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**ABSTRACT** Shapiro’s (2001) adaptive information processing (AIP) model portrays an innate healing system hypothesized to be composed of neurophysiological mechanisms of action causally related to the resolution of disturbing life experiences. The author expands the model to include psychosocial mechanisms and suggests that a model of a biopsychosocial system can best depict causal properties related to positive outcomes of eye movement desensitization and reprocessing (EMDR). Teleofunctionalist and evolutionary perspectives are applied: the first, to explain the inclusion of the psychological and social features highlighted in the updated model; the second, to support the hypothesis that AIP is a goal of the human attachment system. It is posited that bonding, following a disturbing life experience, facilitates the access of information related to previous states, thus allowing an update of self/world models. These interactions are analogous to psychotherapeutic encounters, with multiple levels of information processing at subpersonal, personal, and interpersonal levels. Analysis of the causal properties of personal and interpersonal levels supports a broader understanding of AIP’s scope in conceptualizing psychopathology and informing treatment applications and research.


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**ABSTRACT** This article provides a summary of all the studies that have investigated eye movement desensitization and reprocessing (EMDR) treatment of traumatized children and adolescents. The effectiveness of the treatment is revealed in more than 15 studies. This article considers the differences between Type I and Type II traumas and specifically examines the effects of EMDR on traumatic stress experienced by children and youth following Type I and Type II traumas. There is a considerable body of research evaluating EMDR treatment of Type I traumas, showing strong evidence for its efficacy, but there are few studies that have specifically investigated EMDR treatment of Type II traumas. The effect of EMDR on various symptoms and problem areas is also examined. Recommendations are made for the clinical application of EMDR and for further research.


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**ABSTRACT** Among U.S. veterans who have been exposed to combat-related trauma, significantly elevated rates of posttraumatic stress disorder (PTSD) are reported. Veterans with PTSD are treated for the disorder at Veterans Affairs (VA) hospitals through a variety of psychotherapeutic interventions. Given the significant impairment associated with PTSD, it is imperative to assess the typical treatment response associated with these interventions. 24 studies with a total sample size of 1742 participants were quantitatively reviewed. Overall, analyses showed a medium between-groups effect size for active treatments compared to control conditions. Thus, the average VA-treated patient fared better than 66% of patients in control conditions. VA treatments incorporating exposure-based interventions showed the highest within-group effect size. Effect sizes were not moderated by treatment dose, sample size, or publication year. Findings are encouraging for treatment seekers for combat-related PTSD in VA settings.


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Methods: The present study combined these lines of research and investigated the impact of early imagery rescripting on intrusion development after an aversive film. Seventy-six participants were randomly allocated to one of three conditions: imagery rescripting (IRS), imagery reexperiencing (IRE) and positive imagery (PI). All participants watched an aversive film, had a 30-min break and then received a 9-min intervention (IRS, IRE or PI). They indicated subjective distress during the intervention, recorded intrusive memories of the film for 1 week and completed the Posttraumatic Cognitions Inventory (PTCI) and a cued recall test one week later.

Results: The IRS group developed fewer intrusive memories relative to the IRE and PI groups, and less negative cognitions than the IRE group, while cued recall was enhanced in IRS and IRE groups compared to the PI group. IRS and PI groups experienced less distress during the intervention than the IRE group.

Limitations: This is an analogue design and results should be replicated in clinical samples.

Conclusions: The results suggest that IRS might be an adequate technique to change memory consolidation at an early stage and therefore a powerful and non-distressing strategy to prevent PTSD symptoms.


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ABSTRACT This Clinical Q&A section responds to a question about organizing a client's historical information into a targeting sequence within a treatment plan that is consistent with Shapiro's (2001) three-pronged protocol. The procedures for identifying and prioritizing treatment eye movement desensitization and reprocessing (EMDR) targets are reviewed in the context of Shapiro's theoretical model, and various time line models are summarized. The author then presents her EMDR Target Time Line, which provides a practical simple visual tool for documenting past, present, and future aspects of the presenting problem. It allows the therapist to note if disturbing past experiences present around a core theme, such as negative cognitions, physical symptoms, or situations/persons/circumstances. Three clinical cases are used to illustrate the form's application with various types of treatment targets.


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ABSTRACT This article reports the results of two experiments, each investigating a different eye movement desensitization and reprocessing (EMDR) protocol for obsessive-compulsive disorder (OCD) and each with two young adult male participants with long-standing unremitting OCD. Two adaptations of Shapiro’s (2001) phobia protocol were developed, based on the theoretical view that OCD is a self-perpetuating disorder, with OCD compulsions and obsessions and current triggers reinforcing and maintaining the disorder. Both adaptations begin by addressing current obsessions and compulsions, instead of working on past memories; one strategy delays the cognitive installation phase; the other uses mental video playback in the desensitization of triggers. The four participants received 14-16 one-hour sessions, with no assigned homework. They were assessed with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), with scores at pretreatment in the extreme range (mean = 35.3). Symptom improvement was reported by participants after 2 or 3 sessions. Scores at posttreatment were in the subclinical/mild range for all participants (mean = 8.5). Follow-up assessments were conducted at 4-6 months, indicating maintenance of treatment effects (mean = 7.5). Symptom reduction was 70.4% at posttreatment and 76.1% at follow-up for the Adapted EMDR Phobia Protocol and 81.4% at posttreatment and at follow-up for the Adapted EMDR Phobia Protocol with Video Playback. Theoretical implications are discussed, and future research is recommended.


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ABSTRACT Background: Trauma-focused cognitive-behavioural therapy (CBT) and eye movement desensitisation and reprocessing therapy (EMDR) are efficacious treatments for post-traumatic stress disorder (PTSD), but few studies have directly compared them using well-powered designs and few have investigated response patterns.

Aims: To compare the efficacy and response pattern of a trauma-focused CBT modality, brief eclectic psychotherapy for PTSD, with EMDR (trial registration: ISRCTN64872147).

Method: Out-patients with PTSD were randomly assigned to brief eclectic psychotherapy (n = 70) or EMDR (n = 70) and assessed at all sessions on self-reported PTSD (Impact of Event Scale - Revised). Other outcomes were clinician-rated PTSD, anxiety and depression.

Results: Both treatments were equally effective in reducing PTSD symptom severity, but the response pattern indicated that EMDR led to a significantly sharper decline in PTSD symptoms than brief eclectic psychotherapy, with similar drop-out rates (EMDR: n = 20 (29%), brief eclectic psychotherapy: n = 25 (36%)). Other outcome measures confirmed this pattern of results.

Conclusions: Although both treatments are effective, EMDR results in a faster recovery compared with the more gradual improvement with brief eclectic psychotherapy.


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ABSTRACT Emotion words are generally characterized as possessing high arousal and extreme valence and have typically been investigated in paradigms in which they are presented and measured as single words. This study examined whether a word’s emotional qualities influenced the time spent viewing that word in the context of normal reading. Eye movements were monitored as participants read sentences containing an emotionally positive (e.g., lucky), negative (e.g., angry), or neutral (e.g., plain) word. Target word frequency (high or low) was additionally varied to help determine the temporal locus of emotion effects, with interactive results suggesting an early lexical locus of emotion processing. In general, measures of target fixation time demonstrated significant effects of emotion and frequency as well as an interaction. The interaction arose from differential effects with negative words that were dependent on word frequency. Fixation times on emotion words (positive or negative) were consistently faster than those on neutral words with one exception-high-frequency negative words were read no faster than their neutral counterparts. These effects emerged in the earliest eye movement measures, namely, first and single fixation duration, suggesting that emotionality, as defined by arousal and valence, modulates lexical processing. Possible mechanisms involved in processing emotion words are discussed, including automatic vigilance and desensitization, both of which imply a key role for word frequency. Finally, it is important that early lexical effects of emotion processing can be established within the ecologically valid context of fluent reading.


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ABSTRACT Background: No standard intervention with proved effectiveness is available for women with posttraumatic stress following childbirth because of insufficient research. The objective of this paper was to evaluate the possibility of using eye-movement desensitization and reprocessing treatment for women with symptoms of posttraumatic stress disorder following childbirth. The treatment is internationally recognized as one of the interventions of choice for the condition, but little is known about its effects in women who experienced the delivery as traumatic.

Methods: Three women suffering from posttraumatic stress symptoms following the birth of their first child were treated with eye-movement desensitization and reprocessing during their next pregnancy. Patient A developed posttraumatic stress symptoms following the lengthy labor of her first child that ended in an emergency cesarean section after unsuccessful vacuum extraction. Patient B suffered a second degree vaginal rupture, resulting in pain and inability to engage in sexual intercourse for years. Patient C developed severe preeclampsia postpartum requiring intravenous treatment.

Results: Patients received eye-movement desensitization and reprocessing treatment during their second pregnancy, using the standard protocol. The treatment resulted in fewer posttraumatic stress symptoms and more confidence about their pregnancy and upcoming delivery compared with before the treatment. Despite delivery complications in Patient A (secondary cesarean section due to insufficient engaging of the fetal head); Patient B (second degree vaginal rupture, this time without subsequent dyspareunia); and Patient C (postpartum hemorrhage, postpartum hypertension requiring intravenous treatment), all three women looked back positively at the second delivery experience.

Conclusions: Treatment with eye-movement desensitization and reprocessing reduced posttraumatic stress symptoms in these three women. They were all sufficiently confident to attempt vaginal birth rather than demanding an elective cesarean section. We advocate a large-scale, randomized controlled trial involving women with postpartum posttraumatic stress disorder to evaluate the effect of eye-movement desensitization and reprocessing in this patient group.


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ABSTRACT Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder (PTSD). During EMDR, patients make eye movements (EMs) while recalling traumatic memories, but recently therapists have replaced EMs by alternating beep tones. There are no outcome studies on the effects of tones. In an earlier analogue study, tones were inferior to EMs in the reduction of vividness of aversive memories. In a first EMDR session, 12 PTSD patients recalled trauma memories in three conditions: recall only, recall + tones, and recall + EMs. Three competing hypotheses were tested: 1) EMs are as effective as tones and better than recall only, 2) EMs are better than tones and tones are as effective as recall only, and 3) EMs are better than tones and tones are better than recall only. The order of conditions was balanced, each condition was delivered twice, and decline in memory vividness and emotionality served as outcome measures. The data strongly support hypothesis 2 and 3 over 1: EMs outperformed tones while it remained unclear if tones add to recall only. The findings add to earlier considerations and earlier analogue findings suggesting that EMs are superior to tones and that replacing the former by the latter is premature.

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