

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>.

Amano, T., & Toichi, M. (2016). Possible neural mechanisms of psychotherapy for trauma-related symptoms: Cerebral responses to the neuropsychological treatment of post-traumatic stress disorder model individuals. *Scientific Reports*, 6, 34610. doi:10.1038/srep34610

Full text: <http://www.nature.com/articles/srep34610>.

Motomi Toichi, Graduate School of Medicine, Kyoto University, Kyoto, Japan. E-mail: uiu60432@nifty.com

ABSTRACT

Psychotherapy is often effective for treating psychogenic disorders, but the changes that occur in the brain during such treatments remain unknown. To investigate this, we monitored cerebral activity throughout an entire session using a psychotherapeutic technique in healthy subjects. Since post-traumatic stress disorder (PTSD) is a typical psychogenic psychiatric disorder, we used PTSD-model volunteers who had experienced a moderately traumatic event. The technique used as psychotherapy was eye movement desensitisation and reprocessing (EMDR), a standard method for treating PTSD. The oxygenated haemoglobin concentration ([oxy-Hb]), a sensitive index of brain activation, measured using multi-channel near-infrared spectroscopy, revealed changes in [oxy-Hb] in the superior temporal sulcus (STS) and orbitofrontal cortex (OFC). During a vital therapeutic stage, a significant reduction in the activation by forced eye movements was observed in the right STS, and a trend toward a reduction in the left OFC. The hyperactivation of the right STS on the recall of unpleasant memories, and its normalisation by eye movements, seem to reflect an important neural mechanism of the psychotherapy. These findings suggest that psychotherapy for traumatic symptoms involves brain regions related to memory representation and emotion, and possibly those that link memory and emotion, such as the amygdala.

Amano, T., & Toichi, M. (2016). The role of alternating bilateral stimulation in establishing positive cognition in EMDR therapy: A multi-channel near-infrared spectroscopy study. *PLoS ONE*, 11(10), e0162735. doi:10.1371/journal.pone.0162735

Full text: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0162735>.

Tamaki Amano. Graduate School of Medicine, Kyoto University, Kyoto, Japan. E-mail: uiu60432@nifty.com

ABSTRACT

Eye movement desensitisation and reprocessing (EMDR) is a standard method for treating post-traumatic stress disorder. EMDR treatment consists of desensitisation and resource development and installation (RDI) stages. Both protocols provide a positive alternating bilateral stimulation (BLS). The effect of desensitisation with BLS has been elucidated. However, a role for BLS in RDI remains unknown. Therefore, it is important to measure feelings as subjective data and physiological indicators as objective data to clarify the role of BLS in RDI. RDI was administered to 15 healthy volunteer subjects who experienced pleasant memories. Their oxygenated haemoglobin concentration ([oxy-Hb]), a sensitive index of brain activity, was measured from the prefrontal cortex (PFC) to the temporal cortex using multi-channel near-infrared spectroscopy during recall of a pleasant memory with or without BLS. The BLS used was alternating bilateral tactile stimulation with a vibration machine. The psychological evaluation suggested that RDI was successful. The results showed that, compared with non-BLS conditions, accessibility was increased and subjects were more relaxed under BLS conditions. A significant increase in [oxy-Hb] was detected in the right superior temporal sulcus (STS), and a decrease in the wide bilateral areas of the PFC was observed in response to BLS. The significant BLS-induced activation observed in the right STS, which is closely related to memory representation, suggests that BLS may help the recall of more representative pleasant memories. Furthermore, the significant reduction in the PFC, which is related to emotion regulation,

suggests that BLS induces relaxation and comfortable feelings. These results indicate an important neural mechanism of RDI that emotional processing occurred rather than higher cognitive processing during this stage. Considering the neuroscientific evidence to date, BLS in RDI may enhance comfortable feelings about pleasant memories. Based on the current findings, the use of BLS in RDI may be warranted in some clinical situations.

Bhagwagar, H. (2016). EMDR in the treatment of panic disorder with agoraphobia: A case description. *Journal of EMDR Practice and Research*, 10(4). doi:10.1891/1933-3196.10.4.256.

Hvovi Bhagwagar, 603, Odyssey-1, Orchard Avenue, Hiranandani, Powai, Mumbai-400076, India. E- mail: hvovi.bhagwagar@gmail.com.

ABSTRACT

The results of preliminary research investigating the application of eye movement desensitization and reprocessing (EMDR) treatment in panic disorder and panic disorder with agoraphobia suggests that reprocessing of past traumas produces significant reduction of anxiety and consequently, remission from panic

attacks and avoidance behavior. This article describes the case study of a 30-year-old working professional where EMDR treatment, used to target early childhood traumas, led to reduction in symptoms of panic disorder with agoraphobia. Panic attacks diminished after 17 sessions of EMDR treatment, which followed Leeds's treatment model. Treatment gains were maintained 5 years after termination. The study shows the value of solid preparation work, and of addressing the current triggers and recent events, before targeting historical traumas. EMDR worked as a first-line treatment to resolving the roots of the panic at-tacks, suggesting that the resolution of traumatic childhood memories can make a significant difference to current symptoms of panic disorder with agoraphobia.

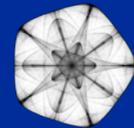
Chiorino, V., Roveraro, S., Caterina Cattaneo, M., Salerno, R., Macchi, E. A., Bertolucci, G. G., . . . Fernandez, I. (2016). A model of clinical intervention in the maternity ward: The breastfeeding and bonding EMDR protocol. *Journal of EMDR Practice and Research*, 10(4). doi:10.1891/1933-3196.10.4.275.

Valentina Chiorino, Mangiagalli Hospital, Via della Commenda 12, Milan, Italy. E-mail: valentina.chiorino@tin.

Sonoma Psychotherapy Training Institute

Andrew M. Leeds PhD Director

EMDRIA Approved Consultant and Trainer



Impact of attachment in EMDR therapy: theory and practice with video

with Andrew M. Leeds, Ph.D. & Dolores Mosquera, Psy.

Sept 30/Oct 1, 2017 Hampton Inn, Oakland Airport-Alameda

how to adapt interventions in all eight phases of EMDR

Full details at:

<http://www.sonomapti.com/advancedtraining.html>

EMDRIA Home Study Courses

Read a book. Pass the exam. Earn your credits.

A Guide to the Standard EMDR Therapy Protocols or EMDR and Dissociation: The Progressive Approach

Earn 12 EMDRIA Credits and CEs.

New all digital "Positive Affect Tolerance" video course

<http://www.andrewleeds.net/training/homestudy.php>

Your best value - CIT, Basic and Advanced **Group** Consultation by telephone conference call
Details online <http://EMDRConsultation.net/>

Basic EMDR Therapy Training in San Francisco Bay Area

with licensed trainings in Denver

Complete Basic EMDR training in four two-day weekends.

Find our training schedule and major EMDR articles at:

www.SonomaPTI.com/basictraining.html

Free Online Resources

Get the latest EMDR articles in our free newsletter.

Download selected EMDRIA conference handouts, EMDR treatment templates, and case consultation forms.

Get details on all programs at:

www.AndrewLeeds.net/training.html

ABSTRACT

Breastfeeding is one of the main manifestations of the bond that a mother builds with her newborn baby. Literature on psychological support for mothers in the early stages of breastfeeding is limited and interventions often do not pinpoint the actual roots of the difficulties. Breastfeeding difficulties may cause emotional distress to women and this can impact significantly on bonding and the perinatal period may turn into a state of crisis. Therefore, it is essential for the clinical psychologist to intervene selectively and in a prompt, effective way, especially when working in a maternity ward. This article suggests a model of intervention: the Breastfeeding and Bonding EMDR Protocol. This protocol, created ad hoc for breastfeeding, combines the work with eye movement desensitization and reprocessing (EMDR) on recent events, the standard protocol and the installation of resources. The hospital case study presented here thoroughly illustrates the various stages of the protocol and the peculiarity and functionality of EMDR regarding breastfeeding and bonding issues in the immediate postpartum period. Prevention is the paramount subject of the model of clinical intervention on breastfeeding hereafter presented.

Courtney, D. M. (2016). EMDR to treat children and adolescents: Clinicians' experiences using the EMDR journey game. *Journal of EMDR Practice and Research*, 10(4). doi:10.1891/1933-3196.10.4.245.

Deborah M. Courtney, 300 Jay Street, Brooklyn, NY 11201. E-mail: dcourtney@citytech.cuny.edu.

ABSTRACT

Childhood trauma is a pervasive social issue with profound consequences. Eye movement desensitization and reprocessing (EMDR) therapy is an effective treatment for children. Challenges can arise when using EMDR with children, such as difficulty engaging children and developmental fit of the protocol. Child experts have developed creative tools to address these challenges. The EMDR Journey Game is one such tool that integrates creative modalities with EMDR. This study explored the relationship between use of the game and clinician's perceived client engagement and clinician confidence. This study employed an observational, cross-sectional design, surveying (online) 69 EMDR-trained clinicians, half of whom had used the game and half of whom had not. Results show clinicians were motivated to use the EMDR Journey Game to engage children in EMDR and to increase their confidence. Findings also suggest the game was perceived to enhance children's engagement with EMDR; clinicians' experience (years and frequency of use) with EMDR impacts their confidence using EMDR with adolescents and adults, but not with children. Results support the efforts of child experts to develop appropriate, creative tools to adapt EMDR for children. Further exploration of clinician confidence using EMDR with children is necessary.

Dorsey, S., McLaughlin, K. A., Kerns, S. E. U., Harrison, J. P., Lambert, H. K., Briggs, E. C., . . . Amaya-Jackson, L. (2016). Evidence base update for psychosocial treatments for children and adolescents exposed to traumatic events. *Journal of Clinical Child & Adolescent Psychology*, 1-28. doi:10.1080/15374416.2016.1220309.

Shannon Dorsey, Department of Psychology, University of Washington, Guthrie Hall, Box 351525, Seattle, WA 98195. Tele: 206.543.2640. E-mail: dorsey2@uw.edu.

ABSTRACT

Child and adolescent trauma exposure is prevalent, with trauma exposure-related symptoms, including posttraumatic stress, depressive, and anxiety symptoms often causing substantial impairment. This article updates the evidence base on psychosocial treatments for child and adolescent trauma exposure completed for this journal by Silverman et al. (2008). For this review, we focus on 37 studies conducted during the seven years since the last review. Treatments are grouped by overall treatment family (e.g., cognitive behavioral therapy), treatment modality (e.g., individual vs. group), and treatment participants (e.g., child only vs. child and parent). All studies were evaluated for methodological rigor according to Journal of Clinical Child & Adolescent Psychology evidence-based treatment evaluation criteria (Southam-Gerow & Prinstein, 2014), with cumulative designations for level of support for each treatment family. Individual CBT with parent involvement, individual CBT, and group CBT were deemed well-established; group CBT with parent involvement and eye movement desensitization and reprocessing (EMDR) were deemed probably efficacious; individual integrated therapy for complex trauma and group mind-body skills were deemed possibly efficacious; individual client-centered play therapy, individual mind-body skills, and individual psychoanalysis were deemed experimental; and group creative expressive + CBT was deemed questionable efficacy. Advances in the evidence base, with comparisons to the state of the science at the time of the Silverman et al. (2008) review, are discussed. Finally, we present dissemination and implementation challenges and areas for future research.

Gillies, D., Maiocchi, L., Bhandari, A. P., Taylor, F., Gray, C., & O'Brien, L. (2016). Psychological therapies for children and adolescents exposed to trauma. *Cochrane Database of Systematic Reviews (Online)*, 10, CD012371. doi:10.1002/14651858.CD012371

Donna Gillies, Western Sydney Local Health District - Mental Health, Cumberland Hospital, Locked Bag 7118, Parramatta, NSW, 2124, Australia. donna.gillies1@health.nsw.gov.au.

ABSTRACT

Background: Children and adolescents who have experienced trauma are at high risk of developing post-traumatic stress disorder (PTSD) and other negative emotional, behavioural and mental health costs. A wide range of psychological treatments

are used to prevent negative outcomes associated with trauma in children and adolescents.

Objectives: To assess the effects of psychological therapies in preventing PTSD and associated negative emotional, behavioural and mental health outcomes in children and adolescents who have undergone a traumatic event.

Search Methods: We searched the Cochrane Common Mental Disorders Group's Specialised Register to 29 May 2015. This register contains reports of relevant randomised controlled trials from The Cochrane Library (all years), EMBASE (1974 to date), MEDLINE (1950 to date) and PsycINFO (1967 to date). We also checked reference lists of relevant studies and reviews. We did not restrict the searches by date, language or publication status.

Selection Criteria: All randomised controlled trials of psychological therapies compared with a control such as treatment as usual, waiting list or no treatment, pharmacological therapy or other treatments in children or adolescents who had undergone a traumatic event.

Data Collection and Analysis: Two members of the review group independently extracted data. We calculated odds ratios for binary outcomes and standardised mean differences for continuous outcomes using a random-effects model. We analysed data as short-term (up to and including one month after therapy), medium-term (one month to one year after therapy) and long-term (one year or longer).

Main Results: Investigators included 6201 participants in the 51 included trials. Twenty studies included only children, two included only preschool children and ten only adolescents; all others included both children and adolescents. Participants were exposed to sexual abuse in 12 trials, to war or community violence in ten, to physical trauma and natural disaster in six each and to interpersonal violence in three; participants had suffered a life-threatening illness and had been physically abused or maltreated in one trial each. Participants in remaining trials were exposed to a range of traumas. Most trials compared a psychological therapy with a control such as treatment as usual, wait list or no treatment. Seventeen trials used cognitive-behavioural therapy (CBT); four used family therapy; three required debriefing; two trials each used eye movement desensitisation and reprocessing (EMDR), narrative therapy, psychoeducation and supportive therapy; and one trial each provided exposure and CBT plus narrative therapy. Eight trials compared CBT with supportive therapy, two compared CBT with EMDR and one trial each compared CBT with psychodynamic therapy, exposure plus supportive therapy with supportive therapy alone and narrative therapy plus CBT versus CBT alone. Four trials compared individual delivery of psychological therapy to a group model of the same therapy, and one compared CBT for children versus CBT for both mothers and children. The likelihood of being diagnosed with PTSD in children and adolescents who received a psychological therapy was significantly reduced compared to those who received no treatment, treatment as usual or were on a waiting list for up to a month following treatment (odds ratio (OR) 0.51, 95% confidence interval (CI) 0.34 to 0.77; number needed to treat for an additional beneficial outcome (NNTB) 6.25, 95% CI 3.70 to 16.67; five studies; 874 participants). However the overall quality of evidence for the diagnosis of PTSD was rated as very low. PTSD symptoms were also significantly reduced for a month after therapy (standardised mean difference (SMD) -0.42, 95% CI -0.61 to -0.24; 15 studies; 2051 participants) and the quality of evidence was rated as low. These effects of psychological therapies were not apparent over the longer term. CBT was found to be no more or less effective than EMDR and supportive therapy in reducing diagnosis

EMDR Institute Advanced Clinical Applications Workshops & Distance Learning Courses



EMDR Protocol for Recent Critical Incidents (PRECI) & Integrative Group Treatment Protocol (IGTP)

Ignacio Jarero, PhD, EdD

San Francisco-October 8, 2016

7 Professional & EMDRIA CE Credits

HOME STUDY COURSES

The Utilization of EMDR with Trauma & Dissociative Symptoms DVD Course

Curt Rouanzoin, PhD

Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols & Procedures Book Course

Francine Shapiro, PhD

Light in the Heart of Darkness: EMDR & the Treatment of War & Terrorism Survivors Book Course

Steven Silver, PhD & Susan Rogers, PhD



Visit www.emdr.com

- Advanced Workshops
- Basic Training Schedules
- Distance Learning Courses
 - Books & DVDs
 - Referrals & Research

registration@emdr.com

of PTSD in the short term (OR 0.74, 95% CI 0.29 to 1.91; 2 studies; 160 participants), however this was considered very low quality evidence. For reduction of PTSD symptoms in the short term, there was a small effect favouring CBT over EMDR, play therapy and supportive therapies (SMD -0.24, 95% CI -0.42 to -0.05; 7 studies; 466 participants). The quality of evidence for this outcome was rated as moderate. We did not identify any studies that compared pharmacological therapies with psychological therapies.

Author's Conclusions: The meta-analyses in this review provide some evidence for the effectiveness of psychological therapies in prevention of PTSD and reduction of symptoms in children and adolescents exposed to trauma for up to a month. However, our confidence in these findings is limited by the quality of the included studies and by substantial heterogeneity between studies. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies for children exposed to trauma, particularly over the longer term. High-quality studies should be conducted to compare these therapies.

Hegarty, K., Tarzia, L., Hooker, L., & Taft, A. (2016). Interventions to support recovery after domestic and sexual violence in primary care. *International Review of Psychiatry* (Abingdon, England), 28(5), 519-532. doi:10.1080/09540261.2016.1210103.

Kelsey Hegarty. The University of Melbourne, Melbourne, Australia. E-mail: k.hegarty@unimelb.edu.au.

ABSTRACT

Experiences of domestic and sexual violence are common in patients attending primary care. Most often they are not identified due to barriers to asking by health practitioners and disclosure by patients. Women are more likely than men to experience such violence and present with mental and physical health symptoms to health practitioners. If identified through screening or case finding as experiencing violence they need to be supported to recover from these traumas. This paper draws on systematic reviews published in 2013-2015 and a further literature search undertaken to identify recent intervention studies relevant to recovery from domestic and sexual violence in primary care. There is limited evidence as to what interventions in primary care assist with recovery from domestic violence; however, they can be categorized into the following areas: first line response and referral, psychological treatments, safety planning and advocacy, including through home visitation and peer support programmes, and parenting and mother-child interventions. Sexual violence interventions usually include trauma informed care and models to support recovery. The most promising results have been from nurse home visiting advocacy programmes, mother-child psychotherapeutic interventions, and specific psychological treatments (Cognitive Behaviour Therapy, Trauma informed Cognitive Behaviour Therapy and, for sexual assault, Exposure and Eye Movement Desensitization and Reprocessing Interventions). Holistic healing models have not been formally tested by randomized controlled trials, but show some promise. Further research into what supports women and their children on

their trajectory of recovery from domestic and sexual violence is urgently needed.

Hernandez, D. F., Waits, W., Calvio, L., & Byrne, M. (2016). Practice comparisons between accelerated resolution therapy, eye movement desensitization and reprocessing and cognitive processing therapy with case examples. *Nurse Education Today*, 47, 74-80. doi:10.1016/j.nedt.2016.05.010.

ABSTRACT

Recent outcomes for Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy indicate that as many as 60-72% of patients retain their PTSD diagnosis after treatment with CPT or PE. One emerging therapy with the potential to augment existing trauma focused therapies is Accelerated Resolution Therapy (ART). ART is currently being used along with evidence based approaches at Fort Belvoir Community Hospital and by report has been both positive for clients as well as less taxing on professionals trained in ART. The following is an in-practice theoretical comparison of CPT, EMDR and ART with case examples from Fort Belvoir Community Hospital. While all three approaches share common elements and interventions, ART distinguishes itself through emphasis on the rescripting of traumatic events and the brevity of the intervention. While these case reports are not part of a formal study, they suggest that ART has the potential to augment and enhance the current delivery methods of mental health care in military environments.

Onderdonk, S. W., & van den Hout, M. A. (2016). Comparisons of eye movements and matched changing visual input. *Journal of Behavior Therapy and Experimental Psychiatry*, 53, 34-40. doi:10.1016/j.jbtep.2015.10.010.

Social and Health Psychology, Utrecht University, PO Box 80140, 3508 TC, Utrecht, The Netherlands. Electronic address: onderdonk.samuel@gmail.com.

ABSTRACT

Background and Objectives: During EMDR trauma therapy, performing EM tasks WM, and simultaneously recalled memories become less vivid. It has been proposed that this WM occupation results from CVI which occurs during EM. This study sought to compare the effects of EM on memory to a task presenting identical visual stimulus to stationary eyes..

Methods: In Study 1, participants recorded RT while performing two tasks: EM, and a task with visually identical images displayed on screen. In Study 2, these same tasks were performed while simultaneously recalling negative emotional memories.

Results: Study 1 found RT was slowest in the EM condition, while RT in the CVI condition was still slower than in the control condition. Study 2 found decreases in memory vividness and emotionality after EM, while after CVI there was a small decrease

in negativity which was not greater than in the control..

Limitations: Neither study included EM with no visual input; conclusions cannot be made about the effect of motor movement on WM taxation or recall. As neither study was conducted with trauma patients, it is unknown if the observed effects would be comparable in the population for which EMDR is intended.

Conclusions: Performing EM taxes more WM resources and has greater impact on both memory vividness and emotionality than matched CVI. This demonstrates that the effects observed in EMDR treatment are the result of more than occupying WM systems with visual stimuli alone.

Rimini, D., Molinari, F., Liboni, W., Balbo, M., Darò, R., Viotti, E., & Fernandez, I. (2016). Effect of ocular movements during eye movement desensitization and reprocessing (EMDR) therapy: A near-infrared spectroscopy study. *PLoS ONE*, 11(10), e0164379. doi:10.1371/journal.pone.0164379.

Full text: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0164379>.

Daniele Rimini, Biolab, Department of Electronics and Telecommunication, Politecnico di Torino, Torino, Italy. E-mail: daniele.rimini@polito.it.

ABSTRACT

Introduction: Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic treatment resolving emotional distress caused by traumatic events. With EMDR, information processing is facilitated by eye movements (EM) during the recall of a traumatic memory (RECALL). The aim of this study is to investigate the effects of ocular movements of EMDR on the hemodynamics of the prefrontal cortex (PFC).

Material and Methods: Two groups were recruited: a trial group (wEM) received a complete EMDR treatment, whereas a control group (woEM) received a therapy without EM. PFC hemodynamics was monitored by near-infrared spectroscopy during RECALL and during focusing on the worst image of the trauma (pre-RECALL). The parameters of oxy- (oxy-Hb), and deoxy-hemoglobin (deoxy-Hb) were acquired and analyzed in time domain, by calculating the slope within pre-RECALL and RECALL periods, and in the frequency domain, by calculating the mean power of oxy-Hb and deoxy-Hb in the very-low frequency (VLF, 20-40 mHz) and low frequency (LF, 40-140 mHz) bandwidths. We compared pre-RECALL with RECALL periods within subjects, and pre-RECALL and RECALL parameters of wEM with the corresponding of woEM.

Results: An effect of group on mean slope of oxy-Hb and deoxy-Hb in pre-RECALL and oxy-Hb in RECALL periods was observed. wEM showed a lower percentage of positive angular coefficients during pre-RECALL with respect to RECALL, on the opposite of woEM. In the frequency domain, wEM had significant difference in oxy-Hb and deoxy-Hb LF of left hemisphere, whereas woEM showed no difference.

Discussion and Conclusion: We observed the effect of EM on PFC oxygenation during EMDR, since wEM subjects showed a mean increase of oxy-Hb during RECALL and a decrease during pre-RECALL, as opposed to woEM. Frequency analysis evidenced a reduction of activity of sympathetic nervous system in wEM group during pre-RECALL. Our outcomes revealed a different hemodynamics induced by eye movements in wEM with respect to woEM group.

Sack, M., Zehl, S., Otti, A., Lahmann, C., Henningsen, P., Kruse, J., & Stingl, M. (2016). A comparison of dual attention, eye movements, and exposure only during eye movement desensitization and reprocessing for posttraumatic stress disorder: Results from a randomized clinical trial. *Psychotherapy and Psychosomatics*, 85(6), 357-365. doi:10.1159/000447671.

Prof. Dr. med. Martin Sack. Department of Psychosomatic Medicine and Psychotherapy, University Hospital Rechts der Isar, Technische Universität München, Munich, Germany. E-Mail m.sack@tum.de.

ABSTRACT

Background: Currently, there is controversy on the possible benefits of dual-attention tasks during eye movement desensitization and reprocessing (EMDR) for patients with posttraumatic stress disorder (PTSD).

Methods: A total of 139 consecutive patients (including 85 females) suffering from PTSD were allocated randomly among 3 different treatment conditions: exposure with eyes moving while fixating on the therapist's moving hand (EM), exposure with eyes fixating on the therapist's nonmoving hand (EF), and exposure without explicit visual focus of attention as control condition (EC). Except for the variation in stimulation, treatment strictly followed the standard EMDR manual. Symptom changes from pre- to posttreatment were measured with the Clinician-Administered PTSD Scale (CAPS) by an investigator blinded to treatment allocation.

Results: In total, 116 patients completed the treatment, with an average of 4.6 sessions applied. Intention-to-treat analysis revealed a significant improvement in PTSD symptoms with a high overall effect size (Cohen's $d = 1.96$, 95% CI: 1.67-2.24) and a high remission rate of PTSD diagnosis (79.8%). In comparison to the control condition, EM and EF were associated with significantly larger pre-post symptom decrease (Δ CAPS: EM = 35.8, EF = 40.5, EC = 31.0) and significantly larger effect sizes (EM: $d = 2.06$, 95% CI: 1.55-2.57, EF: $d = 2.58$, 95% CI: 2.01-3.11, EC: $d = 1.44$, 95% CI: 0.97-1.91). No significant differences in symptom decrease and effect size were found between EM and EF.

Conclusions: Exposure in combination with an explicit external focus of attention leads to larger PTSD symptom reduction than exposure alone. Eye movements have no advantage compared to visually fixating on a nonmoving hand.

Staring, A. B. P., van den Berg, D. P. G., Cath, D. C., Schoorl, M., Engelhard, I. M., & Korrelboom, C. W. (2016). Self-esteem treatment in anxiety: A randomized controlled crossover trial of eye movement desensitization and reprocessing (EMDR) versus competitive memory training (COMET) in patients with anxiety disorders. *Behaviour Research and Therapy*, 82, 11-20. doi:10.1016/j.brat.2016.04.002.

A.B.P. Staring. Wijde Doelen 23, 3512 XM, Utrecht, The Netherlands. E-mail: tonnie@backwash.org.

ABSTRACT

Background and Purpose: Little is known about treating low self-esteem in anxiety disorders. This study evaluated two treatments targeting different mechanisms: (1) Eye Movement Desensitization and Reprocessing (EMDR), which aims to desensitize negative memory representations that are proposed to maintain low self-esteem; and (2) Competitive Memory Training (COMET), which aims to activate positive representations for enhancing self-esteem.

Methods: A Randomized Controlled Trial (RCT) was used with a crossover design. Group 1 received six sessions EMDR first and then six sessions COMET; group 2 vice versa. Assessments were made at baseline (T0), end of first treatment (T1), and end of second treatment (T2). Main outcome was self-esteem. We included 47 patients and performed Linear Mixed Models.

Results: COMET showed more improvements in self-esteem than EMDR: effect-sizes 1.25 versus 0.46 post-treatment. Unexpectedly, when EMDR was given first, subsequent effects of COMET were significantly reduced in comparison to COMET as the first intervention. For EMDR, sequence made no difference. Reductions in anxiety and depression were mediated by better self-esteem.

Conclusions: COMET was associated with significantly greater improvements in self-esteem than EMDR in patients with anxiety disorders. EMDR treatment reduced the effectiveness of subsequent COMET. Improved self-esteem mediated reductions in anxiety and depression symptoms.

Steinert, C., Bumke, P. J., Hollekamp, R. L., Larisch, A., Leichsenring, F., Mattheß, H., . . . Kruse, J. (2016). Resource activation for treating post-traumatic stress disorder, co-morbid symptoms and impaired functioning: A randomized controlled trial in Cambodia. *Psychological Medicine*, 1-12. doi:10.1017/S0033291716002592.

Christiane Steinert, Ph.D., University of Giessen, Clinic for Psychosomatic Medicine and Psychotherapy, Ludwigstrasse 76, 35392 Giessen, Germany. Email: christiane.steinert@psycho.med.uni-giessen.de.

ABSTRACT

Background: Mental health morbidity in post-conflict settings is

high. Nevertheless, randomized controlled trials of psychotherapy on site are rare. Our aim was to integrate rigorous research procedures into a humanitarian programme and test the efficacy of resource activation (ROTATE) in treating post-traumatic stress disorder (PTSD), co-morbid symptoms and impaired functioning in Cambodia.

Method: A total of 86 out-patients with PTSD were randomly assigned to five sessions of ROTATE (n = 53) or a 5-week waiting-list control (WLC) condition (n = 33). Treatment was provided by six Cambodian psychologists who had received extensive training in ROTATE. Masked assessments were made before and after therapy.

Results: PTSD remission rates according to the DSM-IV algorithm of the Harvard Trauma Questionnaire were 95.9% in ROTATE and 24.1% in the WLC condition. Thus, patients receiving ROTATE had a significantly higher likelihood of PTSD remission (odds ratio 0.012, 95% confidence interval 0.002-0.071, $p < 0.00001$). Additionally, levels of anxiety, depression and impaired functioning were significantly reduced compared with the WLC condition ($p < 0.00001$, between-group effect sizes $d = 2.41, 2.26$ and 2.54 , respectively). No harms were reported.

Conclusions: ROTATE was efficacious in treating Cambodian patients with high symptom levels of PTSD, emotional distress and impaired functioning. ROTATE is a brief, culturally adaptable intervention focusing on stabilization and strengthening resources rather than trauma confrontation. It can be taught to local professionals and paraprofessionals and enhance access to mental health care for patients in need.

Tarquinio, C., Rotonda, C., Houllé, W. A., Montel, S., Rydberg, J. A., Minary, L., . . . Alla, F. (2016). Early psychological preventive intervention for workplace violence: A randomized controlled explorative and comparative study between EMDR-recent event and critical incident stress debriefing. *Issues in Mental Health Nursing*, 1-13. doi:10.1080/01612840.2016.1224282.

ABSTRACT

This randomized controlled trial study aims to investigate the efficacy of an early psychological intervention called EMDR-RE compared to Critical Incident Stress Debriefing on 60 victims of workplace violence, which were divided into three groups: 'EMDR-RE' (n = 19), 'CISD' (n = 23), and 'delayed EMDR-RE' (n = 18). EMDR-RE and CISD took place 48 hours after the event, whilst third intervention was delayed by an additional 48 hours. Results showed that after 3 months PCLS and SUDS scores were significantly lower with EMDR-RE and delayed EMDR-RE compared to CISD. After 48 hours and 3 months, none of the EMDR-RE-treated victims showed PTSD symptoms.

van den Berg, D. P., van der Vleugel, B. M., de Bont, P. A., Thijssen, G., de Roos, C., de Kleine, R., . . . van der Gaag, M. (2016). Exposing therapists to trauma-focused treatment in psychosis: Effects on credibility, expected burden, and harm expectancies. *European Journal of Psychotraumatology*, 7, 31712.

David P. G. van den Berg, Zoutkeetsingel 40, NL-2512 HN The Hague, The Netherlands, Email: d.vandenberg@parnassia.nl.

ABSTRACT

Background: Despite robust empirical support for the efficacy of trauma-focused treatments, the dissemination proves difficult, especially in relation to patients with comorbid psychosis. Many therapists endorse negative beliefs about the credibility, burden, and harm of such treatment.

Objective: This feasibility study explores the impact of specialized training on therapists' beliefs about trauma-focused treatment within a randomized controlled trial.

Method: Therapist-rated (n=16) credibility, expected burden, and harm expectancies of trauma-focused treatment were assessed at baseline, post-theoretical training, post-technical training, post-supervised practical training, and at 2-year follow-up. Credibility and burden beliefs of therapists concerning the treatment of every specific patient in the trial were also assessed.

Results: Over time, therapist-rated credibility of trauma-focused treatment showed a significant increase, whereas therapists' expected burden and harm expectancies decreased significantly. In treating posttraumatic stress disorder (PTSD) in patients with psychotic disorders (n=79), pre-treatment symptom severity was not associated with therapist-rated credibility or expected burden of that specific treatment. Treatment outcome had no influence on patient-specific credibility or burden expectancies of therapists.

Conclusions: These findings support the notion that specialized training, including practical training with supervision, has long-term positive effects on therapists' credibility, burden, and harm beliefs concerning trauma-focused treatment.

van Minnen, A., van der Vleugel, B., van den Berg, D., de Bont, P., de Roos, C., van der Gaag, M., & de Jongh, A. (2016). Effectiveness of trauma-focused treatment for patients with psychosis with and without the dissociative subtype of post-traumatic stress disorder. *The British Journal of Psychiatry : The Journal of Mental Science*. doi:10.1192/bjp.bp.116.185579.

Agnes van Minnen, Radboud University Nijmegen, Behavioural Science Institute, NijCare, PO Box 9104, 6500 HE Nijmegen, The Netherlands. Email: a.van.minnen@propersona.nl.

ABSTRACT

This study presents secondary analyses of a recently published trial in which post-traumatic stress disorder (PTSD) patients with psychosis (n = 108) underwent 8 sessions of trauma-focused treatment, either prolonged exposure (PE) or eye movement desensitisation and reprocessing (EMDR) therapy. 24.1% fulfilled the criteria for the dissociative subtype, a newly introduced PTSD subtype in DSM-5. Treatment outcome was compared for patients with and without the dissociative subtype of PTSD. Patients with the dissociative subtype of PTSD showed large reductions in clinician-administered PTSD scale (CAPS) score, comparable with patients without the dissociative subtype of PTSD. It is concluded that even in a population with severe mental illness, patients with the dissociative subtype of PTSD do benefit from trauma-focused treatments without a pre-phase of emotion regulation skill training and should not be excluded from these treatments.

Wise, A., & Marich, J. (2016). The perceived effects of standard and addiction-specific EMDR therapy protocols. *Journal of EMDR Practice and Research*, 10(4), 231-244. doi:10.1891/1933-3196.10.4.231.

April Wise, 23 Altarinda Rd., #208, Orinda, CA 94563. E-mail: counselwise@aprilwisemft.com.

ABSTRACT

Existing literature on co-occurring posttraumatic stress disorder (PTSD) and addictive disorders suggests improved outcomes when both diagnoses are treated concurrently. Eye movement desensitization and reprocessing (EMDR) using the 8-phase protocol and standard 11-step targeting sequence has been investigated within integrated treatment models. However, use of newer EMDR addiction-specific protocols (e.g., desensitization of triggers and urge reprocessing [DeTUR], feeling-state addiction protocol [FSAP], craving extinguished [CravEx]) in treatment has been studied less extensively. A qualitative, phenomenological design was employed to investigate the lived experience of 9 participants with co-occurring PTSD and addictive disorders. These participants experienced both standard protocols/targeting sequences and the addiction-specific protocols as part of their treatment. Creswell's system for interpreting meaning units in qualitative data, based largely on the work of Moustakas, was used to analyze the data gleaned from semistandardized interviews. All participants reported positive outcomes from the combined EMDR approaches; 4 major themes emerged. Participants recognized their trauma and addictions as related. As a result of this insight, their thoughts and addictive behaviors changed. All recognized remission of symptoms of both disorders; EMDR therapy was reported to be effective whether the traumatic symptoms were treated before or after the addictive symptoms. All indicated that integrated treatments (including other supportive services) were optimum for their ongoing recovery. The relationship with the therapist was integral to the overall success of treatment. ❖