

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://emdria.omeka.net/>.

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

Banbury, N. M. (2016). Case study: Play therapy and eye movement desensitization and reprocessing for pediatric single incident posttraumatic stress disorder and developmental regression. *International Journal of Play Therapy*, 25(3), 166. doi:10.1037/pla0000026

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ABSTRACT

This qualitative study describes a successful 5-month pediatric treatment for posttraumatic stress disorder (PTSD) arising from a single incident trauma. Treatment was conceptualized through the adaptive information processing model and the use of eye movement desensitization and reprocessing integrated with child-centered play therapy, supported with family therapy and cognitive-behavioral strategies. When 5½ years old, the client experienced a tornado while separated from his mother and twin sister at a theme park. He developed significant symptoms of PTSD and developmental regression not present prior to the incident. Subsequent treatment from several providers and medications targeting symptoms were unsuccessful. This treatment, 1 year posttrauma, resulted in the resolution of his PTSD symptoms, reestablishment of pretraumatized development trajectory, and recovery to age-appropriate expectations and growth sustained 3 years posttrauma.

Benor, D., Rossiter-Thornton, J., & Toussaint, L. (2016). A randomized, controlled trial of wholistic hybrid derived from eye movement desensitization and reprocessing and emotional freedom technique (WHEE) for self-treatment of pain, depression, and anxiety in chronic pain patients. *Journal of Evidence-based Complementary & Alternative Medicine*. doi:10.1177/2156587216659400.

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ABSTRACT

In this pilot study, a convenience sample of 24 chronic pain patients (17 with chronic fatigue syndrome/fibromyalgia) were randomized into WHEE treatment and wait-list control groups for 6 weeks. Assessments of depression, anxiety, and pain were completed before, during, and at 1 and 3 months after treatment. Wait-listed patients then received an identical course of WHEE and assessments. WHEE decreased anxiety ($P < .5$) and depression ($P < .05$) compared with the control group. The wait-list-turned-WHEE assessments demonstrated decreased pain severity ($P < .05$) and depression ($P < .04$) but not pain interference or anxiety. WHEE appears a promising method for pain, anxiety, and depression in patients with chronic pain, compared to standard medical care alone. Though a small pilot study, the present results suggest that further research appears warranted. An incidental finding was that a majority of patients with chronic pain had suffered psychological trauma in childhood and/or adulthood.

Carletto, S., Borghi, M., Bertino, G., Oliva, F., Cavallo, M., Hofmann, A., . . . Ostacoli, L. (2016). Treating post-traumatic stress disorder in patients with multiple sclerosis: A randomized controlled trial comparing the efficacy of eye movement desensitization and reprocessing and relaxation therapy. *Frontiers in Psychology*, 7, 526. doi:10.3389/fpsyg.2016.00526.

Full text at: <http://journal.frontiersin.org/article/10.3389/fpsyg.2016.00526/full>.

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ABSTRACT

Objective: Multiple Sclerosis (MS) is a demyelinating autoimmune disease that imposes a significant emotional burden with heavy psychosocial consequences. Several studies have investigated the association between MS and mental disorders such as

depression and anxiety, and recently researchers have focused also on Post-traumatic Stress Disorder (PTSD). This is the first study that investigates the usefulness of proposing a treatment for PTSD to patients with MS.

Methods: A randomized controlled trial with patients with MS diagnosed with PTSD comparing Eye Movement Desensitization and Reprocessing (EMDR; n = 20) and Relaxation Therapy (RT; n = 22). The primary outcome measure was the proportion of participants that no longer meet PTSD diagnosis as measured with Clinician Administered PTSD Scale 6-months after the treatment.

Results: The majority of patients were able to overcome their PTSD diagnosis after only 10 therapy sessions. EMDR treatment appears to be more effective than RT in reducing the proportion of patients with MS suffering from PTSD. Both treatments are effective in reducing PTSD severity, anxiety and depression symptoms, and to improve Quality of Life.

Conclusion: Although our results can only be considered preliminary, this study suggests that it is essential that PTSD symptoms are detected and that brief and cost-effective interventions to reduce PTSD and associated psychological symptoms are offered to patients, in order to help them to reduce the psychological burden associated with their neurological condition.

TRIAL REGISTRATION: NCT01743664, <https://clinicaltrials.gov/ct2/show/NCT01743664>.

Coubard, O. A. (2016). An integrative model for the neural mechanism of eye movement desensitization and reprocessing (EMDR). *Frontiers in Behavioral Neuroscience*, 10, 52. doi:10.3389/fnbeh.2016.00052.

Full text at: <http://journal.frontiersin.org/article/10.3389/fnbeh.2016.00052/full>.

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ABSTRACT

Since the seminal report by Shapiro that bilateral stimulation induces cognitive and emotional changes, 26 years of basic and clinical research have examined the effects of Eye Movement Desensitization and Reprocessing (EMDR) in anxiety disorders, particularly in post-traumatic stress disorder (PTSD). The present article aims at better understanding EMDR neural mechanism. I

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first review procedural aspects of EMDR protocol and theoretical hypothesis about EMDR effects, and develop the reasons why the scientific community is still divided about EMDR. I then slide from psychology to physiology describing eye movements/emotion interaction from the physiological viewpoint, and introduce theoretical and technical tools used in movement research to re-examine EMDR neural mechanism. Using a recent physiological model for the neuropsychological architecture of motor and cognitive control, the Threshold Interval Modulation with Early Release-Rate of rlse Deviation with Early Release (TIMER-RIDER)-model, I explore how attentional control and bilateral stimulation may participate to EMDR effects. These effects may be obtained by two processes acting in parallel: (i) activity level enhancement of attentional control component; and (ii) bilateral stimulation in any sensorimotor modality, both resulting in lower inhibition enabling dysfunctional information to be processed and anxiety to be reduced. The TIMER-RIDER model offers quantitative predictions about EMDR effects for future research about its underlying physiological mechanisms.

Dautovic, E., de Roos, C., van Rood, Y., Dommerholt, A., & Rodenburg, R. (2016). Pediatric seizure-related posttraumatic stress and anxiety symptoms treated with EMDR: A case series. *European Journal of Psychotraumatology*, 7, 30123.

Full text: <http://www.ejpt.net/index.php/ejpt/article/view/30123>.

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ABSTRACT

Purpose: To examine the potential effects of eye movement desensitization and reprocessing (EMDR) in children with epilepsy-related posttraumatic stress and/or anxiety symptoms, using a case series design.

Methods: Five children (aged 8-18) with epilepsy identified for seizure-related posttraumatic stress and/or anxiety symptoms were treated with EMDR. To examine potential treatment effects, posttraumatic stress and anxiety symptoms were assessed (CRTI and SCARED) pre- and post-EMDR and at 3-month follow-up. Normative deviation scores were calculated to examine the severity of seizure-related posttraumatic stress and anxiety symptoms over time. The reliable change index was calculated for pre- to posttreatment change of seizure-related posttraumatic stress and/or anxiety symptoms.

Results: Before EMDR, overall or subscale scores indicated that all children had (sub)clinical seizure-related posttraumatic stress symptoms and/or anxiety symptoms. Directly after EMDR, most children showed significant and/or clinical individual improvement, and these beneficial effects were maintained or reached at

follow-up. The mean number of sessions was 2 (range 1-3, 45 min per session).

Conclusions: In case of seizure-related posttraumatic stress and/or anxiety, this study indicates that EMDR is a potentially successful quick and safe psychological treatment for children with epilepsy.

De Jongh, A., Resick, P. A., Zoellner, L. A., van Minnen, A., Lee, C. W., Monson, C. M., . . . Bicanic, I. A. (2016). Critical analysis of the current treatment guidelines for complex PTSD in adults. *Depression and Anxiety*, 33(5), 359-69. doi:10.1002/da.22469

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ABSTRACT

According to current treatment guidelines for Complex PTSD (cPTSD), psychotherapy for adults with cPTSD should start with a "stabilization phase." This phase, focusing on teaching self-regulation strategies, was designed to ensure that an individual would be better able to tolerate trauma-focused treatment. The purpose of this paper is to critically evaluate the research underlying these treatment guidelines for cPTSD, and to specifically address the question as to whether a phase-based approach is needed. As reviewed in this paper, the research supporting the need for phase-based treatment for individuals with cPTSD is methodologically limited. Further, there is no rigorous research to support the views that: (1) a phase-based approach is necessary for positive treatment outcomes for adults with cPTSD, (2) front-line trauma-focused treatments have unacceptable risks or that adults with cPTSD do not respond to them, and (3) adults with cPTSD profit significantly more from trauma-focused treatments when preceded by a stabilization phase. The current treatment guidelines for cPTSD may therefore be too conservative, risking that patients are denied or delayed in receiving conventional evidence-based treatments from which they might profit.

J. Gielkens, E. M., S. Sobczak, Alphen, S. P. J., S.Sobczak, & Alphen, S. P. J. (2016). Eye movement desensitization and reprocessing therapy for personality disorders in older adults? *International Psychogeriatrics / IPA*, 1-2. doi:10.1017/S1041610216000892

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ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) is a kind of psychotherapy, which is growing in popularity, particularly for treatment of post-traumatic stress disorder (PTSD). When Shapiro first introduced EMDR in 1989, it was approached as a controversial treatment because of lack of evidence. However, nowadays there is growing evidence for EMDR efficacy in PTSD (Mc Guire et al., 2014) and EMDR is recommended by international and national treatment guidelines for PTSD. Moreover, EMDR is also used for the treatment of other anxiety disorders, such as panic disorders (De Jongh et al., 2002). Furthermore, research continues on effects of EMDR in addiction, somatoform disorders and psychosis. So far, there is no empirical research on the efficacy of EMDR treatment in older adults.

Jung, W. H., Chang, K. J., & Kim, N. H. (2016). Disrupted topological organization in the whole-brain functional network of trauma-exposed firefighters: A preliminary study. *Psychiatry Research*, 250, 15-23. doi:10.1016/j.psychresns.2016.03.003.

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ABSTRACT

Given that partial posttraumatic stress disorder (pPTSD) may be a specific risk factor for the development of posttraumatic stress disorder (PTSD), it is important to understand the neurobiology of pPTSD. However, there are few extant studies in this domain. Using resting-state functional magnetic resonance imaging (rs-fMRI) and a graph theoretical approach, we compared the topological organization of the whole-brain functional network in trauma-exposed firefighters with pPTSD (pPTSD group, n=9) with those without pPTSD (PC group, n=8) and non-traumatized healthy controls (HC group, n=11). We also examined changes in the network topology of five individuals with pPTSD before and after eye movement desensitization and reprocessing (EMDR) therapy. Individuals with pPTSD exhibited altered global properties, including a reduction in values of a normalized clustering coefficient, normalized local efficiency, and small-worldness. We also observed altered local properties, particularly in the association cortex, including the temporal and parietal cortices, across groups. These disruptive global and local network properties presented in pPTSD before treatment were ameliorated after treatment. Our preliminary results suggest that subthreshold manifestation of PTSD may be due to a disruption in the optimal balance in the functional brain networks and that this disruption can be ameliorated by psychotherapy.

Maroufi, M., Zamani, S., Izadikhah, Z., Marofi, M., & O'Connor, P. (2016). Investigating the effect of eye movement desensitization and reprocessing (EMDR) on postoperative pain intensity in adolescents undergoing surgery: A randomized controlled trial. *Journal of Advanced Nursing*. doi:10.1111/jan.12985.

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ABSTRACT

Aim: To investigate the efficacy of Eye Movement Desensitization and Reprocessing for postoperative pain management in adolescents.

Background: Eye Movement Desensitization and Reprocessing is an inexpensive, non-pharmacological intervention that has successfully been used to treat chronic pain. It holds promise in the treatment of acute, postsurgical pain based on its purported effects on the brain and nervous system.

Design: A randomized controlled trial was used.

Methods: Fifty-six adolescent surgical patients aged between 12-18 years were allocated to gender-balanced Eye Movement Desensitization and Reprocessing (treatment) or non-Eye Movement Desensitization and Reprocessing (control) groups. Pain was measured using the Wong-Baker FACES(®) Pain Rating Scale (WBFS) before and after the intervention (or non-intervention for the control group).

Findings: A Wilcoxon signed-rank test demonstrated that the Eye Movement Desensitization and Reprocessing group experienced a significant reduction in pain intensity after treatment intervention, whereas the control group did not. Additionally, a Mann-Whitney U-test showed that, while there was no significant difference between the two groups at time 1, there was a significant difference in pain intensity between the two groups at time 2, with the Eye Movement Desensitization and Reprocessing group experiencing lower levels of pain.

Conclusion: These results suggest that Eye Movement Desensitization and Reprocessing may be an effective treatment modality for postoperative pain.

Masson, J., Bernoussi, A., & Regourd-Laizeau, M. (2016). From the influence of traumas to therapeutic letting go: The contribution of hypnosis and EMDR. *The International Journal of Clinical and Experimental Hypnosis*, 64(3), 350-64. doi:10.1080/00207144.2016.1171108

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ABSTRACT

The development of new psychotherapies such as Eye Movement Desensitization and Reprocessing (EMDR) has led to numerous fresh approaches to both the treatment of trauma and to the understanding of underlying psychopathology. A unified view appears to be slowly emerging in an attempt to corroborate clinical practice with neurobiological data. This article attempts to demonstrate links between alternate psychotherapies by highlighting what appears to be an invariant among these approaches, namely "letting go." This concept refers to a

psycho-physical dynamic that combines psychological dissociation and reassociation, as well as the body's vagotonic mechanisms. Following an explanation of this process, it is demonstrated how letting go can manifest itself physiologically and why this may be significant in the study of trauma.

Morina, N., Koerssen, R., & Pollet, T. V. (2016). Interventions for children and adolescents with posttraumatic stress disorder: A meta-analysis of comparative outcome studies. *Clinical Psychology Review*, 47, 41-54. doi:10.1016/j.cpr.2016.05.006.

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ABSTRACT

This meta-analysis aimed at determining the efficacy of psychological and psychopharmacological interventions for children and adolescents suffering from symptoms of posttraumatic stress disorder (PTSD). A search using the Medline, PsycINFO, and PILOTS databases was conducted to identify randomized controlled trials (RCTs) for pediatric PTSD. The search resulted in 41 RCTs, of which 39 were psychological interventions and two psychopharmacological interventions. Results showed that psychological interventions are effective in treating PTSD, with aggregated effect sizes of Hedge's $g=0.83$ when compared to waitlist and $g=0.41$ when compared to active control conditions at posttreatment. Trauma-focused cognitive behavior therapy was the most researched form of intervention and resulted in medium to large effect sizes when compared to waitlist ($g=1.44$) and active control conditions ($g=0.66$). Experimental conditions were also more effective than control conditions at follow-up. Interventions were further effective in reducing comorbid depression symptoms, yet the obtained effect sizes were small to medium only. The findings indicate that psychological interventions can effectively reduce PTSD symptoms in children and adolescents. There is very little evidence to support use of psychopharmacological interventions for pediatric PTSD.

Matthijssen, S. J., & van den Hout, M. (2016). The use of EMDR in positive verbal material: Results from a patient study. *European Journal of Psychotraumatology*, 7, 30119.

Full text: <http://www.ejpt.net/index.php/ejpt/article/view/30119>.

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ABSTRACT

Background: According to the working memory (WM) theory of eye movement desensitisation and reprocessing (EMDR), dual tasks that tax WM during memory recall reduce image vividness and emotionality of memory during future recalls when no dual task is carried out. There is some evidence that WM taxing also reduces vividness and emotionality of auditory or verbal imagery.

Objective: The present study tests the effect of eye movements (EM) on positive verbal material (verbal imagery), which is used in different parts of the EMDR protocol. In the Dutch version of the standard EMDR protocol, a procedure "Positive Closure" (PC) is performed, which uses verbal imagery under dual task condition (EM). The value of EM in this procedure has not been established and according to the WM account would be counterproductive. Two earlier studies with undergraduates, with a set-up comparable to the present one, showed no additive value of the EM in the procedure, but no counterproductive effect either.

Method: Thirty-six patients rated the belief in possessing two positive personality traits and emotionality of the traits. They then had an EMDR session targeting a negative memory and recalled and re-rated the belief and emotionality of the traits afterward. Subsequently, they recalled one trait while dual tasking (EM) and the other trait without dual tasking. Afterward, they re-rated the belief and emotionality.

Results: EM did not affect the belief in possessing the trait or the emotionality. Secondary analysis shows an effective EMDR session itself enhances the belief in the traits, compared to a less or non-effective EMDR session.

Conclusions: EM are not effective in enhancing the belief in possessing a personality trait or the emotionality. If replicated by other patient studies, this suggests elimination of the PC procedure.

Nijdam, M. J., & Olf, M. (2016). Erasing memory traces of trauma with eye movement desensitization and reprocessing therapy. *European Journal of Psychotraumatology*, 7, 32545.

Full text: <http://www.ejpt.net/index.php/ejpt/article/view/32545>.

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ABSTRACT

With its open access character, the *European Journal of Psychotraumatology* aims to promote evidence-based treatments around the world, while at the same time welcoming new forms of treatment without losing its critical scientific eye. Eye movement desensitization and reprocessing therapy (EMDR) is by now a well-established treatment for posttraumatic stress disorder

(PTSD). There is good evidence for its efficacy and together with trauma-focused cognitive behavioral therapy (TF-CBT) it is considered to be the first-line treatment for PTSD (Bisson, Roberts, Andrew, Cooper, & Lewis, 2013). All these effective psychotherapies for PTSD have many key elements in common (Schnyder et al., 2015). EMDR is as effective as other forms of trauma-focused psychotherapy (e.g., Nijdam, Gersons, Reitsma, de Jongh, & Olf, 2012) and a recent meta-analysis has shown EMDR even to be slightly superior to TF-CBT for reduction of intrusion and arousal symptoms (Chen, Zhang, Hu, & Liang, 2015). EMDR treatment has also been shown to be efficacious in terms of symptom reduction in refugee populations (Ter Heide, 2011; Acarturk et al., 2016; Mooren, Van de Schoot, de Jongh, & Kleber, 2016) and in survivors of childhood abuse (Ehring et al., 2014). However, some debate still exists about its mechanisms of action (Elofsson, von Schöele, Theorell, & Söndergaard, 2008; Engelhard, 2012; Landin-Romero et al., 2013; Shapiro, 2014).

Pathman, T., & Ghetti, S. (2016). More to it than meets the eye: How eye movements can elucidate the development of episodic memory. *Memory* (Hove, England), 24(6), 721-36. doi:10.1080/09658211.2016.1155870.

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ABSTRACT

The ability to recognise past events along with the contexts in which they occurred is a hallmark of episodic memory, a critical capacity. Eye movements have been shown to track veridical memory for the associations between events and their contexts (relational binding). Such eye-movement effects emerge several seconds before, or in the absence of, explicit response, and are linked to the integrity and function of the hippocampus. Drawing from research from infancy through late childhood, and by comparing to investigations from typical adults, patient populations, and animal models, it seems increasingly clear that eye movements reflect item-item, item-temporal, and item-spatial associations in developmental populations. We analyse this line of work, identify missing pieces in the literature and outline future avenues of research, in order to help elucidate the development of episodic memory.

Steinert, C., Bumke, P. J., Hollekamp, T. L., Larisch, A., Leichsenring, F., Mattheß, H., . . . Kruse, J. (2016). Treating post-traumatic stress disorder by resource activation in Cambodia. *World Psychiatry*, 15(2), 183-185. doi:10.1002/wps.20303.

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ABSTRACT

None [three selected paragraphs follow]

Introduction: There is a need for effective, low-threshold psychotherapeutic treatments in post-conflict settings. However, systematic outcome research on site is still extremely rare. To address this problem we integrated rigorous research procedures into a humanitarian program, the so called Mekong Project, and conducted a randomized controlled trial for the treatment of post-traumatic stress disorder (PTSD) in Cambodia.

Aim: Our aim was to test the efficacy of a non-confrontational psychotherapeutic treatment for PTSD. The therapy includes two main treatment principles described in treatment manuals: resource-oriented trauma therapy and resource installation with eye movement desensitization and reprocessing (EMDR) (short: ROTATE). ROTATE aims at strengthening resilience and coping capacities by activating positive personal resources, and largely draws on psychodynamic principles of the therapeutic relationship. It includes a variety of imaginative resource-activating methods as well as resource development and installation, an EMDR technique aiming at systematically developing and anchoring resources using alternating bilateral stimulation.

Summary: Conducting a randomized controlled trial in a developing country is challenging. Nevertheless, we were able to show that the implementation of such a trial was possible and that this specific form of trauma therapy was well accepted by therapists and patients. Our results are preliminary but promising. Further research is required to corroborate the findings.

van den Berg, D. P., van der Vleugel, B. M., de Bont, P. A., Staring, A. B., Kraan, T., Ising, H., . . . van der Gaag, M. (2016). Predicting trauma-focused treatment outcome in psychosis. *Schizophrenia Research*. doi:10.1016/j.schres.2016.07.016

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ABSTRACT

Objective: Although TF treatments are effective in patients with psychosis, it is unknown whether specific psychosis-related obstacles limit the effects, and what determines good outcome.

Methods: Baseline posttraumatic stress disorder (PTSD) symptom severity and seven psychosis-specific variables were tested as predictors in patients with a psychotic disorder and PTSD (n=108), who received eight sessions of TF treatment (Prolonged Exposure, or Eye Movement Desensitization and Reprocessing therapy) in a single-blind randomized controlled trial. Multiple regression analyses were performed.

Results: Baseline PTSD symptom severity was significantly associated with posttreatment PTSD symptom severity, explaining 11.4% of the variance. Additionally, more severe PTSD at baseline was also significantly associated with greater PTSD symptom improvement during treatment. After correction for baseline PTSD symptom severity, the model with the seven baseline variables did not significantly explain the variance in posttreatment PTSD outcome. Within this non-significant model, the presence of auditory verbal hallucinations contributed uniquely to posttreatment outcome but explained little variance (5.4%). Treatment completers and dropouts showed no significant difference on any of the psychosis-related variables.

Conclusions: Given the low predictive utility of baseline psychosis-related factors, we conclude that there is no evidence-based reason to exclude patients with psychotic disorders from TF treatments. Also, we speculate that patients with psychosis and severe baseline PTSD might derive more benefit if given more than eight sessions.

Trial registration current controlled-trials.com | Identifier: ISRCTN79584912 | <http://www.isrctn.com/ISRCTN79584912>

van Schie, K., van Veen, S. C., Engelhard, I. M., Klugkist, I., & van den Hout, M. A. (2016). Blurring emotional memories using eye movements: Individual differences and speed of eye movements. *European Journal of Psychotraumatology*, 7, 29476.

Full text: <http://www.ejpt.net/index.php/ejpt/article/view/29476>

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ABSTRACT

Background: In eye movement desensitization and reprocessing (EMDR), patients make eye movements (EM) while recalling traumatic memories. Making EM taxes working memory (WM), which leaves less resources available for imagery of the memory. This reduces memory vividness and emotionality during future recalls. WM theory predicts that individuals with small working memory capacities (WMCs) benefit more from low levels of taxing (i.e., slow EM) whereas individuals with large WMC benefit more from high levels of taxing (i.e., fast EM).

Objective: We experimentally examined and tested four prespecified hypotheses regarding the role of WMC and EM speed in reducing emotionality and vividness ratings: 1) EM-regardless of WMC and EM speed-are more effective compared to no dual task, 2) increasing EM speed only affects the decrease in memory ratings irrespective of WMC, 3) low-WMC individuals-compared to high-WMC individuals-benefit more from making either type of EM, 4) the EM intervention is most effective

when-as predicted by WM theory-EM are adjusted to WMC.

Method: Undergraduates with low (n=31) or high (n=35) WMC recalled three emotional memories and rated vividness and emotionality before and after each condition (recall only, recall + slow EM, and recall + fast EM).

Results: Contrary to the theory, the data do not support the hypothesis that EM speed should be adjusted to WMC (hypothesis 4). However, the data show that a dual task in general is more effective in reducing memory ratings than no dual task (hypothesis 1), and that a more cognitively demanding dual task increases the intervention's effectiveness (hypothesis 2).

Conclusions: Although adjusting EM speed to an individual's WMC seems a straightforward clinical implication, the data do not show any indication that such a titration is helpful

van Veen, S. C., Engelhard, I. M., & van den Hout, M. A. (2016). The effects of eye movements on emotional memories: Using an objective measure of cognitive load. *European Journal of Psychotraumatology*, 7, 30122.

Full text: <http://www.ejpt.net/index.php/ejpt/article/view/30122>.

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ABSTRACT

Background: Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. The working memory (WM) theory explains its efficacy: recall of an aversive memory and making eye movements (EM) both produce cognitive load, and competition for the limited WM resources reduces the memory's vividness and emotionality. The present study tested several predictions from WM theory.

Objective: We hypothesized that 1) recall of an aversive autobiographical memory loads WM compared to no recall, and 2) recall with EM reduces the vividness, emotionality, and cognitive load of recalling the memory more than only recall or only cognitive effort (i.e., recall of an irrelevant memory with EM).

Method: Undergraduates (N=108) were randomly assigned to one of three conditions: 1) recall relevant memory with EM, 2) recall relevant memory without EM, and 3) recall irrelevant memory with EM. We used a random interval repetition task to measure the cognitive load of recalling the memory. Participants responded to randomly administered beeps, with or without recalling the memory. The degree to which participants slow down during

recall provides an index of cognitive load. We measured the cognitive load and self-reported vividness and emotionality before, halfway through (8x24 s), and after (16x24 s) the intervention.

Results: Reaction times slowed down during memory recall compared to no recall. The recall relevant with EM condition showed a larger decrease in self-reported vividness and emotionality than the control conditions. The cognitive load of recalling the memory also decreased in this condition but not consistently more than in the control conditions.

Conclusions: Recall of an aversive memory loads WM, but drops in vividness and emotionality do not immediately reduce the cognitive load of recalling the memory. More research is needed to find objective measures that could capture changes in the quality of the memory. ❖