To the EMDR Community:

The EMDR Community is my second family. I have received so much from them. I am full of gratitude for a community that has supported and embraced my work, my ideas, my teachings and who I am. I am blessed to be able to do what I love most and be accompanied and supported by this incredible community.

All her life Ana has been fascinated by her dreams and has become a student of them. Self-taught, she has learned to follow the portents that they bring to her and they have enriched the quality of her life. Although she does not belong to an organized religion, her spiritual beliefs are the foundation of everything she is and she does. Ana believes that we are part of something greater than any of us. She has great love and respect for everything that exists including the animals, nature and the planet we live in.

Ana continues to enjoy her dancing on her own and with her second husband whom she has been with for 12 years. She goes for walks and likes to exercise, do Yoga and meditation. She also loves to read. She is a devoted advocate for animals and rescues them. She loves nature and one of her dreams is to move to a house with more space to have all kinds of animals and plants! However, what she loves the most is to sit down and create something like a new program, a webinar or a book or and especially new strategies to help children heal.

Ana is an accomplished and prolific colleague who has chosen to use her gift of creativity to enhance our practice of EMDR therapy. Ana, thank you. ❖

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

Bennett, J., Bickley, J., Vernon, T., Olusoga, P., & Maynard, I. (2017). Preliminary evidence for the treatment of performance blocks in sport: The efficacy of EMDR with graded exposure. Journal of EMDR Practice and Research, 11(2), 96-110. doi:10.1891/1933-3196.11.2.96

Jenn Bennett. E-mail: dr.jenn.e.bennett@gmail.com

ABSTRACT

Sport psychologists are increasingly confronted with performance problems in sport where athletes suddenly lose the ability to execute automatic movements (Rotheram, Maynard, Thomas, Bawden, & Francis, 2012). Described as performance blocks (Bennett, Hays, Lindsay, Olusoga, & Maynard, 2015), these problems manifest as locked, stuck, and frozen movements and are underpinned by an aggressive anxiety component. This research used both qualitative and quantitative methods in a single case study design to investigate the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy with graded exposure as a treatment method. The participant was a 58-year-old professional male golfer who had been suffering a performance block for 11 years. Specifically, the participant was experiencing involuntary spasms, shaking, muscle tension, and jerking in the lower left forearm while executing a putting stroke. Physical symptoms were coupled with extreme anxiety, panic, and frustration. The study tested the hypothesis that reprocessing related significant life events and attending to dysfunctional emotional symptoms would eliminate the performance block and related symptoms and that the individual would regain his ability to execute the affected skill. Pre-, mid-, and post intervention performance success, using the Impact of Event scale, subjective units of distress (SUD; Wolpe, 1973), and kinematic testing revealed improvements in all associated symptoms in training and competition. These findings suggest that previous life experiences might be associated with the onset of performance blocks and that EMDR with graded exposure might offer an effective treatment method.

Bennett, J., & Maynard, I. (2017). Performance blocks in sport: Recommendations for treatment and implications for sport psychology practitioners. Journal of Sports Psychology in Action, 8(1), 60-68.

Jenn Bennett Sheffield Hallam University, Sheffield, UK. Email: jenn.bennett88@yahoo.com

ABSTRACT

Sport psychologists are increasingly confronted with performance difficulties where athletes mysteriously lose the ability to execute automatic movements. Traditionally referred to as the yips or lost move syndrome, the generic term performance blocks has recently been put forward to encompass these types of problems that manifest in locked, stuck, and frozen movements, loss of fine and/or gross motor control, and debilitating anxiety. Two recent investigations examined the effectiveness of eye movement desensitization and reprocessing with graded exposure to treat two performance block-affected individuals. Evaluation of the interventions showed improved performance of the affected skills and reduced anxiety in both cases. Interview data collected on completion of each intervention confirmed that associated symptoms were also alleviated. The success of these two interventions offers considerable value to sport psychologists, the implications of which the current article hopes to address. Specifically, the manuscript provides an overview of current research pertaining to performance blocks, followed by recommendations for treatment and implications for sport psychologists. The importance of involving clinical psychology support in formulation and treatment processes of performance blocks is highlighted, and a call for further research investigating treatment is put forward.

Bongaerts, H., Van Minnen, A., & de Jongh, A. (2017). Intensive EMDR to treat patients with complex posttraumatic stress disorder: A case series. Journal of EMDR Practice and Research, 11(2), 84-95. doi:10.1891/1933-3196.11.2.84

Hannelies Bongaerts, MA, MSc, PSYTREC, Professor Bronkhorstlaan 2, 3723 MB Bilthoven, Netherlands. E-mail: bongaerts@psytrec.com

ABSTRACT

There is mounting evidence suggesting that by increasing the frequency of treatment sessions, posttraumatic stress disorder (PTSD) treatment outcomes significantly improve. As part of an ongoing research project, this study examined the safety and effectiveness of intensive eye movement desensitization and reprocessing (EMDR) therapy in a group of seven (four female) patients suffering from complex PTSD and multiple comorbidities resulting from childhood sexual abuse, physical abuse, and/or work and combat-related trauma. Treatment was not preceded by a preparation phase and consisted of 2 3 4 consecutive days of EMDR therapy administered in morning and afternoon sessions of 90 minutes each, interspersed with intensive physical activity and psychoeducation. Outcome measures were the Clinician-Administered PTSD Scale (CAPS) and the PTSD Symptom Scale Self-report questionnaire (PSS-SR). During treatment, neither personal adverse events nor dropout occurred. CAPS scores decreased significantly from pre- to posttreatment, and four of the seven patients lost their PTSD diagnosis as established with the CAPS. The results were maintained at 3-month follow-up. Effect sizes (Cohen's d) on the CAPS and PSS-SR were large: 3.2, 1.7 (prepost) and 2.3, 2.1 (prefollow-up), respectively. The results of this case series suggest that an intensive program using EMDR therapy is a potentially safe and effective treatment alternative for complex PTSD. The application of massed, consecutive days of treatments using EMDR therapy for patients suffering from PTSD, particularly those with multiple comorbidities, merits more clinical and research attention.

Bossini, L., Santarnecchi, E., Casolaro, I., Koukouna, D., Caterini, C., Cecchini, F., . . . Fagiolini, A. (2017). Morphovolumetric changes after EMDR treatment in drug-naïve PTSD patients. Rivista Di Psichiatria, 52(1), 24-31. doi:10.1708/2631.27051

Letizia Bossini, Department of Molecular Medicine and Development, Psychiatry Section, University of Siena, Italy. E-mail: letizia.bossini@gmail.com

Open access: http://www.rivistadipsichiatria.it/articoli.php?archivio=yes&vol_id=2631&id=27051

ABSTRACT

INTRODUCTION: Few studies have investigated the effects of efficacious psychotherapy on structural alterations of discrete brain regions associated with posttraumatic stress disorder (PTSD). We therefore proposed to evaluate the neurobiological effects of eye movement desensitization and reprocessing (EMDR) on 19 patients with drug-naïve PTSD without comorbidity, matched with 19 untreated healthy controls.

METHODS: We administered the Clinician Administered PTSD Scale (CAPS) and conducted brain MRI measurements (with Optimized Voxel-Based Morphometry). Patients received 12 EMDR sessions over three months. Then patients and controls were reassessed.

RESULTS: At baseline, grey matter volume (GMV) differed significantly between patients and controls ($F_{1,35} = 3.674$; $p = .008$; $\eta^2 = .298$). Analyses of 3-month scans showed no changes for controls, while significant changes were highlighted for patients post-EMDR, with a significant increase in GMV in left parahippocampal gyrus, and a significant decrease in GMV in the left thalamus region. The diagnosis of PTSD was effectively eliminated in 16 of 19 patients, reflected in a significant improvement on the CAPS ($t(35) = 2.132$, $p < .004$).

DISCUSSION AND CONCLUSIONS: Results indicated post-EMDR changes for patients in brain morphology. We discuss whether

EMDR's mechanism of action may work at the level of the thalamus, an area implicated in PTSD pathology

---

Brown, R. C., Witt, A., Fegert, J. M., Keller, F., Rassenhofer, M., & Plener, P. L. (2017). Psychosocial interventions for children and adolescents after man-made and natural disasters: A meta-analysis and systematic review. Psychological Medicine, 1-13. doi:10.1017/S0033291717000496

R. C. Brown, Department of Child and Adolescent Psychiatry and Psychotherapy, University Hospital Ulm, Steinhoevelstr. 5, 89075 Ulm, Germany. Email: rebecca.groschwitz@uniklinik-ulm.de

Open access: https://www.cambridge.org/core/journals/psychological-medicine/article/psychosocial-interventions-for-children-and-adolescents-after-manmade-and-natural-disasters-a-meta-analysis-and-systematic-review/3ED2739C6082718680C830FA7CAFAA5A

ABSTRACT

Children and adolescents are a vulnerable group to develop post-traumatic stress symptoms after natural or man-made disasters. In the light of increasing numbers of refugees under the age of 18 years worldwide, there is a significant need for effective treatments. This meta-analytic review investigates specific psychosocial treatments for children and adolescents after man-made and natural disasters. In a systematic literature search using MEDLINE, EMBASE and PsycINFO, as well as hand-searching existing reviews and contacting professional associations, 36 studies were identified. Random- and mixed-effects models were applied to test for average effect sizes and moderating variables. Overall, treatments showed high effect sizes in pre-post comparisons (Hedges' g = 1.34) and medium effect sizes as compared with control conditions (Hedges' g = 0.43). Treatments investigated by at least two studies were cognitive-behavioural therapy (CBT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy for children (KIDNET) and classroom-based interventions, which showed similar effect sizes. However, studies were very heterogenic with regard to their outcomes. Effects were moderated by type of profession (higher level of training leading to higher effect sizes). A number of effective psychosocial treatments for child and adolescent survivors of disasters exist. CBT, EMDR, KIDNET and classroom-based interventions can be equally recommended. Although disasters require immediate reactions and improvisation, future studies with larger sample sizes and rigorous methodology are needed.

Courtois, C. A., Sonis, J., Brown, L. S., Cook, J., Fairbank, J. A., Friedman, M., . . . Schulz, P. (2017). Clinical practice guideline for the treatment of posttraumatic stress disorder (PTSD) in adults . Adopted as APA Policy February 24, 2017.

Open access https://www.apa.org/about/offices/directorates/guidelines/ptsd.pdf

ABSTRACT

[To be written at time of submitting for publication]

El Haj, M., Nandrino, J. L., Antoine, P., Boucart, M., & Lenoble, Q. (2017). Eye movement during retrieval of emotional autobiographical memories. Acta Psychologica, 174, 54-58. doi:10.1016/j.actpsy.2017.02.002

M. El Haj, Laboratoire SCALab UMR CNRS 9193, University of Lille, Domaine du Pont de Bois, 59653 Villeneuve d'Ascq, France. E-mail address: el.haj@hotmail.fr

ABSTRACT

This study assessed whether specific eye movement patterns are observed during emotional autobiographical retrieval. Participants were asked to retrieve positive, negative and neutral memories while their scan path was recorded by an eye-tracker. Results showed that positive and negative emotional memories triggered more fixations and saccades but shorter fixation duration than neutral memories. No significant differences were observed between emotional and neutral memories for duration and amplitude of saccades. Positive and negative retrieval triggered similar eye movement (i.e., similar number of fixations and saccades, fixation duration, duration of saccades, and amplitude of saccades). Interestingly, the participants reported higher visual imagery for emotional memories than for neutral memories. The findings demonstrate similarities and differences in eye movement during retrieval of neutral and emotional memories. Eye movement during autobiographical retrieval seems to be triggered by the creation of visual mental images as the latter are indexed by autobiographical reconstruction.

El Khoury-Malhame, M., Reynaud, E., Beetz, E. M., & Khalfa, S. (2017). Restoration of emotional control ability in PTSD following symptom amelioration by EMDR therapy. European Journal of Trauma & Dissociation, 1(1), 73-79. doi:10.1016/j.ejtd.2017.01.002

Stephanie Khalfa, National Center for Scientific Research (CNRS), Neuroscience Institute of la Timone (INT), UMR 7289, faculte´ de me´ decine Timone, 27, boulevard Jean-Moulin, 13385 Marseille cedex 5, France E-mail: stephanie.khalfa@gmail.com

Open access: http://www.sciencedirect.com/science/article/pii/S2468749916300059

ABSTRACT

Introduction - Hyper-vigilance as well emotional hyper-reactivity to trauma-related cues are major facets of the emotional deficits frequently described as being part of the dysfunction causing aetiology and maintenance of post-traumatic stress disorder (PTSD). Objective. - We aimed at exploring how the ability to control for emotional responses is altered in PTSD and it can be restored

after a treatment suppressing core symptoms, the Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Methods - Twenty healthy controls and 19 PTSD patients were assessed on their abilities to control their emotions elicited by film excerpts inducing happiness, peacefulness, fear and sadness. Skin conductance (SC) and frowning activity were recorded while viewing the films before and after successful EMDR therapy. Verbal assessments on emotions were given after each excerpt.

Results - The attempt to control for their emotions significantly enhanced SC responses to fearful and happy clips, in PTSD as compared to controls. In addition, it significantly increased frowning while watching to sad and fearful clips. Such differences disappeared after EMDR therapy. Patients initially were also less efficient at controlling all four emotions than healthy controls, but after EMDR, both groups rated similarly their controlling abilities.

Conclusion - These results suggest a major effect of EMDR therapy to restore emotional processing in PTSD.

Laub, B., Weiner, N., & Bender, S. (2017). A dialectical perspective on the adaptive information processing model and EMDR therapy. Journal of EMDR Practice and Research, 11(2), 111-120. doi:10.1891/1933-3196.11.2.111

Brurit Laub, 12 Hadar St., Rehovot 7646612, Israel. E-mail: bruritlaub7@gmail.com

ABSTRACT

This article proposes a dialectical perspective on the adaptive information processing (AIP) model (F. Shapiro, 1995, 2001) with application to eye movement desensitization and reprocessing (EMDR) therapy. Dialectical principles may contribute to a more detailed understanding of the way the AIP system works as well as adding new therapeutic guidelines. Our dialectical perspective is based on 2 propositions. The first is that the movement of the AIP system toward integration consists of 2 dialectical movements: horizontal and vertical. The horizontal movement is between various opposites of the individual such as danger versus safety, dependence versus independence, worthlessness versus self-worth. The vertical movement relates to whole/part shifts in which a whole becomes a part of the next higher whole. The synergetic flow of both dialectical movements is depicted as a spiral of the AIP system. The second proposition suggests that the AIP system operates through cycles of differentiation and linking. These cycles separate the condensed and fragmented memory network into parts, enabling new links to occur. Differentiation and linking are also discussed in relation to dialectical attunement and mindful dual awareness. Using clinical vignettes, we illustrate how this perspective can supply the EMDR therapist a map of the client's associative processing, enhance attuned therapeutic presence, and promote effective dialectical interweaves when processing is stuck.

Lichtenstein, A., & Brager, S. (2017). EMDR integrated with relationship therapies for complex traumatized children: An evaluation and two case studies. Journal of EMDR Practice and Research, 11(2), 74-83. doi:10.1891/1933-3196.11.2.74

Annika Lichtenstein, BUP Trauma Unit, Child Psychiatry Stock-holm County Council, Tideliusgatan 22, 118 69 Stockholm, Sweden. E-mail: annika.lichtenstein@hotmail.com

ABSTRACT

This case series investigated the value of integrating eye movement desensitization and reprocessing (EMDR) and relationship therapies for children with histories of complex trauma. The purpose was to evaluate if treatment was associated with well-being, general functioning, and trauma symptoms. Participants were children (n 5 15, boys 5 7 and girls 5 8), aged 6-18 years, who had been exposed to several different kinds of severe traumatic events. Standardized questionnaires were used before and after treatment. The Strengths and Difficulties Questionnaire (SDQ) measured well-being, the Children's Global Assessment Scale (C-GAS) rated general functioning, and the Trauma Symptom Checklist for Children (TSCC) assessed trauma-related symptoms. After treatment, children presented with significantly less trauma symptoms and a higher degree of general global functioning. Two case studies are included to illustrate how relationship therapy was integrated into treatment. Our results indicate that integrating EMDR and relationship therapy should continue to be offered to complex traumatized children. More research is needed to examine the specific effectiveness of the two treatments.

Littel, M., Kenemans, J. L., Baas, J. M. P., Logemann, H. N. A., Rijken, N., Remijn, M., . . . van den Hout, M. A. (2017). The effects of β-adrenergic blockade on the degrading effects of eye movements on negative autobiographical memories. Biological Psychiatry. doi:10.1016/j.biopsych.2017.03.012

Marianne Littel, Institute of Psychology, Erasmus University Rotterdam, Rotterdam, the Netherlands; Department of Clinical Psychology, Utrecht University, the Netherlands. E-mail: littel@fsw.eur.nl

ABSTRACT

Background
Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. During EMDR, patients make horizontal eye movements (EMs) while simultaneously recalling a traumatic memory, which renders the memory less vivid and emotional when it is later recalled again. Recalling highly emotional autobiographical memories enhances noradrenergic neurotransmission. Noradrenaline (NA) strengthens memory (re)consolidation. However, memories become less vivid after recall+EMs. Therefore, NA might either play no significant role or serve to strengthen memories that are degraded by EMs. The present study was designed to test the latter hypothesis. We predicted that blocking NA would abolish the memory degrading effects of EMs.

Methods
Fifty-six healthy participants selected three negative autobiographical memories. One was then recalled while making EMs, one was recalled without EMs, and one was not recalled. Vividness and emotionality of the memories as well as heart rate and skin conductance level during memory retrieval were measured before, directly after, and 24 hours after the EM task. Before the task, participants received a placebo or the noradrenergic β-receptor blocker propranolol (40 mg).

Results
There were no effects of EMs on memory emotionality or psychophysiological measures in the propranolol and placebo groups. However, in the placebo group, but not in the propranolol group, memory vividness significantly decreased from pretest to posttest and follow-up after recall+EMs relative to the control conditions.

Conclusions
Blocking NA abolished the effects of EMs on the vividness of emotional memories, indicating that NA is crucial for EMDR effectiveness and possibly strengthens the reconsolidation of the degraded memory.

Mevissen, L., Didden, R., Korzilius, H., & de Jongh, A. (2017). Eye movement desensitisation and reprocessing therapy for posttraumatic stress disorder in a child and an adolescent with mild to borderline intellectual disability: A multiple baseline across subjects study. Journal of Applied Research in Intellectual Disabilities : JARID. doi:10.1111/jar.12335

Liesbeth Mevissen, Mental Health Organisation (MHO) GGZ Friesland, Leeuwarden, the Netherlands. Emails: lmevissen@gmail.com; liesbeth.mevissen@ggzfriesland.n

ABSTRACT

BACKGROUND: This study explored the effectiveness of eye movement desensitisation and reprocessing (EMDR) therapy for post-traumatic stress disorder (PTSD) in persons with mild to borderline intellectual disability (MBID) using a multiple baseline across subjects design.

METHODS: One child and one adolescent with MBID, who met diagnostic criteria for PTSD according to a PTSD clinical interview (i.e., ADIS-C PTSD section), adapted and validated for this target group, were offered four sessions of EMDR. PTSD symptoms were measured before, during and after EMDR, and at six weeks follow-up.

RESULTS: For both participants, number of PTSD symptoms decreased in response to treatment and both no longer met PTSD criteria at post-treatment. This result was maintained at 6-week follow-up.

CONCLUSIONS: The results of this study add further support to the notion that EMDR can be an effective treatment for PTSD in children and adolescents with MBID. Replication of this study in larger samples and using a randomized controlled design is warranted

---

Morina, N., Malek, M., Nickerson, A., & Bryant, R. A. (2017). Meta-analysis of interventions for posttraumatic stress disorder and depression in adult survivors of mass violence in low- and middle-income countries. Depression and Anxiety. doi:10.1002/da.22618

Nexhmedin Morina University of Münster Fliednerstr. 21 48149 Münster Germany. E-mail: morina@uni-muenster.de

ABSTRACT

Background: Most survivors of mass violence live in low- and middle-income countries (LMICs). We conducted a meta-analysis of randomized controlled psychotherapy trials for adult post-traumatic stress disorder (PTSD) and/or depression in LMICs.

Methods: We included eighteen clinical trials (3058 participants), in which 25 and 18 treatment arms measured symptoms of PTSD and depression, respectively.

Results: Active treatments for PTSD yielded a large aggregated pre-post effect size (g = 1.29; 95% CI = [0.99; 1.59]) and a small to medium effect size at post-treatment when compared to control conditions (g = 0.39; 95% CI = [0.24; 0.55]). Effect sizes were similar for pre-treatment vs follow-up (g = 1.75; 95% CI = [1.17; 2.32]) and in comparison to waitlist at follow-up (g = 0.93; 95% CI = [0.56; 1.31]). Active treatments for depression produced large pre-post (g = 1.28; 95% CI = [0.96; 1.61]) and controlled effect sizes (post-treatment, comparison to control conditions, g = 0.86; 95% CI = [0.54; 1.18]).

Conclusions: Our findings suggest that psychological interventions can effectively reduce symptoms of PTSD and depression in LMICs. Future research needs to focus on cost-effective interventions that are likely to be disseminated to the large numbers of war survivors in LMICs.

Patel, N., Williams, A., & Kellezi, B. (2016). Reviewing outcomes of psychological interventions with torture survivors: Conceptual, methodological and ethical issues. Torture, 26(1), 2-16.

Amanda C. de C Williams, Ph.D. Research Department of Clinical, Educational and Health Psychology, University College London, UK. E-mail:amanda.williams@ucl.ac.uk

ABSTRACT

Background: Torture survivors face multiple problems, including psychological difficulties, whether they are refugees or remain in the country where they were tortured. Provision of rehabilitation varies not only with the needs of survivors and resources available, but also with service models, service provider preferences and the local and country context. Despite increasing efforts in research on effectiveness of psychological interventions with torture survivors, results are inconclusive.

Methods: We undertook a Cochrane systematic review of psychological, social and welfare provision, with meta-analysis to best estimate efficacy. The process raised conceptual, methodological and ethical issues of relevance to the wider field.

Findings: We searched very widely, but rejected hundreds of papers which recommended treatment without providing evidence. We found nine randomised controlled trials, from developed and under-resourced settings. All conceptualised survivors' problems in psychiatric terms, using outcomes of post-traumatic stress symptoms, distress, and quality of life, by self-report, with or without translation or unstandardised interpretation, and with little mention of cultural or language issues. None used social or welfare interventions.

Four related studies used narrative exposure therapy (NET) in a brief form, and without ensuring a safe setting as recommended. Five used mixed methods, including exposure, cognitive behavioural therapy, and eye movement desensitisation. Combined, the studies showed no immediate improvement in PTSD, distress, or quality of life; at six months follow-up, a minority showed some improvement in PTSD and distress, although participants remained severely affected.

Conclusions: While applauding researchers' commitment in running these trials, we raise ethical issues about exposure in particular, and about the effects of shortcomings in methodology, particularly around assessment using unfamiliar cultural frameworks and language, and the lack of concern about dropout which may indicate harm. The issues addressed aid interpretation of existing research, and guide clinical practice as well as future studies evaluating its effectiveness.

Pfefferbaum, B., Nitiéma, P., Tucker, P., & Newman, E. (2017). Early child disaster mental health interventions: A review of the empirical evidence. Child & Youth Care Forum, 1-22. doi:10.1007/s10566-017-9397-y

Pfefferbaum, Betty: Department of Psychiatry and Behavioral Sciences, College of Medicine, University of Oklahoma Health Sciences Center, 920 Stanton L. Young Boulevard, Williams Pavillion, WP 3417, Oklahoma City, OK, US, 73126-0901, E-mail: Betty-Pfefferbaum@ouhsc.edu

ABSTRACT

Background: The need to establish an evidence base for early child disaster interventions has been long recognized.

Objective: This paper presents a descriptive analysis of the empirical research on early disaster mental health interventions delivered to children within the first 3 months post event.

Methods: Characteristics and findings of the included studies were summarized in frequency tables. The long-term effect of the interventions was evaluated using the findings at follow-up assessments.

Results: Eleven empirical studies examining 16 interventions delivered to children within 3 months post disaster were identified for review. The studies included only four randomized controlled

trials. The studies examined a range of intervention types (e.g., cognitive behavioral therapy, narrative exposure, meditation relaxation, debriefing, eye movement desensitization and reprocessing) and reported positive effects for various outcomes including posttraumatic stress disorder caseness and posttraumatic stress symptoms, depression, anxiety, and functioning.

Conclusions: Reflecting the difficulty mounting services and conducting research in the early post-disaster phase, this descriptive analysis of the research on early child disaster mental health interventions revealed a dearth of studies but also the successful implementation of a number of interventions.

Rostaminejad, A., Behnammoghadam, M., Rostaminejad, M., Behnammoghadam, Z., & Bashti, S. (2017). Efficacy of eye movement desensitization and reprocessing on the phantom limb pain of patients with amputations within a 24-month follow-up. International Journal of Rehabilitation Research. doi:10.1097/MRR.0000000000000227

Akbar Rostaminejad, Department of Anesthesiology, Yasuj Islamic Azad University, Yasuj, Iran.

ABSTRACT

The aim of this study was to evaluate the efficacy of eye movement desensitization and reprocessing (EMDR) on the phantom limb pain (PLP) of patients with amputations within a 24-month follow-up. This study was a randomized-controlled trial. A total of 60 patients with amputations were selected by a purposive sampling and patients were divided randomly into two experimental and control groups. Samples were assigned through randomized allocation. EMDR therapy was administered individually to the experimental group participants in 12 one-hour sessions over a 1-month period, In each session, the patient completed the Subjective Units of Distress Scale and a pain-rating scale before and after the intervention. Follow-up measures were obtained 24 months later for the experimental group. The participants in the control group were measured on the two scales at an initial session and again after 1- and 24-month follow-up. The mean PLP decreased in the experimental group between the first and last sessions and remained so at a 24-month follow-up. No decrease occurred for the control group over the 1- and 24-month period. The differences were statistically significant ($P<0.001$) according to a repeated-measures analysis of variance. EMDR therapy proved to be a successful treatment for PLP. Because of its efficacy and the fact that the positive effects were maintained at the 24-month follow-up, this therapy is recommended for the treatment of PLP.

Sin, J., Spain, D., Furuta, M., Murrells, T., & Norman, I. (2017). Psychological interventions for post-traumatic stress disorder (PTSD) in people with severe mental illness. Cochrane Database of Systematic Reviews (Online), 1, CD011464. doi:10.1002/14651858.CD011464.pub2

Jacqueline Sin, Health Service & Population Research Department, Institute of Psychiatry, Psychology & Neu-roscience, King's College London, David Goldberg Centre, 16 de Crespigny Park, Denmark Hill, London, SW5 8AF, UK. Jacqueline.sin@kcl.ac.uk, jacqueline@urbanfuture.org.

ABSTRACT

BACKGROUND: Increasing evidence indicates that individuals who develop severe mental illness (SMI) are also vulnerable to developing post-traumatic stress disorder (PTSD), due to increased risk of exposure to traumatic events and social adversity. The effectiveness of trauma-focused psychological interventions (TFPIs) for PTSD in the general population is well-established. TFPIs involve identifying and changing unhelpful beliefs about traumatic experiences, processing of traumatic memories, and developing new ways of responding to cues associated with trauma. Little is known about the potential feasibility, acceptability and effectiveness of TFPIs for individuals who have a SMI and PTSD.

OBJECTIVES: To evaluate the effectiveness of psychological interventions for PTSD symptoms or other symptoms of psychological distress arising from trauma in people with SMI.

SEARCH METHODS: We searched the Cochrane Schizophrenia Group's Trials Study-Based Register (up until March 10, 2016), screened reference lists of relevant reports and reviews, and contacted trial authors for unpublished and/or specific outcome data.

SELECTION CRITERIA: We included all relevant randomised controlled trials (RCTs) which investigated TFPIs for people with SMI and PTSD, and reported useable data.

DATA COLLECTION AND ANALYSIS: Three review authors (DS, MF, IN) independently screened the titles and abstracts of all references identified, and read short-listed full text papers. We assessed risk of bias in each case. We calculated the risk ratio (RR) and 95% confidence interval (CI) for binary outcomes, and the mean difference (MD) and 95% CI for continuous data, on an intention-to-treat basis. We assessed quality of evidence using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) and created 'Summary of findings' tables.

MAIN RESULTS: Four trials involving a total of 300 adults with SMI and PTSD are included. These trials evaluated three active intervention therapies: trauma-focused cognitive behavioural therapy (TF-CBT), eye movement desensitisation and reprocessing (EMDR), and brief psychoeducation for PTSD, all delivered via individual sessions. Our main outcomes of interest were PTSD symptoms, quality of life/well-being, symptoms of co-morbid psychosis, anxiety symptoms, depressive symptoms, adverse events and health economic outcomes. 1. TF-CBT versus usual care/waiting list Three trials provided data for this comparison, however, continuous outcome data available were more often found to be skewed than unskewed, leading to the necessity of conducting analyses separately for the two types of continuous data. Using the unskewed data only, results showed no significant differences between TF-CBT and usual care in reducing clinician-rated PTSD symptoms at

short term (1 RCT, n =13, MD 13.15, 95% CI -4.09 to 30.39,low-quality evidence). Limited unskewed data showed equivocal results between groups in terms of general quality of life (1 RCT, n = 39, MD -0.60, 95% CI -4.47 to 3.27, low-quality evidence), symptoms of psychosis (1 RCT, n = 9, MD -6.93, 95% CI -34.17 to 20.31, low-quality evidence), and anxiety (1 RCT, n = 9, MD 12.57, 95% CI -5.54 to 30.68, very low-quality evidence), at medium term. The only available data on depression symptoms were skewed and were equivocal across groups at medium term (2 RCTs, n = 48, MD 3.26, 95% CI -3.66 to 10.18, very low-quality evidence). TF-CBT was not associated with more adverse events (1 RCT, n = 100, RR 0.44, 95% CI 0.09 to 2.31, low-quality evidence) at medium term. No data were available for health economic outcomes. Very limited data for PTSD and other symptoms were available over the long term. 2. EMDR versus waiting listOne trial provided data for this comparison. Favourable effects were found for EMDR in terms of PTSD symptom severity at medium term but data were skewed (1 RCT, n = 83, MD -12.31, 95% CI -22.72 to -1.90, very low-quality evidence). EMDR was not associated with more adverse events (1 RCT, n = 102, RR 0.21, 95% CI 0.02 to 1.85, low-quality evidence). No data were available for quality of life, symptoms of co-morbid psychosis, depression, anxiety and health economics.3. TF-CBT versus EMDROne trial compared TF-CBT with EMDR. PTSD symptom severity, based on skewed data (1 RCT, n = 88, MD -1.69, 95% CI -12.63 to 9.23, very low-quality evidence) was similar between treatment groups. No data were available for the other main outcomes.4. TF-CBT versus psychoeducationOne trial compared TF-CBT with psychoeducation. Results were equivocal for PTSD symptom severity (1 RCT, n = 52, MD 0.23, 95% CI -14.66 to 15.12, low-quality evidence) and general quality of life (1 RCT, n = 49, MD 0.11, 95% CI -0.74 to 0.95, low-quality evidence) by medium term. No data were available for the other outcomes of interest.

AUTHORS' CONCLUSIONS: Very few trials have investigated TFPIs for individuals with SMI and PTSD. Results from trials of TF-CBT are limited and inconclusive regarding its effectiveness on PTSD, or on psychotic symptoms or other symptoms of psychological distress. Only one trial evaluated EMDR and provided limited preliminary evidence favouring EMDR compared to waiting list. Comparing TF-CBT head-to-head with EMDR and brief psychoeducation respectively, showed no clear effect for either therapy. Both TF-CBT and EMDR do not appear to cause more (or less) adverse effects, compared to waiting list or usual care; these findings however, are mostly based on low to very low-quality evidence. Further larger scale trials are now needed to provide high-quality evidence to confirm or refute these preliminary findings, and to establish which intervention modalities and techniques are associated with improved outcomes, especially in the long term.

Stearns, S. S., Fleming, R., & Fero, L. J. (2017). Attenuating physiological arousal through the manipulation of simple hand movements. Applied Psychophysiology and Biofeedback, 42(1), 39-50. doi:10.1007/s10484-017-9350-8

Shaun S. Stearns, 1420 Austin Bluffs Pkwy, Colorado Springs, CO 80918, USA E-mail: sstearn3@uccs.edu

ABSTRACT

The current study tests whether manipulating simple motor movements can regulate one's physiological reactivity to negative images. Healthy college age participants were randomly assigned to no tapping, steady tapping, or slow tapping conditions and viewed two sets of 15 negative images from the international affective picture system. Participants viewed the first image set without manipulation. During the second image set, they were instructed to tap at a steady pace, a slow pace or not at all. Steady tapping suppressed the vagal component of the cardiovascular defense response, and produced a significant increase in respiration rate and skin conductance level (SCL). Slow tapping suppressed the sympathetic and enhanced the vagal components of the cardiovascular defensive response, and produced a decrease in heart rate, SCL and skin conductance responses to negative images. Results suggest that manipulating simple motor movements is an effective way to both up-regulate and more importantly, down-regulate one's physiological response to negative affective images. Manipulation of slow and simple motor movements may be an effective means to attenuate autonomic arousal.

Swan, S., Keen, N., Reynolds, N., & Onwumere, J. (2017). Psychological interventions for post-traumatic stress symptoms in psychosis: A systematic review of outcomes. Frontiers in Psychology, 8, 341. doi:10.3389/fpsyg.2017.00341

Sarah Swan, South London and Maudsley NHS Foundation Trust London, UK. E-mail: sarah.swan@slam.nhs.uk

ABSTRACT

Individuals with severe mental health problems, such as psychosis, are consistently shown to have experienced high levels of past traumatic events. They are also at an increased risk of further traumatisation through victimization events such as crime and assault. The experience of psychosis itself and psychiatric hospitalization have also been recognized to be sufficiently traumatic to lead to the development of post-traumatic stress (PTS) symptoms. Rates of post-traumatic stress disorder (PTSD) are elevated in people with psychosis compared to the general population. The current guidance for the treatment of PTSD is informed by an evidence base predominately limited to populations without co-morbid psychiatric disorders. The systematic review therefore sought to present the current available literature on the use of psychological treatments targeting PTS symptoms in a population with a primary diagnosis of a psychotic disorder. The review aimed to investigate the effect of these interventions on PTS symptoms and also the effect on secondary domains such as psychotic symptoms, affect and functioning. Fifteen studies were identified reporting on cognitive behavior therapy, prolonged exposure, eye movement desensitisation and reprocessing and written emotional disclosure. The review provides preliminary support for the safe use of trauma-focused psychological interventions in groups of people with severe mental health problems. Overall, the interventions were found to be effective in reducing PTS symptoms. Results were mixed with regard to secondary effects on additional domains. Further research including studies employing sufficiently powered methodologically rigorous designs is indicated.

Van Denderen, M., de Keijser, J., Stewart, R., & Boelen, P. A. (2017). Treating symptoms of complicated grief and posttraumatic stress disorder in homicidally bereaved individuals with cognitive behavioral therapy and EMDR: A randomized controlled trial. In Mariëtte Y. van Denderen (Ed.), Grief following homicidal loss (pp. 103-143). Groningen: University of Groningen.

Open access: https://www.fondsslachtofferhulp.nl/wp-content/uploads/2017/01/Proefschrift-Rouw-na-Moord-Van-Denderen-RUG-Fonds-Slachtofferhulp.pdf#page=114

ABSTRACT

Homicidally bereaved individuals may experience symptoms of Complicated Grief (CG) and Posttraumatic Stress Disorder (PTSD). The effects of Cognitive Behavioral Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) in the treatment of these symptoms are promising, yet no prior study evaluated the effectiveness of these interventions in the treatment of psychopathology following homicidal loss. The effectiveness of an 8-session treatment encompassing CBT and EMDR to reduce self-rated CG and PTSD symptoms in 85 homicidally bereaved individuals was examined in a Randomized Controlled Trial. Four conditions were used: two intervention conditions, with (1) EMDR followed by CBT, and (2) CBT followed by EMDR, and two waitlist conditions with (3) EMDR followed by CBT, and (4) CBT followed by EMDR. The treatment was effective in reducing CG and PTSD symptoms, from pre-treatment to post-treatment. CG and PTSD symptoms decreased significantly when participants completed EMDR sessions (without CBT sessions), and after completing CBT sessions (without EMDR sessions). Both treatment orders (EMDR followed by CBT and CBT followed by EMDR) were equally effective in reducing CG and PTSD.

Zaccagnino, M., Civilotti, C., Cussino, M., Callerame, C., & Fernandez, I. (2017). EMDR in anorexia nervosa: From a theoretical framework to the treatment guidelines. In I. Jauregui-Lobera (Ed.), Eating disorders - A paradigm of the biopsychosocial model of illness (pp. 193-213). InTech.

Open access: https://www.intechopen.com/books/eating-disorders-a-paradigm-of-the-biopsychosocial-model-of-illness/emdr-in-anorexia-nervosa-from-a-theoretical-framework-to-the-treatment-guidelines

ABSTRACT

Studies on the risks and on the positive factors implied in the onset of anorexia nervosa (AN) have reported the role of an insecure or disorganized state of mind (SoM) with respect to attachment. We compare the effects of eyes movement desensitization and reprocessing (EMDR) approach with cognitive behavioral therapy (CBT) in the treatment of AN in terms of SoMs, reflective function (RF), and narrative coherence (Coh). Our results are part of a broader observational clinical comparative study of the two approaches, and it is based on the Adult Attachment Interview (AAI) outcomes. Differences in terms of belongingness to a secure group and an unsecure group before and after the treatments in EMDR and CBT group have been reported through McNemar's test. The generalized linear model (GLM) repeated measures multivariate ANOVA (RM MANOVA) has been selected. Our results suggest that EMDR allows an active reprocessing of traumatic memories related to family dynamics and to eating behaviors, which could enable a positive resolution of eating disorder (ED) symptoms. The emotional reprocessing of unresolved attachment issues can allow a better modulation of the control related rigidity that is a commonality between AN patients. ❖