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://emdr.nku.edu/

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://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=43


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**ABSTRACT**

Although the main symptoms of dementia consist of neuropsychological impairment, particularly long-term memory, dementia often involves severe behavioral and psychological symptoms of dementia (BPSD). There are quite a few patients whose BPSD are untreatable with medication. Such BPSD often have some characteristics similar to traumatic symptoms and appear related to the recollection of disturbing past traumatic events. Because the standard protocol of eye movement desensitization and reprocessing (EMDR) is not directly applicable to patients with dementia, we developed a modified protocol, the on-the-spot-EMDR method. This study describes the protocol and evaluates its application to three patients with moderate to severe dementia. Clear therapeutic effects were evident, and all three individuals showed pronounced improvement in BPSD, with results maintained at 6-month follow-up. The relevance of these findings is discussed and suggestions made for future research.


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**ABSTRACT**

The article discusses how counsellors and therapists can heal the wounds of trauma, shame, and grief through compassion-focused eye movement desensitisation and reprocessing (EMDR). According to the author, Shapiro’s adaptive information processing model (AIP) indicates that the body and mind possess a natural processing system and that traumatic events can overwhelm the nervous system and lead to repression and negative emotions.


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**ABSTRACT**

Research demonstrates a high incidence of offence-related trauma in mentally disordered offenders convicted of violent and sexual offences. The adaptive information processing (AIP) model offers a theoretical framework for understanding the hypothesised relationship between offence-related trauma and reoffending. Evidence suggests that for a sub-population of offenders presenting with offence-related trauma: (1) therapy may retraumatise them, and (2) unresolved trauma severely blocks the positive benefits of talking therapies. Thus, it is postulated that traumatised violent and sexual offenders may be released into the community when they are still at risk of reoffending. A single case study is presented, which describes the application of eye movement desensitisation
and reprocessing (EMDR) for a sexual offender presenting with offence-related trauma, whose offences occurred in the context of serious mental disorder. The identification of offence-related trauma and subsequent resolution of trauma symptomatology are discussed in regard to effective offender rehabilitation. Furthermore, the idiosyncratic nature of offence-related trauma and the application of the standard EMDR protocol for a single traumatic event are considered.


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This work is dedicated to the memory of our friend David Servan-Schreiber (1961-2011).

**ABSTRACT**

**Aim of the study:** The experiment studied the effects of a short duration exposure to traumatic memories using magnetoencephalography (MEG).

**Patients:** Nine right-handed DSM-4 PTSD patients were recruited from a unit for anxiety disorders and an organisation supporting victims of violence. In order to have a homogeneous sample, we included only women who suffered from civilian PTSD. Exclusion criteria were co-morbid major medical illness, metallic dental prostheses that would interfere in the magnetic measurement, and current drug treatment. All participants were free from neurological disease and had normal hearing. They signed a written informed consent form. An ethics committee approved the study.

**Method:** A tape-recorded voice administered a script-driven imagery. The patients had to imagine, successively, a neutral image, a traumatic memory and rest, while MEG measured brain activities across delta, theta, alpha and beta bands. Each condition lasted three minutes. Heart rate (HR), anxiety and the vividness of mental images were recorded at the end of each phase. MEG power analysis was carried out with Statistical Parametric Mapping (SPM) 8. The signals were averaged for each of the three conditions of three minutes duration. The dependent variable was a subtracted value: (trauma – rest) – (neutral – rest). The significance threshold was set at P < 0.01.

**Results:** Anxiety and HR significantly increased during the trauma condition and returned to the neutral level during rest. The vividness of the mental imagery remained stable across the three conditions. The left-brain demonstrated a statistically significant power decrease in the secondary visual cortex (BA 18-19) in the delta band, the insula (BA13) in the beta band, the insula (BA13), premotor cortex (BA 6), Broca area (BA 44), and BA 43, in the alpha band.

**Discussion:** The symptom provocation protocol was successful in eliciting subjective anxiety and HR response in relation to traumatic memories. Our MEG results are in keeping with previous neuro-imagery studies showing decreased activities in the insula and Broca area during PTSD symptom provocation. However, we did not replicate the activation in the amygdala and the cingulate and prefrontal cortex found in some studies. Moreover, the within-group design, the small sample, and the inclusion of only female patients with milder dissociative symptoms limit our conclusions. The MEG protocol we used may also explain some partial discrepancies with previous MEG studies. However, our aim was to provoke a specific autobiographic recall of a traumatic event unfolding several sequential mental images along three minutes as in exposure therapy for PTSD.

**Conclusion:** Despite its limitations, this pilot study is the first to provide MEG data during trauma recall. It suggests that recalling a specific traumatic event along three minutes results in hypo-activations of the brain regions regulating language and emotions. This paves the way to recording whole sessions of specific therapies for PTSD, with MEG using the millisecond resolution. MEG might be of interest to study the suppression of traumatic memories and their activation and habituation through prolonged graduated exposure in imagination across several sessions. MEG could also be used to study the effects of medication on PTSD symptoms. A controlled replication in a larger sample including male and female patients with various traumatic experiences is needed.
this article describes the therapeutic work done with a forty-two years old woman that has phobia to dentures using the intervention of EMDR. At the end of the intervention, the patient lost the fear of prosthetics, no longer revealing responses of anxiety and discomfort and remained stable during the follow-up one month after the intervention. These results had an impact on improving their quality of life, in terms of her personal, social and professional life.


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ABSTRACT
To prevent adverse long-term effects, children who suffer from posttraumatic stress symptoms (PTSS) need treatment. Trauma-focused cognitive behavioral therapy (TF-CBT) is an established treatment for children with PTSS. However, alternatives are important for non-responders or if TF-CBT trained therapists are unavailable. Eye movement desensitization and reprocessing (EMDR) is a promising treatment for which sound comparative evidence is lacking. The current randomized controlled trial investigates the effectiveness and efficiency of both treatments. Forty-eight children (8-18 years) were randomly assigned to eight sessions of TF-CBT or EMDR. The primary outcome was PTSS as measured with the Clinician-Administered PTSD Scale for Children and Adolescents (CAPS-CA). Secondary outcomes included parental report of child PTSD diagnosis status and questionnaires on comorbid problems. The Children’s Revised Impact of Event Scale was administered during the course of treatment. TF-CBT and EMDR showed large reductions from pre- to post-treatment on the CAPS-CA (-20.2; 95 % CI -12.2 to -28.1 and -20.9; 95 % CI -32.7 to -9.1). The difference in reduction was small and not statistically significant (mean difference of 0.69, 95 % CI -13.4 to 14.8). Treatment duration was not significantly shorter for EMDR (p = 0.09). Mixed model analysis of monitored PTSS during treatment showed a significant effect for time (p < 0.001) but not for treatment (p = 0.44) or the interaction of time by treatment (p = 0.74). Parents of children treated with TF-CBT reported a significant reduction of comorbid depressive and hyperactive symptoms. TF-CBT and EMDR are effective and efficient in reducing PTSS in children.


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**ABSTRACT**

**Context:** The necessity of specific intervention components for the successful treatment of patients with posttraumatic stress disorder is the subject of controversy.

**Objective:** To investigate the complexity of clinical problems as a moderator of relative effects between specific and nonspecific psychological interventions.

**Methods:** We included 18 randomized controlled trials, directly comparing specific and nonspecific psychological interventions.

We conducted moderator analyses, including the complexity of clinical problems as predictor.

**Results:** Our results have confirmed the moderate superiority of specific over nonspecific psychological interventions; however, the superiority was small in studies with complex clinical problems and large in studies with noncomplex clinical problems.

**Conclusions:** For patients with complex clinical problems, our results suggest that particular nonspecific psychological interventions may be offered as an alternative to specific psychological interventions. In contrast, for patients with noncomplex clinical problems, specific psychological interventions are the best treatment option.


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ABSTRACT

Complex regional pain syndrome (CRPS) is characterized by ongoing pain, swelling, and stiffness following an acute injury. CRPS is difficult to diagnose, significantly impacts functioning, and is frequently incurable. Current treatments are pharmacotherapy, surgery, and physiotherapy. This case report describes the use of eye movement desensitization and reprocessing (EMDR) in the psychotherapeutic treatment of a woman diagnosed with CRPS in 2009 as a result of injuries sustained during an assault in 2004. This article reports on EMDR treatment provided 1–2 years after her diagnosis. At initial assessment, the client was debilitated and suicidal, unable to work or care for her children, and dependent on her family for financial support because of CRPS. Two phases of 7 EMDR sessions were provided; the first focused on past traumatic experiences; the second addressed her pain with Grant’s (2009) EMDR chronic pain protocol. At the end of treatment, the client reported decreased pain, decreased substance dependence, improved mood and outlook, and was able to resume part-time work. Results were maintained at 8-month follow-up and suggest that EMDR was helpful for this client in reducing the symptoms associated with CRPS.


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ABSTRACT

This Clinical Q&A article explains the seed-to-weed technique. This strategy offers an opportunity to help a client understand the problem and treatment approach and the ability to see progress in treatment. These crucial areas are important to treatment engagement and success, whether working with children or adults. An illustrated garden metaphor is used to guide a client to look at his or her life experiences and gain an understanding of how events have contributed to the problems and concerns that bring them into therapy. The seed-to-weed technique provides a graphic means of presenting trauma, a treatment plan, introducing eye movement desensitization and reprocessing (EMDR), and tracking treatment progress. This article introduces and demonstrates the seed-to-weed technique.


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Background and Objectives: Eye movements (EM) during recall of an aversive memory is a treatment element unique to Eye Movement Desensitization and Reprocessing (EMDR). Experimental studies have shown that EM reduce memory vividness and/or emotionality shortly after the intervention. However, it is unclear whether the immediate effects of the intervention reflect actual changes in memory. The aim of this study was to test whether immediate reductions in memory vividness and emotionality persist at a 24 h follow up and whether the magnitude of these effects is related to the duration of the intervention.

Methods: Seventy-three undergraduates recalled two negative autobiographical memories, one with EM (“recall with EM”) and one without (“recall only”). Half of participants recalled each memory for four periods of 24 s, the other half for eight periods of 24 s. Memory vividness/emotionality were self-rated at a pre-test, an immediate post-test, and a 24 h follow-up test.

Results: In both duration groups, recall with EM, but not recall only, caused an immediate decrease in memory vividness. There were no immediate reductions in memory emotionality.
Furthermore, only the ‘eight periods’ group showed that recall with EM, but not recall only, caused a decrease in both memory emotionality and memory vividness from the pre-test to the follow-up.

**Limitations:** Only self-report measures were used.

**Conclusions:** The findings suggest that recall with EM causes 24-h changes in memory vividness/emotionality, which may explain part of the EMDR treatment effect, and these effects are related to intervention duration.


**ABSTRACT**

There is a growing interest in the use of eye movement desensitization and reprocessing (EMDR) therapy beyond posttraumatic stress disorder (PTSD) where its application is well established. With strong scholarly consensus that early traumatic and adverse life experiences contribute to the development of borderline personality disorder (BPD), EMDR would appear to offer much to the treatment of persons with BPD. However, given the specific characteristics of these clients, the application of EMDR therapy to their treatment can be challenging and necessitates several minor adaptations of the standard EMDR procedures for PTSD. This article provides an orientation to principles and strategies for safely and effectively preparing clients with BPD for EMDR therapy and for accessing and reprocessing the traumatic origins of BPD. Clinical examples are provided throughout.


**ABSTRACT**

Posttraumatic stress disorder (PTSD) patients exhibit depressive and anxiety symptoms, in addition to nightmares, which interfere with sleep continuity. Pharmacologic treatment of these sleep problems improves PTSD symptoms, but very few studies have used psychotherapeutic interventions to treat PTSD and examined their effects on sleep quality. Therefore, in the present study, we sought to investigate the effects of Eye Movement Desensitization Reprocessing therapy on indices of mood, anxiety, subjective, and objective sleep. The sample was composed of 11 healthy controls and 13 PTSD patients that were victims of assault and/or kidnapping. All participants were assessed before, and 1 day after, the end of treatment for depressive and anxiety profile, general well-being and subjective sleep by filling out specific questionnaires. In addition, objective sleep patterns were evaluated by polysomnographic recording. Healthy volunteers were submitted to the therapy for three weekly sessions, whereas PTSD patients underwent five sessions, on average. Before treatment, PTSD patients exhibited high levels of anxiety and depression, poor quality of life and poor sleep, assessed both subjectively and objectively; the latter was reflected by increased time of waking after sleep onset. After completion of treatment, patients exhibited improvement in depression and anxiety symptoms, and in quality of life; with indices that were no longer


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**ABSTRACT**

Eye movement desensitization and reprocessing therapy in subsyndromal mood symptoms and a history of traumatic events were randomly assigned to Eye Movement Desensitization and Reprocessing therapy (n=10) or treatment as usual (n=10). The treatment group received between 14 and 18 Eye Movement Desensitization and Reprocessing sessions during 12 weeks. Evaluations of affective symptoms, symptoms of trauma and trauma impact were carried out by a blind rater at baseline, 2 weeks, 5 weeks, 8 weeks, 12 weeks and at 24 weeks follow-up. Patients in the treatment group showed a statistically significant improvement in depressive and hypomanic symptoms, symptoms of trauma and trauma impact compared to the treatment as usual group after intervention. This effect was only partly maintained in trauma impact at the 24 weeks follow-up visit. One patient dropped from Eye Movement Desensitization and Reprocessing group whereas four from the treatment as usual group. This pilot study suggests that Eye Movement Desensitization and Reprocessing therapy may be an effective and safe intervention to treat subsyndromal mood and trauma symptoms in traumatized bipolar patients.
different from control volunteers. Moreover, these patients showed more consolidated sleep, with reduction of time spent awake after sleep onset. In conclusion, Eye Movement Desensitization and Reprocessing was an effective treatment of PTSD patients and improved the associated sleep and psychological symptoms.


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**ABSTRACT**

**Background:** Compulsions and cravings for smoking have been the subject of behavioral treatment. EMDR [1] is an established, effective treatment of trauma-based disorders [2]. Its use in the treatment of addictions and compulsions is relatively new. Although there are ways of targeting irrational positive affect via EMDR [3]. Merging the Feeling-State Theory of Compulsions and EMDR, the Eye Movement Compulsion Protocol (EMCP) was developed. EMCP is used for fading both feelings and unwanted behavior related to smoking. The FSAP hypothesizes that the pleasure during smoking is imprinted in the brain generating feelings like comfort, contentment and happiness [4]. Thus, when craving resurges, the Feeling-State (FS) behavior is re-enacted. The EMCP incorporates the standard eye movement technique of EMDR to reduce the FS associated with impulsion to smoke. This study aims to assess the efficacy of the FSAP in the treatment of tobacco addiction of elapsed smokers with persistent compulsions to smoke.

**Materials and methods:** We studied 2 groups (12 smokers in each), that relapsed (at least 1 m after smoking cessation). Smokers were matched for age, sex, Fagerstrom Test for Nicotine Dependence & pack/d.

**Results:** The FSAP although brief, results in profound changes in behavior [4]. Consequently, the 1st group was administered 6 sessions of the FSAP protocol. The 2nd group had 6 sessions of Cognitive Behavior Therapy. The 2 groups were compared for smoking cessation (self-reported questionnaire, CO-measurements). The 1st group had a succession rate of 50% vs the second that had only 25%.

**Conclusion:** Thus, we conclude that EMDR could be a very helpful tool in managing smoking relapses.