy/cognitive behavioral therapy has spread, not only among professionals and academics but also to the public. The Study Group of the Procedures and Effectiveness of Psychotherapy, funded by the Ministry of Health, Labor and Welfare, has conducted a series of studies on the effectiveness of cognitive therapy/cognitive behavior therapy since 2006 and shown that it is feasible for Japanese patients. As a result, in April 2010 cognitive therapy/cognitive behavior therapy for mood disorders was added to the national health insurance scheme in Japan. This marked a milestone in Japan’s psychiatric care, where pharmacotherapy has historically been more common. In this article the authors review research on cognitive therapy/cognitive behavior therapy in Japan.


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ABSTRACT This case study traces the development and use of a self-mapping exercise in the treatment of a youth who had been at risk for re-attempting suicide. A life skills exercise was modified to identify units of culture called memes from which a map of the youth’s self was prepared. A successful treatment plan followed the mapping exercise. The process of self-map construction is presented along with an interpretive analysis. It is suggested that therapists from a range of perspectives could use this technique in assessment and treatment.


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ABSTRACT Purpose of review: Posttraumatic stress disorder (PTSD) is an unusual diagnosis in requiring an external environmental stressor to be present, in addition to the conventional signs and symptoms. Early controversies surrounded the validity of its criteria and whether there was a common neural basis for this disorder. This review summarizes recent neuroimaging studies, which have begun to clarify the basis of PTSD by combining imaging data with investigations of the stress response, and by employing fear and extinction learning paradigms to probe the underlying neural changes in those with the disorder.

Recent findings: We examine the recent literature with three main aims. First, to assess whether structural changes in PTSD are causal of or secondary to the condition. Second, to summarize current understanding of the relationship between neural activation and the stress responses within the autonomic nervous system in PTSD patients and controls. Finally, we examine neural mechanisms underlying the response to fear and reward, demonstrating how these are altered in PTSD.

Summary: A greater understanding of the brain mechanisms underlying healthy responses to fear and stress, and their alterations in PTSD, has opened up a new spectrum of possible pharmacological agents by which to approach to PTSD therapy and has begun to reveal the neural processes underlying the common failure of response to current treatments.


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ABSTRACT This is a review and meta-analysis of school-based intervention programs targeted at reducing symptoms of posttraumatic stress disorder (PTSD). Nineteen studies conducted in 9 different countries satisfied the inclusionary criteria. The studies dealt with various kinds of type I and type II trauma exposure. Sixteen studies used cognitive-behavioral therapy methods; the others used play/art, eye movement desensitization and reprocessing, and mind-body techniques. The overall effect size for the 19 studies was d = 0.68 (SD = 0.41), indicating a medium-large effect in relation to reducing symptoms of PTSD. The authors’ findings suggest that intervention provided within the school setting can be effective in helping children and adolescents following traumatic events.


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ABSTRACT What options are available to mental health providers helping clients with posttraumatic stress disorder (PTSD)? In this paper we review many of the current pharmacological and
psychological interventions available to help prevent and treat PTSD with an emphasis on combat-related traumas and veteran populations. There is strong evidence supporting the use of several therapies including prolonged exposure (PE), eye movement desensitization and reprocessing (EMDR), and cognitive processing therapies (CPT), with PE possessing the most empirical evidence in favor of its efficacy. There have been relatively fewer studies of nonexposure based modalities (e.g., psychodynamic, interpersonal, and dialectical behavior therapy perspectives), but there is no evidence that these treatments are less effective. Pharmacotherapy is promising (especially paroxetine, sertraline, and venlafaxine), but more research comparing the relative merits of medication vs. psychotherapy and the efficacy of combined treatments is needed. Given the recent influx of combat-related traumas due to ongoing conflicts in Iraq and Afghanistan, there is clearly an urgent need to conduct more randomized clinical trials research and effectiveness studies in military and Department of Veterans Affairs PTSD samples. Finally, we provide references to a number of PTSD treatment manuals and propose several recommendations to help guide clinicians’ treatment selections.

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