

RECENT ARTICLES ON EMDR

BY ANDREW M. 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>

Balbo, M., Zaccagnino, M., Martina, C., & Civlotti, C. (2017). Eye movement desensitization and reprocessing (EMDR) and eating disorders: A systematic review. *Clinical Neuropsychiatry*, 14(5), 321-329.

Maria Zaccagnino, Centro di Terapia EMDR Specializzato in Anoressia e Disturbi dell'Alimentazione, via Pergolesi 14, 20124 Milano. E-mail: mariazaccagnino@hotmail.com

Open access:
<http://www.clinicalneuropsychiatry.org/pdf/5-paper-Clinical17-5.pdf>

ABSTRACT

Objective: Eating disorders (EDs) are considered an emergency from a medical,

health and social point of view in all western countries. alongside the great attention paid to the subject in public and the social media, EDs are a source of perplexity both for the scientific community, which attempts to study the psychopathogenic processes and maintenance mechanisms of EDs and to monitor clinical interventions, and for clinicians, who often find themselves with patients who are difficult to deal with, reluctant to change and set up a solid therapeutic alliance, and inclined to drop out. this article aims to study the use of the Eye Movement Desensitization and Reprocessing therapy (EMDR) in the treatment of EDs through a process of systematic revision of the literature, after defining EDs theoretically, underlining a possible traumatic origin for their onset.

Method: in order to carry out a systematic analysis of the literature, the following bibliographic databases were used: EMBASE, MEDLINE, psycINFO and CINAHL. the time criteria were set from the beginning of records to February 2017.

Results: Despite noteworthy clinical suggestions, the scarcity thus far of the studies in the literature, and their methodological limitations, do not allow clear conclusions to be drawn with regard to EMDR's efficacy.

Conclusions: EMDR appears to be a promising approach, but further scientific evidence in support of its efficacy is required.

RECENT ARTICLES ON EMDR (CONT.)

Bartels, R. M., Harkins, L., Harrison, S. C., Beard, N., & Beech, A. R. (2018). The effect of bilateral eye-movements versus no eye-movements on sexual fantasies. *Journal of Behavior Therapy and Experimental Psychiatry*, 59, 107-114. doi:10.1016/j.jbtep.2018.01.001

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ABSTRACT

Background and objectives: Bilateral eye-movements (EMs) and visual mental imagery both require working memory resources. When performed together, they compete for these resources, which can cause various forms of mental imagery to become impaired (e.g., less vivid). This study aimed to examine whether EMs impair sexual fantasies (a form of mental imagery) in the same manner.

Methods: Eighty undergraduates (40 males, 40 females) took part in four counterbalanced conditions: (1) EMs and an experience-based sexual fantasy; (2) EMs and an imagination-based sexual fantasy; (3) experience-based sexual fantasy only; and (4) imagination-based sexual fantasy only. In each condition, the vividness, emotionality, and arousability of the sexual fantasy were rated pre- and post-task. All three variables were predicted to decrease in the EM conditions.

Results: Sexual fantasies were reported as less vivid, positive, and arousing after performing concurrent EMs relative to fantasizing only, for both memory- and imagination-based sexual fantasies. There were no gender differences. Demand did not appear to account for the effects.

Limitations: Self-report measures were used rather than objective measures. Working memory taxation and capacity were not directly assessed. Also, nega-

tively appraised sexual fantasies were not targeted and a 'no intervention' control was not included.

Conclusions: Bilateral EMs were effective at impairing the phenomenological properties of sexual mental imagery, extending the literature on EM effects. Given the potential clinical implications, future research should focus on validating and extending these results, for example, by targeting negatively appraised sexual fantasies (including problematic and offense-related) and incorporating a 'no intervention' condition.

Blankenship, D. M. (2017). Five efficacious treatments for posttraumatic stress disorder: An empirical review. *Journal of Mental Health Counseling*, 39(4), 275-288. doi:doi: 10.17744/mehc.39.4.01

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ABSTRACT

Posttraumatic stress disorder (PTSD) is known to be a debilitating disorder and for some a lifelong complaint. Although there are many treatment options, determining which treatments are not only recommended but show high efficacy rates is vital for clinicians. This review examines current treatment endorsements for PTSD and identifies five treatment modalities consistently recommended in the literature as most efficacious for PTSD: prolonged exposure therapy, cognitive processing therapy, trauma-focused cognitive behavioral therapy, stress inoculation training, and eye movement desensitization and reprocessing therapy. Comparison studies of each modality, limitations,

and training requirements are reviewed. Research overall shows no significant differences in rates of efficacy between treatments, with mental health counselors recommended to select the approach that best fits the client population and professional goals based on identified strengths and limitations of each therapy. Additional recommendations for future directions are discussed.

Carletto, S., Borsato, T., & Pagani, M. (2017). The role of slow wave sleep in memory pathophysiology: Focus on post-traumatic stress disorder and eye movement desensitization and reprocessing. *Frontiers in Psychology*, 8, 2050. doi:10.3389/fpsyg.2017.02050

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Open access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5702654/pdf/fpsyg-08-02050.pdf>

NO ABSTRACT

Carletto, S., Oliva, F., Barnato, M., Antonelli, T., Cardia, A., Mazzaferro, P., . . . Pagani, M. (2018). EMDR as add-on treatment for psychiatric and traumatic symptoms in patients with substance use disorder. *Frontiers in Psychiatry*, 8(2333), 1-8. doi:10.3389/fpsyg.2017.02333

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Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2017.02333/full>

ABSTRACT

Background: Substance use disorders (SUD) are patterns of substance use leading to severe impairment on social, working and economic levels. In vivo and clini-

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cal findings have enhanced the role of the brain's stress-related system in maintaining SUD behaviors. Several studies have also revealed a high prevalence of post-traumatic symptoms among SUD patients, suggesting that a trauma-informed treatment approach could lead to better treatment outcomes. However, only few studies have evaluated the use of eye movement desensitization and reprocessing (EMDR) in SUD without consistent results. The aim of the present pilot study was to assess the efficacy of a combined trauma-focused (TF) and addiction-focused (AF) EMDR intervention in treating post-traumatic and stress-related symptoms of patients with SUD.

Methods: Forty patients with different SUD were enrolled in the study. Twenty patients underwent treatment as usual (TAU),

the other 20 patients were treated with TAU plus 24 weekly sessions of EMDR. All patients were assessed before and after intervention for several psychological dimensions using specific tools (i.e., BDI-II, DES, IES-R, STAI, and SCL-90-GSI). A repeated measure MANOVA was performed to evaluate both between groups (TAU + EMDR vs. TAU) and within group (pre- vs. post-intervention) effects and interactions. A secondary outcome was the dichotomous variable yielded by the urine drug testing immunoassay (yes/no).

Results: The RM-MANOVA revealed both a significant pre-post main effect ($p < 0.001$), and a significant group-by-time main effect ($p < 0.001$). Significant improvements on IES-R, DES, and SCL-90-GSI scales were shown in both groups accord-

ing to time effects ($p < 0.05$). However, significant greater effects were found for TAU + EMDR group than TAU group. No differences were found between TAU and TAU + EMDR groups in terms of urine drug immunoassay results before and after the interventions.

Conclusions: The TAU + EMDR group showed a significant improvement of post-traumatic and dissociative symptoms, accompanied by a reduction in anxiety and overall psychopathology levels, whereas TAU group showed a significant reduction only in post-traumatic symptoms. Although our results can only be considered preliminary, this study suggests that a combined TF- and AF- EMDR protocol is an effective and well-accepted add-on treatment for patients with SUD.

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Carletto, S., Ostacoli, L., Colombi, N., Calorio, L., Oliva, F., Fernandez, I., & Hofmann, A. (2017). EMDR for depression: A systematic review of controlled studies. *Clinical Neuropsychiatry*, 14(5), 306-312.

Open access: <http://www.clinicalneuropsychiatry.org/pdf/3-paper-Clinical17-5.pdf>

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ABSTRACT

Objective: Depression is one of the most common mental disorder, with huge societal costs. although psychotherapy and medication can improve remission rates, the success rates of current treatments are limited. Given the recent research indicating that trauma and other adverse life experiences can be potential risk factors for depression, Eye Movement Desensitization and Reprocessing (EMDR) has been considered effective also in the treatment of depression. The aim of the present systematic review was to summarize current literature on EMDR efficacy in patients with depression.

Method: a literature search was undertaken using PubMed, Cochrane Central Register of Controlled Trials, EMBase, PsycINFO, and CINAHL. further research was performed on the specialized Francine Shapiro Library collection. controlled studies with depression as a primary outcome published up to March 2017 were included.

Results: seven studies were included, of which 6 were published. they cover years from 2001 to 2016. Three studies used a controlled design and four were randomized clinical trials. Studies differed greatly for population and intervention characteristics, with a scarce methodological quality.

Conclusions: Controlled studies evaluating

the efficacy of EMDR in treating depression as a primary outcome are few and with various methodological flaws. Despite further, better designed research is needed, current evidence suggests that EMDR could be a promising therapy to treat depression.

Cotter, P., Meysner, L., & Lee, C. W. (2017). Participant experiences of eye movement desensitisation and reprocessing vs. Cognitive behavioural therapy for grief: Similarities and differences. *European Journal of Psychotraumatology*, 8. doi:10.1080/2008198.2017.1375838

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Open access: <http://www.tandfonline.com/doi/full/10.1080/2008198.2017.1375838>

ABSTRACT

Background and Objective: Previous research has used quantitative methods to assess the impact of grief therapy. However, rarely have participants been asked about how they have been affected by treatment using qualitative methods. This study sought to explore participants' experiences of two therapeutic approaches to grief: Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitisation and Reprocessing (EMDR).

Method: Nineteen participants were randomly allocated to receive seven weekly therapy sessions of either CBT or EMDR. Approximately two weeks after completing therapy, a semi-structured interview was conducted with each participant. Interviews were transcribed and a thematic analysis was performed.

Results: Participant reports common to both therapies included developments

in insight, a positive shift in emotions, increased activity, improved self-confidence and a healthier mental relationship to the deceased. Participants also responded by describing experiences that were unique to each therapy. Those who completed CBT described the acquisition of emotion regulation tools and shifting from being in an ongoing state of grief to feeling that they were at a new stage in their lives. Participants who completed EMDR reported that distressing memories were less clear and felt more distant from such memories following treatment.

Conclusions: Although both therapies resulted in some similar changes for participants, there were unique experiences associated with each therapy. These findings are discussed in terms of implications for the underlying key processes of each therapy and the processes of recovery in grief.

Edmond, T. E., & Schrag, R. V. (2017). Assessing receptivity to empirically supported treatments in rape crisis centers. *Advances in Social Work*, 18(2), 611-629. doi:10.18060/21338

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Open access: <https://journals.iupui.edu/index.php/advancesinsocialwork/article/view/21338>

ABSTRACT

Survivors of sexual violence are at risk for PTSD, depression, and anxiety. There are several empirically supported treatments (EST) that are effective for addressing these trauma symptoms; however, uptake of these ESTs among Rape Crisis Center (RCC) counselors is low. This research project sought to determine counselors'

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attitudes toward evidence-based practices (EBPs); their perceptions of the intervention characteristics of three specific ESTs: Prolonged Exposure (PE), Cognitive Processing Therapy (CPT) and Eye Movement Desensitization and Reprocessing Therapy; and differences in attitudes and perceptions based on agency setting (urban/rural) and counselor education. The Consolidated Framework for Advancing Implementation Science (CFIR) was used to construct a web-based survey to send to all RCCs in Texas (n=83) resulting in an overall agency response rate of 72% (n=60) and responses from 76 counselors. Counselors' attitudes towards EBP and perspectives on specific ESTs suggest that dissemination and implementation efforts are needed within the RCC service sector to advance the uptake of CPT, EMDR and PE.

Faretta, E., & Leeds, A. (2017). EMDR therapy of panic disorder and agoraphobia: A review of the existing literature. *Clinical Neuropsychiatry*, 14(5), 330-340.

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Open access: <http://www.clinicalneuro psychiatry.org/pdf/6-paper-Clinical17-5.pdf>

ABSTRACT

Objective: the article outlines the state of the research on EMDR therapy of panic Disorder (PD) and agoraphobia.

Method: Qualitative analysis of the existing literature.

Results: one pilot study (Faretta 2013) as well as single and series of individual case reports suggest that EMDR therapy is effective in eliminating symptoms of panic and agoraphobia, whereas two previous studies with placebo controls (Feske and Gold-

stein 1997, Goldstein et al. 2000) failed to show comparable outcomes. Evaluating these discrepancies, an analysis of the two controlled studies reveals a failure to use the adaptive information processing (AIP) model and to apply the treatment plans for PD/A described in the successful case reports. on the other side, the positive case reports and the pilot comparison study suggest that, when working with a comprehensive case formulation based on the AIP model, 12 up to 19 EMDR sessions can be effective to accomplish a full recovery from PD and agoraphobia.

Conclusions: While research on EMDR therapy for PD/A is still at an early stage, these preliminary findings support the need for controlled studies to systematically evaluate the efficacy of EMDR therapy for PD in comparison with other accepted PD treatments.

Gattinara, P. C., & Pallini, S. (2017). The use of EMDR with refugees and asylum seekers: A review of research studies. *Clinical Neuropsychiatry*, 14(5), 341-344.

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Open Access: <http://www.clinicalneuro psychiatry.org/pdf/7-paper-Clinical17-5.pdf>

ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro 2001), is an evidence based therapy for PTSD and could be effective in the treatment of traumatized and therefore, has been endorsed as a treatment of choice in many national and international health organizations including the world health organisation. This article reviews the current state of knowledge regarding the use of EMDR in the refugees and asylum seekers treatment of PTSD. Recently there is a growing interest in

implementing EMDR as a trauma-focused intervention. on reviewing nine studies, authors found that EMDR was more efficacious against waitlist, and was equally efficacious against stabilization.

Griffioen, B. T., van der Vegt, A. A., de Groot, I. W., & de Jongh, A. (2017). The effect of EMDR and CBT on low self-esteem in a general psychiatric population: A randomized controlled trial. *Frontiers in Psychology*, 8, 1910. doi:10.3389/fpsyg.2017.01910

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Open Access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5682328/pdf/fpsyg-08-01910.pdf>

ABSTRACT

Although low self-esteem has been found to be an important factor in the development and maintenance of psychopathology, surprisingly little is known about its treatment. This study investigated the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) therapy and Cognitive Behavioural Therapy (CBT), regarding their capacities in enhancing self-esteem in a general psychiatric secondary health care population. A randomized controlled trial with two parallel groups was used. Participants were randomly allocated to either 10 weekly sessions of EMDR (n = 15) or CBT (n = 15). They were assessed pre-treatment, after each session, post treatment and at 3 months follow-up on self-esteem (and Credibility of Core Beliefs), psychological symptoms (Brief Symptom Inventory), social anxiety, and social interaction (Inventory of Interpersonal Situations) (IIS). The data were analyzed using repeated measures ANOVA for the complete cases (n = 19) and intention-to-treat (n = 30) to ex-

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amine differences over time and between conditions. Both groups, EMDR as well as CBT, showed significant improvements on self-esteem, increasing two standard deviations on the main parameter (RSES). Furthermore, the results showed significant reductions in general psychiatric symptoms. The effects were maintained at 3 months follow-up. No between-group differences could be detected. Although the small sample requires to exercise caution in the interpretation of the findings, the results suggest that, when offering an adequate number of sessions, both EMDR and CBT have the potential to be effective treatments for patients with low self-esteem and a wide range of comorbid psychiatric conditions. This study was registered at www.trialregister.nl with identifier NTR4611

Homer, S. R., & Deeprose, C. (2018). Eye movement attenuation of intrusive so-

cial anxiety imagery: A pilot study. *Journal of Behavior Therapy and Experimental Psychiatry*, 59, 87-91. doi:10.1016/j.jbtep.2017.11.003

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Introduction: Recurrent and intrusive mental imagery based on negative autobiographical memory is a cardinal feature of Post-Traumatic Stress Disorder (PTSD; Hackmann, Ehlers, Speckens, & Clark, 2004; Holmes, Grey, & Young, 2004), but interest in its role as a transdiagnostic phenomenon is increasing (Brewin, Gregory, Lipton, & Burgess, 2010; Clark, James, Iyadurai, & Holmes, 2015; Hackmann & Holmes, 2004). In primarily adult, Western, and clinical/sub-clinical samples, qualitative investigations have shown its prevalence

in depression, anxiety disorders, and psychosis, amongst other diagnoses (see Brewin et al., 2010 for a review). Accordingly, imagery focused interventions are receiving a growing amount of research attention. Eye Movement Desensitisation and Reprocessing Therapy (EMDR) is an evidence-based and NICE recommended therapy for PTSD (Bisson et al., 2007; Cloitre, 2009; Lee & Cuijpers, 2013; NICE, 2005). Perhaps the most unique and controversial component of EMDR is its use of horizontal eye movements (EMs), during which clients visualise their trauma image with the aim of reducing its potency. Assessment of the efficacy of EMs in this regard, and attempts to determine their specific underlying mechanisms, have attracted a large body of basic science research. Typically, tasks requiring horizontal saccades are employed during the visualisation of negative autobiographical memories with pre-test and post-test ratings of self-reported image vividness

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and emotional intensity (emotionality) (see Jeffries & Davis, 2013; van den Hout & Engelhard, 2012, for reviews). Investigated in this way, EMs have been shown most consistently to reduce the vividness, but at times also the emotionality of negative memories (e.g. Andrade, Kavanagh, & Baddeley, 1997; Barrowcliff, Gray, Freeman, & MacCulloch, 2004; Kavanagh, Freese, Andrade, & May, 2001; Lilley, Andrade, Turpin, Sabin-Farrell, & Holmes, 2009; Van den Hout, Muris, Salemink, & Kindt, 2001) negative prospective imagery (Engelhard, van den Hout, Janssen, & van der Beek, 2010; Engelhard, van den Hout et al., 2011; Engelhard, Sijbr, van den Hout, & Rutherford, 2011), food craving imagery (Kemps, Tiggemann, Woods, & Soekov, 2004; McClelland, Kemps, & Tiggemann, 2006) and public speaking imagery (Homer, Deeprose, & Andrade, 2016; Kearns & Engelhard, 2015).

Jarero, I., & Artigas, L. (2018). AIP model-based acute trauma and ongoing traumatic stress theoretical conceptualization. *Iberoamerican Journal of Psychotraumatology and Dissociation*, 10(1). Retrieved from <http://revibapst.com/data/documents/AIP-MODEL-BASED-ACUTE-TRAUMA-AND-OTS-MARCH-14-2018.pdf>

Ignacio Jarero, Latin American & Caribbean Foundation for Psychological Trauma Research, E-mail: nachojarero@yahoo.com

Open access: <http://revibapst.com/data/documents/AIP-MODEL-BASED-ACUTE-TRAUMA-AND-OTS-MARCH-14-2018.pdf>

ABSTRACT

The aim of this article is to give an Acute Trauma and Ongoing Traumatic Stress Theoretical Conceptualization based on Dr. Francine Shapiro Adaptive Information (AIP) Processing Model that could serve as

a working hypothesis to expand the clinical and research horizons of the EMDR early interventions for individuals and groups.

Köhler, K., Eggert, P., Lorenz, S., Herr, K., Willmund, G., Zimmermann, P., & Alliger-Horn, C. (2017). Effectiveness of eye movement desensitization and reprocessing in German armed forces soldiers with post-traumatic stress disorder under routine inpatient care conditions. *Military Medicine*, 182(5), e1672-e1680. doi:10.7205/MILMED-D-16-00307

German Armed Forces Center for Military Mental Health, Scharnhorst Street 13, Berlin 10115, Germany.

Open access: <https://academic.oup.com/milmed/article-pdf/182/5-6/e1672/21833828/milmed-d-16-00307.pdf>

ABSTRACT

Background: Post-traumatic stress disorder (PTSD) is one of the more commonly occurring mental disorders following potentially traumatizing events soldiers may encounter when deployed abroad. One of the first-line recommended treatment options is eye movement desensitization and reprocessing (EMDR). The number of studies assessing the effectiveness of EMDR in German soldiers under routine conditions is currently almost nil.

Methods: A retrospective, quasi-experimental effectiveness study on EMDR in an inpatient setting is presented using a pre-post design. The study compares symptom reduction in soldiers (N = 78) with a wait-list (N = 18). Effect sizes of EMDR were measured for PTSD, symptoms of depression, and general mental health.

Results: Effect size for EMDR treatment of PTSD was $d = 0.77$; 95% confidence interval (CI): 0.51 to 1.36, for symptoms of

depression $d = 0.99$; 95% CI: 0.31 to 1.36, and for general psychiatric symptoms $d = 0.53$; 95% CI: 0.17 to 1.21. The effects resulting from EMDR treatment were somewhat weaker than those reported in comparable studies in civilians.

Conclusion: EMDR therapy is an effective treatment to reduce symptoms of PTSD and depression. However, in the military context it needs to be complemented by treatment options that specifically address further conditions perpetuating the disorders.

Manfield, P., Lovett, J., Engel, L., & Manfield, D. (2017). Use of the flash technique in EMDR therapy: Four case examples. *Journal of EMDR Practice and Research*, 11(4), 195-205. doi:10.1891/1933-3196.11.4.195

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ABSTRACT

This article introduces the flash technique, a new technique used during the preparation phase of eye movement desensitization and reprocessing (EMDR) therapy to facilitate processing of intense, traumatic memories that clients might otherwise be resistant to access. Anecdotal evidence suggests that this technique may make it possible for clients to access these memories initially in a minimally disturbing way, reducing their emotional intensity so that they can then be more easily and fully processed using EMDR therapy. The technique appears to be easily tolerated by clients of all ages, including children; and to be rapid and relatively painless for clients, even those with particularly disturbing target memories; and can be easily taught to clinicians. It has the distinct feature that clients who are avoiding a terribly disturbing memory can be offered a way

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of processing it without having to bring it clearly to mind. Four case examples, in which the technique was used by four different clinicians, are presented briefly. Suggestions are made for further study. This article hypothesizes various mechanisms of action and discusses the effects in terms of memory reconsolidation theory.

Maslovacic, G., Zaccagnino, M., Mezzaluna, C., Perilli, S., Trivellato, D., Longo, V., & Civilotti, C. (2017). The effectiveness of eye movement desensitization and reprocessing integrative group protocol with adolescent survivors of the central Italy earthquake. *Frontiers in Psychology*, 8, 1826. doi:10.3389/fpsyg.2017.01826

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Open access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5660108/pdf/psyg-08-01826.pdf>

ABSTRACT

Earthquakes, which can cause widespread territorial and socio-economic destruction, are life-threatening, unexpected, unpredictable, and uncontrollable events caused by the shaking of the surface of the earth. The psychological consequences, such as PTSD, anxiety, depression, and suicidal ideation, are well-known to clinicians and researchers. This study was conducted with the aim of evaluating the use of the Eye Movement Desensitization and Reprocessing (EMDR) Integrative Group Treatment Protocol on a sample of adolescents, after the earthquake in Central Italy on 24 August 2016. The objective of the EMDR intervention was to reduce PTSD symptoms. Before and after EMDR, specific assessment to find changes in PTSD symptoms was made using the Impact of Event Scale-Revised and through the analyses

of the Subjective Units of Disturbance. The EMDR treatment was given in three sessions (T1, T2, and T3), each lasting 90 min, and the results at follow-up phase (T4) were also monitored. The results are very encouraging, showing significantly reduced PTSD symptoms in the majority of the subjects. The clinical implications and limitations will be discussed.

Matthijssen, S. J. M. A., Verhoeven, L. C. M., van den Hout, M. A., & Heitland, I. (2017). Auditory and visual memories in PTSD patients targeted with eye movements and counting: The effect of modality-specific loading of working memory. *Frontiers in Psychology*, 8, 1937. doi:10.3389/fpsyg.2017.01937

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Open access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5675874/pdf/psyg-08-01937.pdf>

ABSTRACT

Introduction: Eye movement desensitization and reprocessing (EMDR) therapy is an evidence-based treatment for post-traumatic stress disorder (PTSD). A key element of this therapy is simultaneously recalling an emotionally disturbing memory and performing a dual task that loads working memory. Memories targeted with this therapy are mainly visual, though there is some evidence that auditory memories can also be targeted.

Objective: The present study tested whether auditory memories can be targeted with EMDR in PTSD patients. A second objective was to test whether taxing the patient (performing a dual task while recalling a memory) in a modality specific way (auditory demanding for auditory memories and visually demanding for visual

memories) was more effective in reducing the emotionality experienced than taxing in cross-modality.

Methods: Thirty-six patients diagnosed with PTSD were asked to recall two disturbing memories, one mainly visual, the other one mainly auditory. They rated the emotionality of the memories before being exposed to any condition. Both memories were then recalled under three alternating conditions [visual taxation, auditory taxation, and a control condition (CC), which comprised staring a non-moving dot] - counterbalanced in order - and patients rated emotionality after each condition.

Results: All three conditions were equally effective in reducing the emotionality of the auditory memory. Auditory loading was more effective in reducing the emotionality in the visual intrusion than the CC, but did not differ from the visual load.

Conclusion: Auditory and visual aversive memories were less emotional after working memory taxation (WMT). This has some clinical implications for EMDR therapy, where mainly visual intrusions are targeted. In this study, there was no benefit of modality specificity. Further fundamental research should be conducted to specify the best protocol for WMT.

Mazzoni, G., Pozza, A., La Mela, C., & Fernandez, I. (2017). CBT combined with EMDR for resistant refractory obsessive-compulsive disorder. *Clinical Neuropsychiatry*, 14(5), 345-356.

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Open access: <http://www.clinicalneuropsychiatry.org/pdf/8-paper-Clinical17-5.pdf>

RECENT ARTICLES ON EMDR (CONT.)

ABSTRACT

Objective: Cognitive-Behavioural Therapy (CBT) with exposure and Response prevention (ERP) is the most studied and empirically validated form of treatment for obsessive-compulsive disorder (OCD), however, this therapeutic modality can be extremely demanding and stressful for many patients, especially those with severe OCD symptoms and those who are particularly resistant to the usual therapies. Therefore, alternative forms of intervention - such as the eye movement desensitization and Reprocessing (EMDR) - are of great therapeutic interest.

The present study describes a cases series reporting how the processing of traumatic memories and obsessive contents can facilitate the treatment of symptoms in resistant cases with OCD.

Method: Three cases have been described and analyzed in detail. Attention has been focused particularly on how to enable patients to regulate their emotions, and on the treatment of sensations and cognitions associated with traumatic memories. A hybrid intervention, composed of EMDR and CBT therapies, was administered. This involved three distinct ways to use EMDR through and combined it with CBT in the psychotherapeutic treatment. During the first phase of treatment with the first subject, EMDR was applied to contents related to the patient's thoughts (obsessions of contamination), the residential context. The second patient (with obsessions of aggression) was treated with CBT and EMDR first administered in a day-hospital facility and subsequently as an outpatient treatment; with the third patient, EMDR was also administered as an outpatient, during a relapse prevention plan.

Results: All three patients showed a clinically significant reduction in symptoms.

Conclusions: These are only three case re-

ports so we can draw only anecdotal conclusions EMDR could be a useful method to implement current treatments when combined with CBT, also for OCD resistant patients; however, future randomized controlled trials would be needed to validate these findings.

Moghaddam, M. H., & Khalatbari, J. (2016). Investigating the effectiveness of eye movement desensitization and reprocessing (EMDR) on children with post-traumatic stress disorder (traffic accident). *The International Journal of Indian Psychology*, 3(3), 45-55.

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Open access: <http://www.ijip.in/index.php/component/content/article/58-volume-3-issue-3-no-11/551-investigating-the-effectiveness-of-eye-movement-desensitization-and-reprocessing-emdr-on-children-with-post-traumatic-stress-disorder-traffic-accident-.html>

ABSTRACT

The study aim was to investigate Eye Movement Desensitization and Reprocessing (EMDR) EMDR therapy on children with post-traumatic disorder (PTSD) in traffic accidents. The research population consists of children 7-11 years old in Tehran city who are surviving serious traffic accidents in 2014 that after screening 20 patients selected as sample who had the highest prevalence PTSD and divided into two groups of 10 patients randomly that the first group, called control group and second group was experimental group. The tools used in the study were anxiety depression scale and 42- DASS stress scale that had good convergent and discriminative validity and reliability by Cronbach's alpha for the subscales depression, anxiety and stress at an acceptable level 0.91, 0.84 and 0.84 calculated, respec-

tively. At first, 42- DASS test performed in the experimental and control group and then experimental group treated by Eye Movement Desensitization and Reprocessing therapy (EMDR), re-test in both groups was performed, and the results were analyzed. However, there is no significant difference between the two groups in terms of anxiety. As a result, it stated that EMDR therapy has been effective on depression and stress in children with post-traumatic stress disorder (PTSD).

Nijdam, M. J., Meer, C. A. V. D., Zuiden, M. V., Dashtgard, P., Medema, D., Qing, Y., . . . Olf, M. (2018). Turning wounds into wisdom: Posttraumatic growth over the course of two types of trauma-focused psychotherapy in patients with PTSD. *Journal of Affective Disorders*, 227, 424-431. doi:10.1016/j.jad.2017.11.031

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ABSTRACT

Background: Treatment studies in PTSD patients have mostly focused on adverse psychopathological outcomes whereas positive outcomes have received less attention. Objectives of this study were to investigate posttraumatic growth in response to two different psychotherapies, to examine the relationship between symptom improvement and growth, and to determine if posttraumatic growth predicted treatment response.

Methods: Outpatients diagnosed with PTSD after various types of trauma (n = 116) participated in a randomized controlled trial that compared Brief Eclectic Psychotherapy for PTSD (BEP) and Eye

RECENT ARTICLES ON EMDR (CONT.)

Movement Desensitization and Reprocessing therapy (EMDR). Posttraumatic growth was assessed pre- and post-treatment. PTSD severity was measured weekly.

Results: Posttraumatic growth scores significantly increased after trauma-focused psychotherapy, as well as scores in the subdomains personal strength, new possibilities, relating to others, and appreciation of life. Greater self-reported and clinician-rated PTSD decline was significantly related to greater increase in post-traumatic growth. No changes were found between treatment conditions, except for a stronger correlation between PTSD symptom decrease and increase in relating to others in BEP as compared to EMDR. No predictive effects were found.

Limitations: We were unable to control for time effects because for ethical reasons, no control group not receiving treatment was included, and the stability of the changes could not be determined.

Conclusions: Findings indicate that increases in posttraumatic growth accompany symptom decline in EMDR and BEP, and that these changes occur independent of whether the treatment specifically addresses posttraumatic growth as therapeutic process. Further research is encouraged to disentangle the contribution of therapeutic elements to growth.

Pagani, M., Amann, B. L., Landin-Romero, R., & Carletto, S. (2017). Eye movement desensitization and reprocessing and slow wave sleep: A putative mechanism of action. *Frontiers in Psychology*, 8, 1935. doi:10.3389/fpsyg.2017.01935

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Open access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5681964/pdf/fpsyg-08-01935.pdf>

ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) is considered highly efficacious for the treatment of Posttraumatic Stress Disorder and has proved to be a valid treatment approach with a wide range of applications. However, EMDR's mechanisms of action is not yet fully understood. This is an active area of clinical and neurophysiological research, and several different hypotheses have been proposed. This paper discusses a conjecture which focuses on the similarity between the delta waves recorded by electroencephalography during Slow Wave Sleep (SWS) and those registered upon typical EMDR bilateral stimulation (eye movements or alternate tapping) during recurrent distressing memories of an emotionally traumatic event. SWS appears to have a key role in memory consolidation and in the reorganization of distant functional networks, as well as Eye Movements seem to reduce traumatic episodic memory and favor the reconsolidation of new associated information. The SWS hypothesis may put forward an explanation of how EMDR works and is discussed also in light of other theories and neurobiological findings.

Pagani, M., & Carletto, S. (2017). A hypothetical mechanism of action of EMDR: The role of slow wave sleep. *Clinical Neuropsychiatry*, 14(5), 301-305.

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Open access: <http://www.clinicalneuropsychiatry.org/pdf/2-paper-Clinical17-5.pdf>

ABSTRACT

EMDR is now considered as an elective treatment for PTSD and its efficacy is being proved in several other psychological conditions.

Nevertheless, the EMDR underlying mechanisms of action have not yet been fully clarified. At the moment being, different theories have been proposed, such as the orienting response and the working memory hypothesis, which have been supported by various clinical and neurophysiological researches. This paper discusses a hypothesis which focuses on the similarity between the typical EMDR Eye Movements and delta and beta waves occurring during the Slow Wave Sleep.

SWS appears to have a key role in memory consolidation and in the reorganization of distant functional networks, as well as Eye Movements seems to lead to a weakening of traumatic episodic memory and a reconsolidation of new associated information. SWS hypothesis may represent another important step toward the understanding on how EMDR works.

Papanikolopoulos, P., Konstas, D. D., Pratos-Spongialides, T. -A., Belivanaki, M., & Kolaitis, G. (2017). Kronos abuses his son: A case study of severe interpersonal trauma, dissociation, and survival in adolescence. *Journal of EMDR Practice and Research*, 11(4), 181-194. doi:10.1891/1933-3196.11.4.181

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ABSTRACT

This case study presents case conceptualization, therapeutic intervention, and the subjective and objective therapeutic progress of a 14-year-old adolescent hospitalized with posttraumatic stress disorder (PTSD) following emotional, physical, and sexual abuse by his father. The adaptive

RECENT ARTICLES ON EMDR (CONT.)

information processing (AIP) model that informs eye movement desensitization and reprocessing (EMDR) therapy and the theory of structural dissociation of the personality (TSDP) were used to conceptualize and guide the treatment. Stabilization and orientation to the present were essential to integrate his traumatic memories into a life narrative, and this became a major goal and an outcome of treatment. A single-case AB design was applied in assessing the impact of intervention. The UCLA PTSD Symptom Scale, Strengths and Difficulties Questionnaire HEL (SDQ-HEL), State-Trait Anxiety Inventory (STAI), and Dissociative Experiences Scale II were administered at 5 different time points to assess changes in the youth's subjective emotional state and indicated substantial improvement. In addition, objective behavior change (using O'Neill's Behavior Checklist) was recorded on a daily basis for 7 months and showed a large decrease in the frequency of targeted maladaptive behaviors. The article describes the treatment process which helped the youth to regain a sense of time; establish a coherent sense of self; and maintain adaptive perceptions, emotions, attitudes, and behaviors.

Usta, M. B., Gumus, Y. Y., Say, G. N., Bozkurt, A., Şahin, B., & Karabekiroğlu, K. (2017). Basal blood DHEA-S/cortisol levels predicts EMDR treatment response in adolescents with PTSD. *Nordic Journal of Psychiatry*. doi:10.1080/08039488.2017.1406984

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ABSTRACT

Objective: In literature, recent evidence has shown that the hypothalamic-pituitary-adrenal (HPA) axis can be dysregulated in patients with post-traumatic stress

disorder (PTSD) and HPA axis hormones may predict the psychotherapy treatment response in patients with PTSD. In this study, it was aimed to investigate changing cortisol and DHEA-S levels post-eye movement desensitization and reprocessing (EMDR) therapy and the relationship between treatment response and basal cortisol, and DHEA-S levels before treatment.

Method: The study group comprised 40 adolescents (age, 12-18 years) with PTSD. The PTSD symptoms were assessed using the Child Depression Inventory (CDI) and Child Posttraumatic Stress Reaction Index (CPSRI) and the blood cortisol and DHEA-S were measured with the chemiluminescence method before and after treatment. A maximum of six sessions of EMDR therapy were conducted by an EMDR level-1 trained child psychiatry resident. Treatment response was measured by the pre- to post-treatment decrease in self-reported and clinical PTSD severity.

Results: Pre- and post-treatment DHEA-S and cortisol levels did not show any statistically significant difference. Pre-treatment CDI scores were negatively correlated with pre-treatment DHEA-S levels ($r: ?0.39$). ROC analysis demonstrated that the DHEA-S/cortisol ratio predicts treatment response at a medium level (AUC: 0.703, $p: .030$, sensitivity: 0.65, specificity: 0.86).

Conclusion: The results of this study suggested that the DHEA-S/cortisol ratio may predict treatment response in adolescents with PTSD receiving EMDR therapy. The biochemical parameter of HPA-axis activity appears to be an important predictor of positive clinical response in adolescent PTSD patients, and could be used in clinical practice to predict PTSD treatment in the future.

Verardp, A. R., & Cioccolanti, E. (2017). Traumatic experiences and EMDR in childhood and adolescence: A review of the

scientific literature on efficacy studies. *Clinical Neuropsychiatry*, 14(5), 313-320.

Open access: <http://www.clinicalneuropsychiatry.org/pdf/4-paper-Clinical17-5.pdf>

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ABSTRACT

Objective: The aim of this review is to examine the efficacy of EMDR treatment on children and adolescents with posttraumatic stress disorder symptoms through comparison with other established trauma treatment or no treatment control groups.

Method: It was conducted a literature search concerning the effects of EMDR treatment on symptomatologic pictures derived by Post-Traumatic Stress Disorder diagnosis in children and adolescents by analysing digital databases like PsycINFO, MEDLINE, Google Scholar and Cochrane Library and with a traditional research method, targeting revisions and articles.

Results: Results show efficacy of EMDR especially according to the number of sessions. Fewer EMDR sessions are associated with the best outcomes.

Conclusions: These findings support the use of EMDR for treating symptoms of PTSD in children, although further replication and comparison are required.