

# Recent Articles on EMDR

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 related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR—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](mailto:aleeds@theLeeds.net).

Note: a comprehensive database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: <http://emdr.nku.edu/>

Aslani, J., Miratashi, M., & Aslani, L. (2013). Effectiveness of eye movement desensitization and reprocessing therapy on public speaking anxiety of university students. *Zahedan Journal of Research in Medical Sciences*.

Jalil Aslani, Department of Psychology, Faculty of Psychology, Allameh Tabatabai University, Tehran, Iran.

## ABSTRACT

**Background:** Public speaking anxiety is a prominent problem in the college student population. The purpose of this study was to determine the effectiveness of eye movement desensitization and reprocessing on public speaking anxiety of college students.

**Materials and Methods:** The design of research was quasi-experimental with pre-post test type, and control group. The sample consistent of 30 students with speech anxiety that selected base on available sampling and assigned randomly in experimental (N=15) and control (N=15) groups. The experimental group was treated with EMDR therapy for 7 sessions. In order to collect the data, Paul's personal report of confidence as a speaker, S-R inventory of anxiousness was used. To analyze the data, SPSS-19 software and covariance analysis were used.

**Results:** The multivariate analysis of covariance showed that the eye movement desensitization and reprocessing reducing public speaking anxiety. The one-way analysis of covariance for each variable shows there are significant differences in confidence of speaker ( $p=0.001$ ) and physiological symptoms of speech anxiety ( $p=0.001$ ) at the two groups.

**Conclusion:** These results suggest that treatment of eye movement desensitization and reprocessing is effective on reducing physiological symptoms of speech anxiety and increasing the speaker's confidence.

Bae, H., Han, C., & Kim, D. (2013). Desensitization of triggers and urge reprocessing for pathological gambling: A case series. *Journal of Gambling Studies*. doi:10.1007/s10899-013-9422-5

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## ABSTRACT

This case series introduces the desensitization of triggers and urge reprocessing (DeTUR), as a promising adjunctive therapy in addition to comprehensive treatment package for pathological gambling. This addiction protocol of eye movement desensitization and reprocessing was delivered to four male inpatients admitted to a 10-week inpatient program for pathological gambling. The therapist gave three 60-min weekly sessions of the DeTUR using bilateral stimulation (horizontal eye movements or alternative tactile stimuli) focusing on the hierarchy of triggering situations and the urge to initiate gambling behaviors. After treatment, self-reported gambling symptoms, depression, anxiety, and impulsiveness were all improved, and all the participants reported satisfaction with the therapy. They were followed up for 6 months and all maintained their abstinence from gambling and their symptomatic improvements. Given the efficiency (i.e., brevity and efficacy) of the treatment, a controlled study to confirm the effects of the DeTUR on pathological gambling would be justified.

Beaumont, E., & Hollins Martin, C. J. (2013). Using compassionate mind training as a resource in EMDR: A case study. *Journal of EMDR Practice and Research*, 7(4), 186-199. doi:10.1891/1933-3196.7.4.186

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## ABSTRACT

This case study examines the contribution of compassionate mind training (CMT) when used as a resource in the eye movement desensitization and reprocessing (EMDR) treatment of a 58-year-

old man, who presented after a recent trauma with psychological distress and somatic symptoms—an inability to sign his name. Self-report questionnaires (Hospital Anxiety and Depression Scale [HADS], Impact of Events Scale-R [IES-R], and Self-Compassion Scale [SCS]) were administered at pretherapy, midtherapy, posttherapy, and 9-month follow-up. EMDR with CMT facilitated recall of forgotten memories about his sister's traumatic death decades previously, with related emotions of shame and grief, creating insight into how these past events linked to his current signature-signing phobia. Eight sessions of therapy resulted in an elimination of the client's signature-signing phobia and a reduction in trauma-related symptoms, elevation in mood, and increase in self-compassion. Effects were maintained at 9-month follow-up. The "Discussion" section highlights the value of working collaboratively with clients to best meet their individual needs.

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Bisson, J. I., Roberts, N. P., Andrew, M., Cooper, R., & Lewis, C. (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews (Online)*, 12, CD003388. doi:10.1002/14651858.CD003388.pub4

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### ABSTRACT

**BACKGROUND:** Post-traumatic stress disorder (PTSD) is a distressing condition, which is often treated with psychological therapies. Earlier versions of this review, and other meta-analyses, have found these to be effective, with trauma-focused treatments being more effective than non-trauma-focused treatments. This is an update of a Cochrane review first published in 2005 and updated in 2007.

**OBJECTIVES:** To assess the effects of psychological therapies for the treatment of adults with chronic post-traumatic stress disorder (PTSD).

**SEARCH METHODS:** For this update, we searched the Cochrane Depression, Anxiety and Neurosis Group's Specialised Register (CCDANCTR-Studies and CCDANCTR-References) all years to 12th April 2013. This register contains relevant randomised controlled trials from: The Cochrane Library (all years), MEDLINE (1950 to date), EMBASE (1974 to date), and PsycINFO (1967 to date). In addition, we handsearched the Journal of Traumatic Stress, contacted experts in the field, searched bibliographies of included studies, and performed citation searches of identified articles.

**SELECTION CRITERIA:** Randomised controlled trials of individual trauma-focused cognitive behavioural therapy (TFCBT), eye movement desensitisation and reprocessing (EMDR), non-trauma-focused CBT (non-TFCBT), other therapies (supportive

therapy, non-directive counselling, psychodynamic therapy and present-centred therapy), group TFCBT, or group non-TFCBT, compared to one another or to a waitlist or usual care group for the treatment of chronic PTSD. The primary outcome measure was the severity of clinician-rated traumatic-stress symptoms.

**DATA COLLECTION AND ANALYSIS:** We extracted data and entered them into Review Manager 5 software. We contacted authors to obtain missing data. Two review authors independently performed 'Risk of bias' assessments. We pooled the data where appropriate, and analysed for summary effects.

**MAIN RESULTS:** We include 70 studies involving a total of 4761 participants in the review. The first primary outcome for this review was reduction in the severity of PTSD symptoms, using a standardised measure rated by a clinician. For this outcome, individual TFCBT and EMDR were more effective than waitlist/usual care (standardised mean difference (SMD) -1.62; 95% CI -2.03 to -1.21; 28 studies; n = 1256 and SMD -1.17; 95% CI -2.04 to -0.30; 6 studies; n = 183 respectively). There was no statistically significant difference between individual TFCBT, EMDR and Stress Management (SM) immediately post-treatment although there was some evidence that individual TFCBT and EMDR were superior to non-TFCBT at follow-up, and that individual TFCBT, EMDR and non-TFCBT were more effective than other therapies. Non-TFCBT was more effective than waitlist/usual care and other therapies. Other therapies were superior to waitlist/usual care control as was group TFCBT. There was some evidence of greater drop-out (the second primary outcome for this review) in active treatment groups. Many of the studies were rated as being at 'high' or 'unclear' risk of bias in multiple domains, and there was considerable unexplained heterogeneity; in addition, we assessed the quality of the evidence for each comparison as very low. As such, the findings of this review should be interpreted with caution.

**AUTHORS' CONCLUSIONS:** The evidence for each of the comparisons made in this review was assessed as very low quality. This evidence showed that individual TFCBT and EMDR did better than waitlist/usual care in reducing clinician-assessed PTSD symptoms. There was evidence that individual TFCBT, EMDR and non-TFCBT are equally effective immediately post-treatment in the treatment of PTSD. There was some evidence that TFCBT and EMDR are superior to non-TFCBT between one to four months following treatment, and also that individual TFCBT, EMDR and non-TFCBT are more effective than other therapies. There was evidence of greater drop-out in active treatment groups. Although a substantial number of studies were included in the review, the conclusions are compromised by methodological issues evident in some. Sample sizes were small, and it is apparent that many of the studies were underpowered. There were limited follow-up data, which compromises conclusions regarding the long-term effects of psychological treatment

Devilley, G. J., Ono, M., & Lohr, J. M. (2013). The use of meta-analytic software to derive hypotheses for EMDR. *Journal of Behavior Therapy and Experimental Psychiatry*, in press. doi:10.1016/j.jbtep.2013.10.004

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#### ABSTRACT

Not available. First page of article can be viewed at: <http://www.sciencedirect.com/science/article/pii/S0005791613000785>

Farrell, D., Keenan, P., Knibbs, L., & Hicks, C. (2013). A q-methodology evaluation of an EMDR Europe HAP facilitators training in Pakistan. *Journal of EMDR Practice and Research*, 7(4), 174-185. doi:10.1891/1933-3196.7.4.174

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#### ABSTRACT

This article is an evaluation of eye movement desensitization and reprocessing (EMDR) Europe Humanitarian Assistance Program (HAP) facilitators' training in Pakistan based on a project set up in the aftermath of the 2005 earthquake. Q-methodology was the method of choice for this research because it permits the systematic study of subjective experiences by combining the richness of qualitative protocols with the rigors of quantitative ones. Research participants were 6 recently trained EMDR Pakistan consultants and facilitators, of which 5 were consultant psychiatrists and 1 was a general practitioner (GP)/psychologist. The Q-concourse addressed issues such as EMDR clinical practice, cultural application of EMDR in Pakistan, EMDR research and development, and their experiences of their EMDR-HAP training. Results highlighted issues around professional role and application of EMDR, the teaching and learning experience of EMDR, clinical supervision, the importance of the therapeutic relationship, and the cultural sensitivity and application of EMDR in Pakistan. The article also considers how the EMDR-HAP training program could be improved in Pakistan.

Greenwald, R., McClintock, S. D., & Bailey, T. D. (2013). A controlled comparison of eye movement desensitization & reprocessing and progressive counting. *Journal of Aggression, Maltreatment & Trauma*, 22(9), 981-996. doi:10.1080/10926771.2013.834020

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#### ABSTRACT

Ten therapists who were already trained and experienced in eye movement desensitization and reprocessing (EMDR) received training in progressive counting (PC), a newer trauma resolution method. Nineteen volunteers with single-incident trauma or loss were assigned to a therapist and then randomized to treatment condition; 15 completed treatment to termination criteria or until the 4th session. Participants in both conditions experienced significant reductions in post-traumatic stress disorder (PTSD) symptoms, memory-related distress, and presenting problems at one week posttreatment, and maintained at 12-week follow-up, with no significant differences in outcomes, treatment efficiency, or drop-out rate. The preliminary findings of this pilot study suggest that PC is an efficient, well-tolerated, and effective trauma treatment that is relatively easy for therapists to master.

Groot, J. V., de Jongh, P. D. A., & Leusink, P. (2013). Geen zin meer in seks? Denk aan psychisch trauma! [Not interested in sex? Think of mental trauma!]. *Huisarts En Wetenschap*, 56(3), 134-137. doi:10.1007/s12445-013-0072-8



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### ABSTRACT

Sexual problems can have several causes, both biological and psychosocial. During the investigation, the general practitioner should bear in mind that some patients with sexual problems may have been abused sexually or have had other unpleasant experiences, sexual or otherwise. In such cases the patient should be referred to a psychologist-sexologist for treatment that is primarily focused on the processing of negative (sexual) experiences, in addition to conventional sex therapy. This article describes the spectrum of sexual problems and indicates in which cases trauma therapy might be useful. This is illustrated by means of a case in which eye movement desensitization and reprocessing (EMDR) was used.

Jayawickreme, N., Cahill, S. P., Riggs, D. S., Rauch, S. A., Resick, P. A., Rothbaum, B. O., & Foa, E. B. (2013). Primum Non Nocere (First Do No Harm): Symptom worsening and improvement in female assault victims after prolonged exposure for PTSD. *Depression and Anxiety*. doi:10.1002/da.22225

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### ABSTRACT

**BACKGROUND:** Prolonged Exposure (PE) therapy is an efficacious treatment for PTSD; despite this, many clinicians do not utilize it due to concerns it could cause patient decompensation.

**METHOD:** Data were pooled from four published well-controlled studies of female assault survivors with chronic PTSD (n = 361) who were randomly assigned to PE, waitlist (WL), or another psychotherapy, including cognitive processing therapy (CPT), Eye Movement and Desensitization Reprocessing (EMDR), or the combination of PE plus stress inoculation training (SIT) or PE plus cognitive restructuring. PTSD and depression severity scores were converted to categorical outcomes to evaluate the proportion of participants who showed reliable symptom change (both reliable worsening and reliable improvement).

**RESULTS:** The majority of participants completing one of the active treatments showed reliable improvement on both PTSD and depression compared to WL. Among treatment participants in general, as well as those who received PE, reliable PTSD worsening was nonexistent and the rate of reliable worsening of depression was low. There were no differences on any outcome measures among treatments. By comparison, participants in WL had higher rates of reliable symptom worsening for both PTSD and depression. Potential alternative explanations were also evaluated.

**CONCLUSIONS:** PE and a number of other empirically supported therapies are efficacious and safe treatments for PTSD, reducing the frequency of which symptom worsening occurs in the absence of treatment.

Jordan, J., Titscher, G., Peregrinova, L., & Kirsch, H. (2013). Manual for the psychotherapeutic treatment of acute and post-traumatic stress disorders following multiple shocks from implantable cardioverter defibrillator (ICD). *Psychosocial Medicine*, 10, Doc09. doi:10.3205/psm000099

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While the abstract does not mention it, the manual emphasizes a central role for EMDR therapy as one of five treatment elements.

Full text is available online: <http://www.egms.de/static/en/journals/psm/2013-10/psm000099.shtml>

### ABSTRACT

**BACKGROUND:** In view of the increasing number of implanted cardioverter defibrillators (ICD), the number of people suffering from so-called “multiple ICD shocks” is also increasing. The delivery of more than five shocks (appropriate or inappropriate) in 12 months or three or more shocks (so called multiple shocks) in a short time period (24 hours) leads to an increasing number of patients suffering from severe psychological distress (anxiety disorder, panic disorder, adjustment disorder, post-traumatic stress disorder). Untreated persons show chronic disease processes and a low rate of spontaneous remission and have an increased morbidity and mortality. Few papers have been published concerning the psychotherapeutic treatment for these patients.

**OBJECTIVE:** The aim of this study is to develop a psychotherapeutic treatment for patients with a post-traumatic stress disorder or adjustment disorder after multiple ICD shocks.

**DESIGN:** Explorative feasibility study: Treatment of 22 patients as a natural design without randomisation and without control group. The period of recruitment was three years, from March 2007 to March 2010. The study consisted of two phases: in the first phase (pilot study) we tested different components and dosages of psychotherapeutic treatments. The final intervention programme is presented in this paper. In the second phase (follow-up study) we assessed the residual post-traumatic stress symptoms in these ICD patients. The time between treatment and follow-up measurement was 12 to 30 months. Population: Thirty-one patients were assigned to the Department of Psychocardiology after multiple shocks. The sample consisted of 22 patients who had a post-traumatic stress disorder or an adjustment disorder and were willing and able to participate. They were invited for psychological treatment. 18 of them could be included into the follow-up study.

**METHODS:** After the clinical assessment at the beginning and at the end of the inpatient treatment a post-treatment assessment with questionnaires followed. In this follow-up measurement, minimum 12 months after inpatient treatment, posttraumatic stress was assessed using the "Impact of Event Scale" (IES-R). Setting: Inpatient treatment in a large Heart and Thorax Centre with a Department of Psychocardiology (Kerckhoff Heart Centre).

**RESULTS:** From the 18 patients in the follow-up study no one reported complaints of PTSD. 15 of them reported a high or even a very high decrease of anxiety and avoidance behaviour.

**CONCLUSIONS:** The first step of the treatment development seems to be successful. It shows encouraging results with an acceptable dosage. The second step of our work is in process now: we evaluate the treatment manual within other clinical institutions and a higher number of psychotherapists. This leads in the consequence to a controlled and randomised comparison study.

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Lee, C. W., & Cuijpers, P. (2013). What does the data say about the importance of eye movement in EMDR? *Journal of Behavior Therapy and Experimental Psychiatry*, in press. doi:10.1016/j.jbtep.2013.10.002

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#### ABSTRACT

Not available. First page of article can be viewed at: <http://www.sciencedirect.com/science/article/pii/S0005791613000761>

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**OBJECTIVE:** This study assessed patient and clinician agreement about treatment type and its association with treatment helpfulness among World Trade Center rescue and recovery workers.

**METHODS:** A total of 187 outpatients and 280 clinicians completed a survey, which gathered information on patient characteristics, treatment types, and treatment helpfulness. Kappa statistics and sensitivity and specificity analyses were used, and the association between patient-clinician agreement and reported treatment benefit was determined. **RESULTS** Patient-clinician agreement was highest for group therapy, medication management, eye movement desensitization and reprocessing, and couples therapy. Agreement about medication management, individual psychotherapy, and workers' compensation evaluation was associated with higher reported treatment benefits.

**CONCLUSIONS:** Findings support the hypothesis that agreement regarding treatment type is associated with higher reported benefit and extend findings of previous studies to a linguistically diverse, naturalistic sample exposed to a disaster trauma. Results also highlight the need for better understanding of eclectic therapies offered in real-world clinical practice.

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Maredpour, A., Naderi, F., & Mehrabizadeh, H. M. (2013). Comparing the efficacy of eye movement desensitization and reprocessing therapy with prolonged exposure therapy on the trauma impact symptoms in veterans suffering from chronic PTSD. *Armaghan Danesh*, 77(5), 256-367.

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#### ABSTRACT

**BACKGROUND AND AIM:** Post-traumatic stress disorder is considered as set of symptoms developed afterward an individual witness, hear or involved. The current research was purposed to compare the efficacy of eye movement desensitization and reprocessing therapy with prolonged exposure therapy on the trauma impact symptoms in veterans suffering from chronic PTSD.

**METHODS:** in this clinical trail research randomly sampled 48 veterans diagnosed with PTSD who had psychiatric records in Salman City Hospital of Yasuj. The subjects devoted in three equal groups: two experimental and one control groups. As intervention procedures the two experimental groups were exposed to eye movement desensitization and reprocessing therapy (5 sessions) and prolonged exposure therapy (10 sessions) respectively. The control group received none. Subsequent to the treatment period the triple groups were post-tested by the prior pre test scales. The data were analyzed by implementing univariate analysis of covariance (ANCOVA) and Bonferroni post hoc test.

**RESULTS:** Both treatment procedures significantly reduced the trauma impact symptoms ( $p \leq 0.001$ ). The results also indicated that prolonged exposure therapy was more effective concerning the trauma impact symptoms improvement.

**CONCLUSION:** Intervention treatment procedures such as eye movement desensitization, reprocessing therapy, and prolonged exposure therapy sustain sufficient efficacy in trauma impact symptoms improvement while prolonged exposure therapy exceeded significantly.

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Tsai, C., & McNally, R. J. (2014). Effects of emotionally valenced working memory taxation on negative memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 45(1), 15 - 19. doi:10.1016/j.jbtep.2013.07.004

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### ABSTRACT

**BACKGROUND AND OBJECTIVES:** Memories enter a labile state during recollection. Thus, memory changes that occur during recollection can affect future instances of its activation. Having subjects perform a secondary task that taxes working memory while they recall a negative emotional memory often reduces its vividness and emotional intensity during subsequent recollections. However, researchers have not manipulated the emotional valence of the secondary task itself.

**METHODS:** Subjects viewed a video depicting the aftermath of three fatal road traffic accidents, establishing the same negative emotional memory for all subjects. We then tested their memory for the video after randomly assigning them to no secondary task or a delayed match-to-sample secondary task involving photographs of positive, negative, or neutral emotional valence.

**RESULTS:** The positive secondary task reduced memory for details about the video, whereas negative and neutral tasks did not.

**LIMITATIONS:** We did not assess the vividness and emotionality of the subjects' memory of the video.

**CONCLUSIONS:** Having subjects recall a stressful experience while performing a positively valent secondary task can decrement details of the memory and perhaps its emotionality.

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Morrissey, M. (2013). EMDR as an integrative therapeutic approach for the treatment of separation anxiety disorder. *Journal of EMDR Practice and Research*, 7(4), 200-207. doi:10.1891/1933-3196.7.4.200

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### ABSTRACT

This case study reports the use of eye movement desensitization and reprocessing (EMDR) and family therapy for a 10-year-old boy with severe separation anxiety disorder (SAD). It illustrates how the use of the standard EMDR protocol for the boy and his mother combined with family therapy, led to symptom alleviation and restored appropriate developmental functioning as evidenced by behavioral outcomes. The participant initially presented with severe anxiety about separating from his mother, several years after his parents went through a painful divorce. Treatment focused on processing the boy's disturbing memories of past non-traumatic events in 14 EMDR sessions; his mother received 4 EMDR sessions to address her perceived marital failure and guilt about the effects of her ensuing depression on him. Eight family

therapy sessions were used to help the family spend positive time together. Prior to treatment, the child had been unable to play outside, checked on his mother frequently, and could not attend activities without her. At the end of treatment, he was able to play with friends outside, ride his bike around town, engage in after school activities, and sleep over at his friends' houses. Gains were maintained at 6-month follow-up. Treatment did not include instruction in parenting skills or psychoeducation for the mother, or any exposure therapy for the child.

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Parker, A., Parkin, A., & Dagnall, N. (2013). Effects of saccadic bilateral eye movements on episodic and semantic autobiographical memory fluency. *Frontiers in Human Neuroscience*, 7(630). doi:10.3389/fnhum.2013.00630

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### ABSTRACT

Performing a sequence of fast saccadic horizontal eye movements has been shown to facilitate performance on a range of cognitive tasks, including the retrieval of episodic memories. One explanation for these effects is based on the hypothesis that saccadic eye movements increase hemispheric interaction, and that such interactions are important for particular types of memory. The aim of the current research was to assess the effect of horizontal saccadic eye movements on the retrieval of both episodic autobiographical memory (event/incident based memory) and semantic autobiographical memory (fact based memory) over recent and more distant time periods. It was found that saccadic eye movements facilitated the retrieval of episodic autobiographical memories (over all time periods) but not semantic autobiographical memories. In addition, eye movements did not enhance the retrieval of non-autobiographical semantic memory. This finding illustrates a dissociation between the episodic and semantic characteristics of personal memory and is considered within the context of hemispheric contributions to episodic memory performance.

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Ronconi, J. M., Shiner, B., & Watts, B. V. (2014). Inclusion and exclusion criteria in randomized controlled trials of psychotherapy for PTSD. *Journal of Psychiatric Practice*, 20(1), 25-37. doi:10.1097/01.pra.0000442936.23457.5b

### ABSTRACT

**OBJECTIVE:** Posttraumatic stress disorder (PTSD) is a prevalent and often disabling condition. Fortunately, effective psychological treatments for PTSD are available. However, research indicates that these treatments may be underutilized in clinical practice. One reason for this underutilization may be clinicians' unwarranted exclusion of patients from these treatments based on their

understanding of exclusion criteria used in clinical trials of psychological treatments for PTSD. There is no comprehensive and up-to-date review of inclusion and exclusion criteria used in randomized clinical trials (RCTs) of psychological treatments for PTSD. Therefore, our objective was to better understand how patients were excluded from such RCTs in order to provide guidance to clinicians regarding clinical populations likely to benefit from these treatments.

**METHODS:** We conducted a comprehensive literature review of RCTs of psychological treatments for PTSD from January 1, 1980 through April 1, 2012. We categorized these clinical trials according to the types of psychotherapy discussed in the major guidelines for treatment of PTSD and reviewed all treatments that were studied in at least two RCTs (N=64 published studies with 75 intervention arms since some studies compared two or more interventions). We abstracted and tabulated information concerning exclusion criteria for each type of psychotherapy for PTSD.

**RESULTS:** We identified multiple RCTs of cognitive behavioral therapy (n=56), eye movement desensitization and reprocessing (n=11), and group psychotherapy (n=8) for PTSD. The most common exclusions were psychosis, substance abuse and dependence, bipolar disorder, and suicidal ideation. Clinical trials varied in how stringently these criteria were applied. It is important to note that no exclusion criterion was used in all studies and there was at least one study of each type of therapy that included patients from each of the commonly excluded groups. A paucity of evidence exists concerning the treatment of patients with PTSD and four comorbidities: alcohol and substance abuse or dependence with current use, current psychosis, current mania, and suicidal ideation with current intent.

**CONCLUSIONS:** Psychological treatments for PTSD have been studied in broad and representative clinical populations. It appears that more liberal use of these treatments regardless of comorbidities is warranted.

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Tesarz, J., Leisner, S., Gerhardt, A., Janke, S., Seidler, G. H., Eich, W., & Hartmann, M. (2013). Effects of eye movement desensitization and reprocessing (EMDR) treatment in chronic pain patients: A systematic review. *Pain Medicine*. doi:10.1111/pme.12303

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#### ABSTRACT

**OBJECTIVE:** This study systematically reviewed the evidence regarding the effects of eye movement desensitization and reprocessing (EMDR) therapy for treating chronic pain.

**DESIGN:** Systematic review.

**METHODS:** We screened MEDLINE, EMBASE, the Cochrane Library, CINHAL Plus, Web of Science, PsycINFO, PSYINDEX, the Francine Shapiro Library, and citations of original studies and reviews. All studies using EMDR for treating chronic pain were eligible for inclusion in the present study. The main outcomes were pain intensity, disability, and negative mood (depression and anxiety). The effects were described as standardized mean differences.

**RESULTS:** Two controlled trials with a total of 80 subjects and 10 observational studies with 116 subjects met the inclusion criteria. All of these studies assessed pain intensity. In addition, five studies measured disability, eight studies depression, and five studies anxiety. Controlled trials demonstrated significant improvements in pain intensity with high effect sizes (Hedges' g: -6.87 [95% confidence interval (CI95) : -8.51, -5.23] and -1.12 [CI95 : -1.82, -0.42]). The pretreatment/posttreatment effect size calculations of the observational studies revealed that the effect sizes varied considerably, ranging from Hedges' g values of -0.24 (CI95 : -0.88, 0.40) to -5.86 (CI95 : -10.12, -1.60) for reductions in pain intensity, -0.34 (CI95 : -1.27, 0.59) to -3.69 (CI95 : -24.66, 17.28) for improvements in disability, -0.57 (CI95 : -1.47, 0.32) to -1.47 (CI95 : -3.18, 0.25) for improvements in depressive symptoms, and -0.59 (CI95 : -1.05, 0.13) to -1.10 (CI95 : -2.68, 0.48) for anxiety. Follow-up assessments showed maintained improvements. No adverse events were reported.

**CONCLUSIONS:** Although the results of our study suggest that EMDR may be a safe and promising treatment option in chronic pain conditions, the small number of high-quality studies leads to insufficient evidence for definite treatment recommendations.

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Thomaes, K., Dorrepaal, E., Draijer, N., Jansma, E. P., Veltman, D. J., & van Balkom, A. J. (2013). Can pharmacological and psychological treatment change brain structure and function in PTSD? A systematic review. *Journal of Psychiatric Research*. doi:10.1016/j.jpsychires.2013.11.002

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#### ABSTRACT

While there is evidence of clinical improvement of posttraumatic stress disorder (PTSD) with treatment, its neural underpinnings are insufficiently clear. Moreover, it is unknown whether similar neurophysiological changes occur in PTSD specifically after child abuse, given its enduring nature and the developmental vulnerability of the brain during childhood.

We systematically reviewed PTSD treatment effect studies on structural and functional brain changes from PubMed, EMBASE,

PsycINFO, PILOTS and the Cochrane Library. We included studies on adults with (partial) PTSD in Randomized Controlled Trials (RCT) or pre-post designs (excluding case studies) on pharmacotherapy and psychotherapy. Risk of bias was evaluated independently by two raters. Brain coordinates and effect sizes were standardized for comparability.

We included 15 studies (6 RCTs, 9 pre-post), four of which were on child abuse. Results showed that pharmacotherapy improved structural abnormalities (i.e., increased hippocampus volume) in both adult-trauma and child abuse related PTSD (3 pre-post studies). Functional changes were found to distinguish between groups. Adult-trauma PTSD patients showed decreased amygdala and increased dorsolateral prefrontal activations post-treatment (4 RCTs, 5 pre-post studies). In one RCT, child abuse patients showed no changes in the amygdala, but decreased dorsolateral prefrontal, dorsal anterior cingulate and insula activation post-treatment.

In conclusion, pharmacotherapy may reduce structural abnormalities in PTSD, while psychotherapy may decrease amygdala activity and increase prefrontal, dorsal anterior cingulate and hippocampus activations, that may relate to extinction learning and re-appraisal. There is some evidence for a distinct activation pattern in child abuse patients, which clearly awaits further empirical testing.

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Tsai, C., & McNally, R. J. (2014). Effects of emotionally valenced working memory taxation on negative memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 45(1), 15 - 19. doi:10.1016/j.jbtep.2013.07.004

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#### ABSTRACT

**BACKGROUND AND OBJECTIVES:** Memories enter a labile state during recollection. Thus, memory changes that occur during recollection can affect future instances of its activation. Having subjects perform a secondary task that taxes working memory while they recall a negative emotional memory often reduces its vividness and emotional intensity during subsequent recollections. However, researchers have not manipulated the emotional valence of the secondary task itself.

**METHODS:** Subjects viewed a video depicting the aftermath of three fatal road traffic accidents, establishing the same negative emotional memory for all subjects. We then tested their memory for the video after randomly assigning them to no secondary task or a delayed match-to-sample secondary task involving photographs of positive, negative, or neutral emotional valence.

**RESULTS:** The positive secondary task reduced memory for details about the video, whereas negative and neutral tasks did not.

**LIMITATIONS:** We did not assess the vividness and emotionality of the subjects' memory of the video.

**CONCLUSIONS:** Having subjects recall a stressful experience while performing a positively valent secondary task can decrement details of the memory and perhaps its emotionality.

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van den Berg, D. P. G., Van der Vleugel, B. M., Staring, A. B. P., De Bont, P. A. J., & De Jongh, A. (2013). EMDR in psychosis: Guidelines for conceptualization and treatment. *Journal of EMDR Practice and Research*, 7(4), 208-224. doi:10.1891/1933-3196.7.4.208

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#### ABSTRACT

A significant proportion of clients with psychosis have experienced childhood trauma and suffer from comorbid posttraumatic stress disorder. Research indicates that exposure to distressing early life events plays an important role in the emergence and persistence of psychotic symptoms—either directly or indirectly. The Two Method Approach of EMDR conceptualization and recent findings on reprocessing of psychosis-related imagery fit with the existing cognitive models of psychosis. This article presents a series of preliminary guidelines for conceptualizing EMDR treatment in psychosis, which are based on both theory and clinical experience and are illustrated with case examples. Several obstacles and related treatment strategies for using EMDR in psychosis are described. EMDR in psychosis can very well be combined with other standard interventions such as psychotropic medication and cognitive behavioral therapy.

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van den Hout, M. A., Eidhof, M. B., Verboom, J., Littel, M., & Engelhard, I. M. (2013). Blurring of emotional and non-emotional memories by taxing working memory during recall. *Cognition & Emotion*. doi:10.1080/02699931.2013.848785

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#### ABSTRACT

Memories that are recalled while working memory (WM) is taxed, e.g., by making eye movements (EM), become blurred during the recall + EM and later recall, without EM. This may help to explain the effects of Eye Movement and Desensitisation and Reprocessing (EMDR) in the treatment of post-traumatic stress disorder (PTSD) in which patients make EM during trauma recall. Earlier experimental studies on recall + EM have focused on emotional memories. WM theory suggests that recall + EM is

superior to recall only but is silent about effects of memory emotionality. Based on the emotion and memory literature, we examined whether recall + EM has superior effects in blurring emotional memories relative to neutral memories. Healthy volunteers recalled negative or neutral memories, matched for vividness, while visually tracking a dot that moved horizontally ("recall + EM") or remained stationary ("recall only"). Compared to a pre-test, a post-test (without concentrating on the dot) replicated earlier findings: negative memories are rated as less vivid after "recall + EM" but not after "recall only". This was not found for neutral memories. Emotional memories are more taxing than neutral memories, which may explain the findings. Alternatively, transient arousal induced by recall of aversive memories may promote reconsolidation of the blurred memory image that is provoked by EM.

Wood, E., & Ricketts, T. (2013). Is EMDR an evidenced-based treatment for depression? A review of the literature. *Journal of EMDR Practice and Research*, 7(4), 225-235. doi:10.1891/1933-3196.7.4.225

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**ABSTRACT**

It is not unusual for proponents of eye movement desensitization and reprocessing (EMDR) to claim it can be used to treat many mental health problems. Depression is an illness that affects the lives of millions across the world; the costs are high, economically and socially, and depression can be devastating for the individual. Despite this, depression is not well treated, so a desire to find other treatments is admirable. However, these treatments must be evidence based and although there is some evidence that EMDR may be a promising new approach, it cannot currently be described as an evidenced-based treatment for depression. There are studies under way across Europe that may produce the evidence needed to expand the recommendations for using EMDR with more than just posttraumatic stress disorder (PTSD). ❖

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4000GM	Yes	Adjustable	Green	Yes	Yes
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