

RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

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 therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—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 therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: <http://emdr.omeka.net/>.

Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://www.emdria.org/?page=43>.

Aranda, B. D. E., Ronquillo, N. M., & Calvillo, M. E. N. (2015). Neuropsychological and physiological outcomes pre- and post-emdr therapy for a woman with PTSD: A case study. *Journal of EMDR Practice and Research*, 9(4), 174-187. doi:10.1891/1933-3196.9.4.174

Benito Daniel Estrada Aranda, PhD, Autonomous University of San Luis Potosí. School of Psychology, Carretera Central Km. 424.5 C.P. 78390 Mexico. E-mail: benito.es-trada@uaslp.mx

ABSTRACT

This article provides a comprehensive review of the literature on the neurocognitive impact of posttraumatic stress disorder (PTSD) and reports on a quantitative single-case study, which investigated whether eye movement desensitization and reprocessing (EMDR) therapy would change the neuropsychological and physiological responses of an 18-year-old female client diagnosed with comorbid PTSD and major depressive disorder. Eleven 90-minute weekly sessions of EMDR therapy were provided. We used biofeedback equipment (ProComp5 Infinity System) to obtain records of heart rate and conductance while the participant was in the desensitization and reprocessing phases of EMDR therapy. Results showed a heart rate decrease between baselines at the beginning and end of treatment. Neuropsychological evaluations of attention, memory, and brain executive functions showed pretreatment impairments in attentional processes, information processing speed, and working memory and posttreatment improvement of these cognitive functions, with significant differences on the Paced Auditory Serial Addition Test. We found a substantial posttreatment decrease in mean scores on the Beck Depression Inventory-II and the Dissociative Experiences Scale. Furthermore, the patient showed no signs of PTSD after the intervention, based on the Posttraumatic Stress Global Scale. At 1-year follow-up, the participant reported maintenance of treatment effects. We discuss how amelioration of PTSD symptoms was associated with improved neurocognitive outcomes.

Brickell, M., Russell, M. C., & Smith, R. B. (2015). The effectiveness of evidence-based treatments in treatment of active military personnel and their families. *Journal of EMDR Practice and Research*, 9(4), 198-208. doi:10.1891/1933-3196.9.4.198

Matt Brickell, PsyD, MEd, 8226 Bracken PI SE, Ste. 200, Snoqualmie, WA 98065. E-mail: drbrickell@brickellpsychological.com

ABSTRACT

Between 338,000 and 520,000 active duty military personnel are estimated to have posttraumatic stress disorder (PTSD). Multiple randomized controlled trial (RCT) studies exist regarding the efficacy of PTSD evidence-based treatments (EBTs); however, it was recommended in the literature that future research on PTSD psychotherapies be conducted on genuine therapies with committed therapists, ideally treatments as practiced in the community, working with samples of patients resembling those seen in the community. We analyzed archival clinical outcome data from U.S. military clientele, being seen in military community counseling centers, who received a PTSD-EBT, eye movement desensitization and reprocessing (EMDR). Out of 99 archival cases, 65 were active duty military personnel. PTSD was identified as the primary diagnosis for 65 of the clients; of these 65 cases, 42 involved combat, whereas 23 were noncombat related. Across all outcome measures used, the results after EMDR treatment indicated significant improvement. These findings demonstrated the effectiveness of using PTSD-EBT in treating active military populations in general and EMDR in particular. Future implications for conducting effectiveness research are examined.

Cusack, K., Jonas, D. E., Forneris, C. A., Wines, C., Sonis, J., Middleton, J. C., . . . Gaynes, B. N. (2015). Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Clinical Psychology Review*. doi:10.1016/j.cpr.2015.10.003

Karen Cusack, Raymond G. Murphy VA Medical Center, 1501 San Pedro Dr. SE (116), Albuquerque, NM 87108, United States. Email: Karen.cusack@va.gov

ABSTRACT

Numerous guidelines have been developed over the past decade regarding treatments for Posttraumatic stress disorder (PTSD). However, given differences in guideline recommendations, some uncertainty exists regarding the selection of effective PTSD therapies. The current manuscript assessed the efficacy, comparative effectiveness, and adverse effects of psychological treatments for adults with PTSD. We searched MEDLINE, Cochrane Library, PILOTS, Embase, CINAHL, PsycINFO, and the Web of Science. Two reviewers independently selected trials. Two reviewers assessed risk of bias and graded strength of evidence (SOE). We included 64 trials; patients generally had severe PTSD. Evidence supports efficacy of exposure therapy (high SOE) including the manualized version Prolonged Exposure (PE); cognitive therapy (CT), cognitive processing therapy (CPT), cognitive behavioral therapy (CBT)-mixed therapies (moderate SOE); eye movement desensitization and reprocessing (EMDR) and narrative exposure therapy (low-moderate SOE). Effect sizes for reducing PTSD symptoms were large (e.g., Cohen's $d \sim 1.0$ or more compared with controls). Numbers needed to treat (NNTs) were < 4 to achieve loss of PTSD diagnosis for exposure therapy, CPT, CT, CBT-mixed, and EMDR. Several psychological treatments are effective for adults with PTSD. Head-to-head evidence was insufficient to determine these treatments' comparative effectiveness, and data regarding adverse events was absent from most studies.

Halvgaard, K. (2015). Single case study: Does EMDR psychotherapy work on emotional eating? *Journal of EMDR Practice and Research*, 9(4), 188-197. doi:10.1891/1933-3196.9.4.188s

Katrine Halvgaard, MSc Psychology, CBA, Specialist in Psy-chotraumatology, Accredited Practitioner in EMDR, Malm-mosevej 9A, 2840 Holte, Denmark. E-mail: kh@com-psych.dk

ABSTRACT

This article presents the methods and results of a single case study treating the effects of "emotional eating" (EE). It provides a comprehensive review of the literature related to obesity and emotional eating; explains childhood experiences, which may contribute to its development; and describes how emotional eating can become a default behavior for affect regulation. The background for the research is the worldwide epidemic of overeating and obesity. The study was designed to examine whether treating the symptoms of EE with selected protocols and methods within eye movement desensitization and reprocessing (EMDR) psychotherapy would have a positive effect, and the participant, a 55-year-old woman, was treated with an adjusted version of the desensitization of triggers and urge reprocessing (DeTUR) protocol, including resource installation, affect management, ego state work, and the standard EMDR protocol. The treatment consisted of 6 weekly meetings, each lasting 1.5 hours,

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and 2 follow-up meetings after 3 and 6 months. The measures, which were self-reported on a qualitative scale (0–10), included the experienced feeling of control in general (affect regulation) in specific eating behavior before and after the treatment, reduction of urge in triggering situations, number of situations with emotional eating per week, and body image before and after the treatment. The participant experienced an overall positive change in eating behavior, and the treatment could be one of the ways to reduce weight over time and to ensure better results in stabilizing weight after weight loss.

Jarero, I., Uribe, S., Artigas, L., & Givaudan, M. (2015). EMDR protocol for recent critical incidents: A randomized controlled trial in a technological disaster context. *Journal of EMDR Practice and Research*, 9(4), 166-173. doi:10.1891/1933-3196.9.4.166

Ignacio Jarero, PhD, EdD, Boulevard de la Luz 771, Jardines del Pedregal, Álvaro Obregón, Mexico City, Mexico 01900. E-mail: nacho@amamecrisis.com.mx

ABSTRACT

This research evaluated the effectiveness of the Eye Movement Desensitization and Reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI) in reducing posttraumatic stress symptoms related to the explosion in an explosives manufacturing factory north of Mexico City that killed 7 employees. The EMDR-PRECI was administered on 2 consecutive days to 25 survivors who had posttraumatic stress symptoms related to the critical incident. Participants' mean score on the Short PTSD Rating Interview (SPRINT) was 22, well above the clinical cutoff of 14. They were randomly assigned to immediate and waitlist/delayed treatment conditions and therapy was provided within 15 days of the explosion. Results showed significant main effects for the condition factor, $F(1, 80) = 67.04, p < .000$. SPRINT scores were significantly different across time showing the effects of the EMDR therapy through time, $F(3, 80) = 150.69, p < .000$. There was also a significant interaction effect, condition by time, $F(2, 80) = 55.45, p < .001$. There were significant differences between the two treatment conditions at Time 2 (post-immediate treatment vs. post-waitlist/delayed), $t(11) = -10.08, p < .000$. Treatment effects were maintained at 90-day follow-up. Results also showed an overall subjective improvement in the participants. This randomized controlled trial provides evidence for the efficacy of EMDR-PRECI in reducing posttraumatic stress symptoms after a technological disaster.

Jarero, I., Uribe, S., Miranda, A., & Givaudan, M. (2014). Early mental health intervention program for armed forces in Latin America. [Programa de atención temprana en salud mental para fuerzas armadas en Latinoamérica.] *Revista Iberoamericana De Psicopatología Y Disociación*, 6(3).

ABSTRACT

This pilot study presents the first results of the Early Intervention with Trauma Reprocessing Therapy (EMDR) for Paraprofessionals Use Program (ITEA). During 2012 and 2013 paraprofessional military personnel (e.g., nurses, physicians), received the ITEA program in order to provide early mental health intervention to military personnel working in high risk activities. In a 12-month period, the trained paraprofessionals provided the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) to 5,604 participants and the EMDR Therapy Individual Protocol for Paraprofessional Use (EMDR-PROPARA) to 245 participants. Statistical results showed that the protocol's administration did not had any harmful effects in neither the participants (e.g., dissociation, depression, substance use, self-harm, suicide) nor the paraprofessionals (secondary traumatization). In this way, guidelines from the World Health Organization were fulfilled, as well as the global practice standards used to support personal working in high risk organizations and the Human, Ethical and Legal rights of the military personnel. Further research will be necessary.

Trentini, C., Pagani, M., Fania, P., Speranza, A. M., Nicolais, G., Sibilia, A., . . . Ammaniti, M. (2015). Neural processing of emotions in traumatized children treated with eye movement desensitization and reprocessing therapy: A hdEEG study. *Frontiers in Psychology*, 6, 1662. doi:10.3389/fpsyg.2015.01662

Cristina Trentini, Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome, Rome, Italy. Email: cristina.trentini@uniroma1.it

Full text: <http://journal.frontiersin.org/article/10.3389/fpsyg.2015.01662/abstract>

ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) therapy has been proven efficacious in restoring affective regulation in post-traumatic stress disorder (PTSD) patients. However, its effectiveness on emotion processing in children with complex trauma has yet to be explored. High density electroencephalography (hdEEG) was used to investigate the effects of EMDR on brain responses to adults' emotions on children with histories of early maltreatment. Ten school-aged children were examined before (T0) and within one month after the conclusion of EMDR (T1). hdEEGs were recorded while children passively viewed angry, afraid, happy, and neutral faces. Clinical scales were administered at the same time. Correlation analyses were performed to detect brain regions whose activity was linked to children's traumatic symptom-related and emotional-adaptive problem scores. In all four conditions, hdEEG showed similar significantly higher activity on the right medial prefrontal and fronto-temporal limbic regions at T0, shifting toward the left medial and superior temporal regions at T1. Moreover, significant correlations were found between clinical scales and the same regions whose activity significantly differed between pre- and

post-treatment. These preliminary results demonstrate that, after EMDR, children suffering from complex trauma show increased activity in areas implicated in high-order cognitive processing when passively viewing pictures of emotional expressions. These changes are associated with the decrease of depressive and traumatic symptoms, and with the improvement of emotional-adaptive functioning over time.

Sevi, O. M. (2014). The comorbidity of pathological gambling and conversion disorder: Case report and the psychotherapy progress [Patolojik kumar ve konversiyon bozukluğu eş tanısı: Olgu sunumu ve psikoterapi süreci]. *Baluglumlilik Dergisi-Journal of Dependence*, 15(2), 105-109.

Full text in Turkish: <http://www.scopemed.org/?mno=159689>

Oya Mortan Sevi Surp Pırığıç Ermeni Hastanesi, Psikiyatri Bölümü, Zeytinburnu, İstanbul – Turkey. Email: oyamortan@gmail.com

ABSTRACT

This paper focuses on the psychotherapy process of a pathological gambling dependency case in which a combination of CBT and EMDR techniques was used. A factor that distinguishes this case is the comorbidity of conversion symptoms and their effects in the gambling cycle. The case was 38 year-old man, married and had a daughter. He was admitted to psychotherapy due to the addiction of playing horse racing continued for many years and causing huge financial losses. In addition, he had moderate depressive signs and conversion symptoms. The psychotherapy progress was continued for 12 sessions without medical support because he didn't benefit from drug treatment continuing for many years. The patient's desire to gamble and conversion symptoms hadn't relapsed during 1-year period. This case report underlined that EMDR and CBT are useful treatment options in pathological gambling addiction.

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Triscari, M. T., Faraci, P., Catalisano, D., D'Angelo, V., & Urso, V. (2015). Effectiveness of cognitive behavioral therapy integrated with systematic desensitization, cognitive behavioral therapy combined with eye movement desensitization and reprocessing therapy, and cognitive behavioral therapy combined with virtual reality exposure therapy methods in the treatment of flight anxiety: A randomized trial. *Neuropsychiatric Disease and Treatment*, 11, 2591-8. doi:10.2147/NDT.S93401

Palmira Faraci Faculty of human and social sciences, University of enna "Kore", cittadella Universitaria, Viale delle Olimpiadi, 1 94100 Enna, Italy. Email: palmira.faraci@unikore.it; palmirafaraci@gmail.com

ABSTRACT

The purpose of the research was to compare the effectiveness of the following treatment methods for fear of flying: cognitive behavioral therapy (CBT) integrated with systematic desensitization, CBT combined with eye movement desensitization and reprocessing therapy, and CBT combined with virtual reality exposure therapy. Overall, our findings have proven the efficacy of all interventions in reducing fear of flying in a pre- to post-treatment comparison. All groups showed a decrease in flight anxiety, suggesting the efficiency of all three treatments in reducing self-report measures of fear of flying. In particular, our results indicated significant improvements for the treated patients using all the treatment programs, as shown not only by test scores but also by participation in the post-treatment flight. Nevertheless, outcome measures maintained a significant effect at a 1-year follow-up. In conclusion, combining CBT with both the application of eye movement desensitization and reprocessing treatment and the virtual stimuli used to expose patients with aerophobia seemed as efficient as traditional cognitive behavioral treatments integrated with systematic desensitization. ❖

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