

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 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:a Leeds@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/>

A listing by year of publication of all journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning website at: <http://www.trauma-pages.com/s/emdr-refs.php>. Previous columns from 2005 to the present are available on the EMDRIA website at: <http://www.emdria.org/?page=43>.

Bandelow, B., Reitt, M., Röver, C., Michaelis, S., Görlich, Y., & Wedekind, D. (2015). Efficacy of treatments for anxiety disorders: A meta-analysis. *International Clinical Psychopharmacology*. doi:10.1097/YIC.0000000000000078

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ABSTRACT

To our knowledge, no previous meta-analysis has attempted to compare the efficacy of pharmacological, psychological and combined treatments for the three main anxiety disorders (panic disorder, generalized anxiety disorder and social phobia). Pre-post and treated versus control effect sizes (ES) were calculated for all evaluable randomized-controlled studies (n=234), involving 37333 patients. Medications were associated with a significantly higher average pre-post ES [Cohen's d=2.02 (1.90-2.15); 28051 patients] than psychotherapies [1.22 (1.14-1.30); 6992 patients; P<0.0001]. ES were 2.25 for serotonin-noradrenaline reuptake inhibitors (n=23 study arms), 2.15 for benzodiazepines (n=42), 2.09 for selective serotonin reuptake inhibitors (n=62) and 1.83 for tricyclic antidepressants (n=15). ES for psychotherapies were mindfulness therapies, 1.56 (n=4); relaxation, 1.36 (n=17); individual cognitive behavioural/exposure therapy (CBT), 1.30 (n=93); group CBT, 1.22 (n=18); psychodynamic therapy 1.17 (n=5); therapies without face-to-face contact (e.g. Internet therapies), 1.11 (n=34); eye movement desensitization reprocessing, 1.03 (n=3); and interpersonal therapy 0.78 (n=4). The ES was 2.12 (n=16) for CBT/drug combinations. Exercise had an ES of 1.23 (n=3). For control groups, ES were 1.29 for placebo pills (n=111), 0.83 for psychological placebos (n=16) and 0.20 for waitlists (n=50). In direct comparisons with control groups, all investigated drugs, except for citalopram, opipramol and moclobemide, were significantly more effective than placebo. Individual CBT was more effective than waiting list, psychological

placebo and pill placebo. When looking at the average pre-post ES, medications were more effective than psychotherapies. Pre-post ES for psychotherapies did not differ from pill placebos; this finding cannot be explained by heterogeneity, publication bias or allegiance effects. However, the decision on whether to choose psychotherapy, medications or a combination of the two should be left to the patient as drugs may have side effects, interactions and contraindications.

Barrowcliff, A. L., & Evans, G. A. L. (2015). EMDR treatment for PTSD and intellectual disability: A case study. *Advances in Mental Health and Intellectual Disabilities*, 9(2), 90-98. doi:10.1108/AMHID-09-2014-0034

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ABSTRACT

Purpose: The purpose of this paper is to provide a detailed description of an adapted Eye-Movement Desensitisation and Reprocessing (EMDR) intervention in the treatment of chronic Post-Traumatic Stress Disorder (PTSD) in an individual with moderate-severe Intellectual Disability (ID), blindness, and Mucopolysaccharidosis Hunters Syndrome.

Design/methodology/approach: A case study reporting on the implementation of an eight phase EMDR approach adapted for intellectual and sensory requirements. The intervention involved a series of preparatory meetings and four sessions of EMDR.

Findings: The intervention was successful in ameliorating most symptoms attributed to a PTSD presentation.

Research limitations/implications: The availability of the full breadth of treatment options for PTSD as indicated in National

Institute for Health and Care Excellence (2005) is questionable in clinical practice with individuals with ID. Appropriate investment in research determining the most efficacious interventions for this clinical population is required.

Originality/value: This case study addresses issues of complexity in respect of the assessment and treatment of trauma in an ID population. It raises a number of important social/research questions in addition to providing a high level of detail in regard to the adaptations required to deliver EMDR for a complex individual whilst retaining fidelity to the standard treatment model.

Behnamoghdam, M., Alamdari, A. K., Behnamoghdam, A., & Darban, F. (2015). Effect of eye movement desensitization and reprocessing (EMDR) on depression in patients with myocardial infarction (MI). *Global Journal of Health Science*, 7(6), 258-262. doi: 10.5539/gjhs.v7n6p258

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Full text available: <http://www.ccsenet.org/journal/index.php/gjhs/article/viewFile/47723/25639>

ABSTRACT

Background: Coronary heart disease is the most important cause of death and inability in all communities. Depressive symptoms are frequent among post-myocardial infarction (MI) patients and may cause negative effects on cardiac prognosis. This study was conducted to identify efficacy of EMDR on depression of patients with MI.

Methods: This study is a clinical trial. Sixty patients with MI were selected by simple sampling, and were separated randomly into experimental and control groups. To collect data, demographic questionnaire and Beck Depression Questionnaire were used. In experimental group, EMDR therapy were performed in three sessions alternate days for 45-90 minutes, during four months after their MI. Depression level of patients was measured before, and a week after EMDR therapy. Data were analyzed using paired -t- test, t-test, and Chi-square.

Results: The mean depression level in experimental group 27.26 ± 6.41 before intervention, and it was 11.76 ± 3.71 after intervention. Hence, it showed a statistically significant difference ($P < 0.001$). The mean depression level in control group was 24.53 ± 5.81 before intervention, and it was 31.66 ± 6.09 after intervention, so it showed statistically significant difference ($P < 0.001$). The comparison of mean depression level at post treatment, in both groups showed statistically significant difference ($P < 0.001$).

Conclusion: EMDR is an effective, useful, efficient, and non-invasive method for treatment and reducing depression in patients with MI.

Bilal, M. D. M. S., Rana, M. H., Col Safi Ullah Khan, B., & Qayyum, R. (2015). Efficacy of Eye Movement Desensitization and Reprocessing beyond Complex Post Traumatic Stress Disorder: a case study of EMDR in Pakistan. *The Professional Medical Journal*, 22(4), 514-521.

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Available at: <http://www.theprofesional.com/article/vol.%2022%20no.%2004/Prof-2724.pdf>

ABSTRACT

Objectives: To demonstrate the efficacy of EMDR in complex multiple psychological trauma after failed drug treatment from selective serotonin reuptake inhibitor (SSRI) in a diagnosed case of post-traumatic stress disorder (PTSD). Method: Single participant of this case study, a sitting session judge of judicial governmental scaffold reported to this mental health tertiary care facility at his own accord with features of intense anxiety, depression, maladjustment issues and post- traumatic stress for a duration of several months. As a partial responder to full trial of SSRI he was enrolled for EMDR therapy to address his symptoms of intense anxiety, panic attacks, being overwhelmingly fearful, depressed, low self-esteem, inappropriate feelings of guilt, flashbacks, avoidance, nightmares, hyper-arousal and inability to perform as a judicial head in active war stricken area of northern Pakistan. Complete psychiatric evaluation was carried out and after the discontinuation of SSRIs he was scored on Impact of Event Scale (IES). He fulfilled the diagnostic criteria for PTSD as evaluated by the English version of the PTSD module of the Structured Clinical Interview for DSM-IV administered once before commencement of EMDR. Safe place of the client was established and 8 staged protocol of EMDR was started with him. Multiple EMDR sessions were conducted.

Results: The case presented in this paper had multiple psychological trauma forms and failed drug treatment and yet it was observed that EMDR provided marked improvement in all the domains of his deficits and this was at a prompt speed as compared to cognitive behavioural therapy (CBT) which usually takes longer duration of therapy to achieve similar results.

Conclusions: EMDR provides marked improvement in all domains of complex mental trauma and traumatic memories. Improvement attained was prompt and enduring as compared to other forms of established therapies and drug treatment indicating permanent changes happening at neurobiological levels of brain.

Boccia, M., Piccardi, L., Cordellieri, P., Guariglia, C., & Giannini, A. M. (2015). EMDR therapy for PTSD after motor vehicle accidents: Meta-analytic evidence for specific treatment. *Frontiers in Human Neuroscience*, 9. doi: 10.3389/fnhum.2015.00213

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Full text available: <http://journal.frontiersin.org/article/10.3389/fnhum.2015.00213/full>

ABSTRACT

Motor vehicle accident (MVA) victims may suffer both acute and post-traumatic stress disorders (PTSD). With PTSD affecting social, interpersonal and occupational functioning, clinicians as well as the National Institute of Health are very interested in identifying the most effective psychological treatment to reduce PTSD. From research findings, eye movement desensitization and reprocessing (EMDR) therapy is considered as one of the

effective treatment of PTSD. In this paper, we present the results of a meta-analysis of fMRI studies on PTSD after MVA through activation likelihood estimation. We found that PTSD following MVA is characterized by neural modifications in the anterior cingulate cortex (ACC), a cerebral structure involved in fear-conditioning mechanisms. Basing on previous findings in both humans and animals, which demonstrate that desensitization techniques and extinction protocols act on the limbic system, the effectiveness of EMDR and of cognitive behavioral therapies (CBT) may be related to the fact that during these therapies the ACC is stimulated by desensitization.

Cyz, B., & Muhlbauer, C. (2015). EMDR adjunctive therapy at a community agency, treating clients with a spectrum of mental health disorders. *Journal of EMDR Practice and Research*, 9(1), 35-45. doi:10.1891/1933-3196.9.1.35

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ABSTRACT

This clinical practice article describes how to provide eye movement desensitization and reprocessing (EMDR) as an adjunctive treatment. It outlines the process used in developing an EMDR adjunctive therapy program in a nonprofit community agency that serves clients with chronic mental health and substance abuse disorders. The chronicity of clients' mental health issues is complicated by life stressors that contribute to the lack of insight and accompanying poor decision making and helps to perpetuate the cycle of poverty and homelessness many experience. This article describes the initial pilot project in which EMDR was provided as a short-term intervention adjunctive to cognitive behavioral therapy, transactional analysis, and dialectical behavioral therapy. Preliminary results of this feasibility study supported the hypotheses that EMDR adjunctive therapy would reduce symptoms of traumatic stress and possibly enhance the effects of the primary therapy. This article makes multiple recommendations for program organization, including staff workshops and communication, and describes clinical strategies to ensure client readiness and to integrate EMDR with the other treatments. Recommendations are made for future research.

Farima, R., Dowlatabadi, S., & Behzadi, S. (2015). The effectiveness of eye movement desensitization and reprocessing (EMDR) in reducing pathological worry in patients with generalized anxiety disorder: A preliminary study. *Archives of Psychiatry and Psychotherapy*, 1, 33-43. doi:10.12740/APP/39259

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Full text available: http://www.strona.app.nazwa.pl/uploads/images/2015_17_1/33Farima_ArchivesPP_1_2015.pdf

ABSTRACT

Aims: The current study aimed to investigate the effectiveness of eye movement desensitization and re-processing (EMDR) in reducing pathological worry in patients with generalized anxiety disorder (GAD).

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4000B	Yes	Adjustable	Blue	Yes	No
4000BM	Yes	Adjustable	Blue	Yes	Yes
Deluxe	Yes	Adjustable	Red/Blue/White	Yes	Yes

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Tac/AudioScan Feature Table

Model	Tactile	# of Sounds	External Music	Digital Display	Low Bat. Indicator	AD Adapter Included
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Advanced	Yes	4	Yes	No	No	Yes
Deluxe	Yes	4	Yes	Yes	Yes	Yes



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Method: Three women with GAD were selected using a purposeful sampling method based on the Structured Clinical Interview for DSM-IV Axis I disorders (SCID-I). A baseline single-case experimental design was used and participants were included in the treatment in a stepped manner. The Generalized Anxiety Disorder Questionnaire (GADQ-IV), the Pennsylvania State Worry Questionnaire (PSWQ), the Worry Domain Questionnaire (WDQ), the Intolerance of Uncertainty Scale (IUS) and the Cognitive Avoidance Questionnaire (CAQ) were used as the baseline, pre-treatment, post-treatment and one-month follow-up assessments.

Results: The results showed that EMDR is effective in reducing pathological worry in patients with GAD. The participants were also successful in reducing the extent of their areas of worry, increasing their tolerance to uncertainty and conquering their cognitive avoidance. One-month follow-up also showed that the decline trend of participants' worries continued. During EMDR, participants' negative images, emotions and cognition were decreased and gradually lost their reliability, whereas positive aspects became alive and active.

Conclusions: EMDR is an effective method for the treatment of GAD in women.

Greenberg, N., Brooks, S., & Dunn, R. (2015). Latest developments in post-traumatic stress disorder: Diagnosis and treatment. *British Medical Bulletin*. doi:10.1093/bmb/ldv014

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ABSTRACT

Background: Most people will experience a traumatic event during their lives. However, not all will develop Post-Traumatic Stress Disorder (PTSD). There have been recent changes in diagnostic criteria for PTSD and there are a number of treatment options available.

Sources of Data: This review is based on published literature in the field of PTSD, its management and the recently published DSM-V.

Areas of Agreement: The most influential risk factors relate to the post-incident environment rather than pre-incident or the incident itself. There are two established and effective psychological therapies; trauma-focussed cognitive behavioural therapy and eye movement desensitization and reprocessing.

Areas of Controversy: It is unclear what actually constitutes a traumatic event. Psychological debriefing or counselling interventions, shortly after trauma-exposure are found to be

ineffective and may cause harm. Medication, whilst common practice, is not recommended as first line management.

Growing Points: Future psychotherapies for PTSD may be just as effective if delivered in carefully considered group settings or through remote means.

Areas Timely for Developing Research: Research into the most effective ways to prevent individuals at risk of developing PTSD is still at an early stage and development of effective early interventions could substantially reduce the morbidity associated with PTSD.

Grimmett, J., & Galvin, M. D. (2015). Clinician experiences with EMDR: Factors influencing continued use. *Journal of EMDR Practice and Research*, 9(1), 3-16. doi:10.1891/1933-3196.9.1.3

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ABSTRACT

This study investigated factors contributing to clinicians' use or discontinued use of eye movement desensitization and reprocessing (EMDR) as well as obtaining information pertaining to training experiences. Patterns emerged from a survey completed by 239 respondents highlighting some issues associated with discontinued use, specifically loyalty to other treatment modalities and discomfort with using EMDR. Factors investigated were not statistically significant; however, frequency analysis of the survey identified patterns in use and experience. Clinicians who continued to use EMDR reported that they did so because of both its effectiveness and the ongoing consultation they received. Practice setting surfaced as a statistically significant factor, with operating in private practice associated with greater participation in EMDR support activities. A discussion of the adequacy of the training format is presented as well as how prepared the participants felt after completion of EMDR training. Some findings were consistent with earlier studies, and the converging results of loyalty to previous modalities and discomfort using EMDR give rise to recommendations for future training and support of newly trained clinicians.

Hase, M., Balmaceda, U. M., Hase, A., Lehnung, M., Tumani, V., Huchzermeier, C., & Hofmann, A. (2015). Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of depression: A matched pairs study in an inpatient setting. *Brain and Behavior*, n/a-n/a. doi:10.1002/brb3.342

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Full text available: <http://onlinelibrary.wiley.com/doi/10.1002/brb3.342/full>

ABSTRACT

Background: Depression is a severe mental disorder that challenges mental health systems worldwide as the success rates of all established treatments are limited. Eye Movement Desensitization and Reprocessing (EMDR) therapy is a scientifically acknowledged psychotherapeutic treatment for PTSD. Given the recent research indicating that trauma and other adverse life experiences can be the basis of depression, the aim of this study was to determine the effectiveness of EMDR therapy with this disorder.

Method: In this study, we recruited a group of 16 patients with depressive episodes in an inpatient setting. These 16 patients were treated with EMDR therapy by reprocessing of memories related to stressful life events in addition to treatment as usual (TAU). They were compared to a group of 16 controls matched regarding diagnosis, degree of depression, sex, age and time of admission to hospital, which were receiving TAU only.

Results: Sixty-eight percent of the patients in the EMDR group showed full remission at end of treatment. The EMDR group showed a greater reduction in depressive symptoms as measured by the SCL-90-R depression subscale. This difference was significant even when adjusted for duration of treatment. In a follow-up period of more than 1 year the EMDR group reported less problems related to depression and less relapses than the control group.

Conclusions: EMDR therapy shows promise as an effective treatment for depressive disorders. Larger controlled studies are necessary to replicate our findings.

Jeon, S. W., & Han, C. S. (2015). An open trial of EMDR as promotion for post-traumatic growth. *Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation*, 8(2), 337-. doi:10.1016/j.brs.2015.01.091

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ABSTRACT

Clinical applications of Post-traumatic Growth (PTG) promotion have been very limited, except for psychotherapy. The basic principle of EMDR, which deals with trauma, is expected to promote PTG. Accordingly, this study was conducted to investigate the effect of EMDR on resilience and PTG, and to explore the possibility of applying EMDR to PTG promotion.

Krupnik, V. (2015). Integrating EMDR into an evolutionary-based therapy for depression: A case study. *Clinical Case Reports*. doi:10.1002/ccr3.228

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Available at: <http://onlinelibrary.wiley.com/doi/10.1002/ccr3.228/full>

ABSTRACT

We present an intervention in a case of major depression, where eye movement desensitization and reprocessing (EMDR) therapy was integrated into an evolutionary-based psychotherapy for depression. At the end of the treatment and at follow up assessment we observed a more accepting disposition and decreased depressive but not anxiety symptoms.

Laska, K. M., Gurman, A. S., & Wampold, B. E. (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy* (Chicago, Ill.), 51(4), 467-81. doi:10.1037/a0034332

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ABSTRACT

In this article, we examine the science and policy implications of the common factors perspective (CF; Frank & Frank, 1993; Wampold, 2007). As the empirically supported treatment (EST) approach, grounded in randomized controlled trials (RCTs), is the received view (see Baker, McFall, & Shoham, 2008; McHugh & Barlow, 2012), we make the case for the CF perspective as an additional evidence-based approach for understanding how therapy works, but also as a basis for improving the quality of mental health services. Finally, we argue that it is time to integrate the 2 perspectives, and we challenge the field to do so.

Markus, W., de Weert-van Oene, G. H., Becker, E. S., & DeJong, C. A. (2015). A multi-site randomized study to compare the effects of eye movement desensitization and reprocessing (EMDR) added to TAU versus TAU to reduce craving and drinking behavior in alcohol dependent outpatients: Study protocol. *BMC Psychiatry*, 15, 51. doi:10.1186/s12888-015-0431-z

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Full text available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4369870/>

ABSTRACT

Background: Addiction constitutes a major public health problem, and despite treatment, relapse rates remain very high. Preliminary findings suggest that Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based treatment for PTSD, may also reduce craving and relapse rates when applied in substance abuse. This study aims to determine the feasibility, efficacy and effectiveness of EMDR when added to treatment as usual (TAU) for addiction in alcohol dependent outpatients, compared to TAU only.

Methods/Design: A single blinded study in which 100 adult patients with a primary DSM-IV-TR diagnosis of alcohol dependence or abuse receiving treatment in one of six Dutch outpatient addiction care facility sites, will be enrolled. After baseline assessment participants will be allocated to one of two treatment conditions (allocation ratio of 1:1) using a stratified (per site, per care pathway), blocked randomization procedure. The intervention consists of EMDR (seven weekly 90 minute sessions)+TAU or TAU only. Assessments are scheduled pre-treatment (t0), post-treatment (t0+eight weeks), and one and six months post treatment. The effects of both treatment arms are compared on indices of (a) drinking behavior, (b) mediators, moderators and predictors of treatment outcome, (c) quality of life and d) safety, acceptability and feasibility of treatment. Repeated measures ANOVA's will be conducted using an intention-to-treat and per-protocol approach. Multiple imputation will be used to deal with missing values when possible.

Discussion: This study adapts and extends the standard EMDR treatment for traumatized patients for use with patients with alcohol use disorders without psychological trauma.

Moradi, M., Chatrrooz, M., Sarichlu, M. A., & Alipourheidari, M. (2015). The effect of eye movement with desensitization and reprocessing on anxiety induced by dressing pain in burn patients. *Iranian Journal of Psychiatric Nursing*, 2(4), 80-88.

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ABSTRACT

Introduction: Burn is an injury that can result in pain in patients. On the other hand, burn treatment measures also lead to pain and anxiety among these patients. The aim of this study was to determine the effect of eye movement with

desensitization and reprocessing (EMDR) on the anxiety due to dressing pain in patients with burn.

Methods: The present study was a randomized clinical trial that was carried out among burn patients hospitalized in Shahid Rajaei Hospital, Qazvin. Subjects were selected using purposeful sampling method. Then, the patients were randomly assigned in control and treatment group with 30 patients in each group; s with the usage of minimization method. Data were collected using the Burn Standard Pain Anxiety Scale (BSPAS). Desensitization method with eye movements and reprocessing was performed to the treatment group for around 45 to 90 minutes. Data were analyzed using descriptive and inferential statistics including paired-t-test, t-test, and chi square.

Results: The mean of anxiety in the treatment group was 51.07±4.81 before the intervention, whereas it was 38.40±2.05 after the intervention. The difference was statistically significant (P<0.001). The mean of anxiety in the control group before and after the intervention were 50.03 and 53.20, respectively. It was also statistically significant (P<0.001).

Conclusion: The findings indicated that the desensitization method with eye movements and reprocessing decrease patient's anxiety during treatment procedures. The use of EMDR in burn patients will lead to improved health and reduce their anxiety.

Mosquera, D., & Knipe, J. (2015). Understanding and treating narcissism with EMDR therapy. *Journal of EMDR Practice and Research*, 9(1), 46-63. doi:10.1891/1933-3196.9.1.46

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ABSTRACT

Narcissistic personality disorder and narcissistic trait disorder are associated with selfish behaviors and lack of empathy toward others. Clients with either of these initial presentations in therapy show a self-centered profile and lack of empathy or concern about the suffering they may cause in other people, but this is only part of the picture. Sometimes the lack of empathy and selfishness is only a defense. To fully understand this problem, it is also necessary to be aware of underlying self-definition issues that drive the behavioral manifestations of narcissism. As in any psychological problem, eye movement desensitization and reprocessing treatment needs an understanding of how early experiences lead to future symptoms. Understanding the pathways from early experiences to narcissistic features (including covert presentations) is essential for an adequate case conceptualization as well as comprehending the defensive mental structures that impede accessing the core adverse experiences underlying the symptoms.

Myers, K. J. (2015). EMDR with choking phobia: Reflections on the 2008 study by de Roos and de Jongh. *Journal of EMDR Practice and Research*, 9(1), 64-70. doi:10.1891/1933-3196.9.1.64

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ABSTRACT

"*Translating Research Into Practice*" is a regular journal feature in which clinicians share clinical case examples that support, elaborate, or illustrate the results of a specific research study. Each column begins with the abstract of that study, followed by the clinician's description of their own application of standard eye movement desensitization and reprocessing (EMDR) procedures with the population or problem treated in the study. The column is edited by the EMDR Research Foundation with the goal of providing a link between research and practice and making research findings relevant in therapists' day-to-day practices. In this issue's column, Keith J. Myers references de Roos and de Jongh's study, which investigated EMDR treatment of choking phobias. Illustrating the treatment considerations and treatment results reported by de Roos and de Jongh, Myers describes the successful treatment of an adult client who presents with choking phobia and secondary depression using the EMDR protocol for phobias. The case example is followed with a discussion of specific treatment considerations in the addressing phobias within the eight phases of EMDR therapy.

Perez-Dandieu, B., Lenoir, H., Othily, E., Tapia, G., Cassen, M., & Delile, J. -M. (2015). The impact of eye movement desensitization and reprocessing and schema therapy on addiction severity among a sample of French women suffering from PTSD and SUD. *Drug & Alcohol Dependence*, 146, e68-e69.

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ABSTRACT

Aims: The purpose of the study is to examine the effects of eye movement desensitization and reprocessing (EMDR) associated with Schema Therapy (ST) on the improvement in symptoms of posttraumatic stress disorder (PTSD), attachment disorder (AD) and substance use disorder (SUD) among women in outpatient substance abuse treatment. Hypothesis: PTSD and AD severity reductions with EMDR-ST focused on addictive memory were likely to be associated with substance use improvement.

Methods: This study investigated in the treatment of SUD among 7 women with SUD and PTSD comorbidity. We proposed a 3-phase-protocol therapy: (a) 8 EMDR sessions focused on reprocessing traumatic memory; (b) 8 EMDR sessions (traumatic memory) associated with ST (traumatic attachment) and (c) 8 EMDR sessions (addictive memory) associated with ST. We evaluated PTSD symptoms (PCL-S), Early Maladaptive Schemas-EMS (YSQ-S2) and addiction severity (ASI) before and after treatment (t-tests).

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Results: The first phases of treatment protocol reduced PTSD symptoms (a and b) and EMS (b) but not the addiction severity (AS). AS and craving started significantly decreasing only after the last 8 additional sessions (EMDR-ST) focused on addictive memory (c).

Conclusions: In a previous study we showed that 6 women with SUD-PTSD and assigned to eight sessions of EMDR (traumatic memory) showed a significant reduction in PTSD symptoms but not in addiction symptoms compared to 6 control patients (treatment as usual). The present study suggests that reprocessing both traumatic and addiction memories using EMDR procedure associated with ST reduces not only PTSD and EMS but also AS. Results support importance of coping with PTSD symptoms and of providing integrative therapies for improving substance use outcomes especially in female patients because of the high frequency of stress-induced craving among women.

Rosaura Polak, A., Witteveen, A. B., Denys, D., & Olf, M. (2015). Breathing biofeedback as an adjunct to exposure in cognitive behavioral therapy hastens the reduction of PTSD symptoms: A pilot study. *Applied Psychophysiology and Biofeedback*. doi:10.1007/s10484-015-9268-y

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Full text open access: <http://link.springer.com/article/10.1007%2Fs10484-015-9268-y>

ABSTRACT

Although trauma-focused cognitive behavioral therapy (TF-CBT) with exposure is an effective treatment for posttraumatic stress disorder (PTSD), not all patients recover. Addition of breathing biofeedback to exposure in TF-CBT is suggested as a promising complementary technique to improve recovery of PTSD symptoms. Patients (n = 8) with chronic PTSD were randomized to regular TF-CBT or TF-CBT with complementary breathing biofeedback to exposure. PTSD symptoms were measured before, during and after TF-CBT with the Impact of Event Scale-Revised. The results show that breathing biofeedback is feasible and can easily be complemented to TF-CBT. Although PTSD symptoms significantly decreased from pre to post treatment in both conditions, there was a clear trend towards a significantly faster (p = .051) symptom reduction in biofeedback compared to regular TF-CBT. The most important limitation was the small sample size. The hastened clinical improvement in the biofeedback condition supports the idea that breathing biofeedback may be an effective complementary component to exposure in PTSD patients. The mechanism of action of breathing biofeedback may relate to competing working memory resources decreasing vividness and emotionality, similar to eye movement desensitization and reprocessing. Future research is needed to examine this.

Van Schie, K., Engelhard, I. M., & van den Hout, M. A. (2015). Taxing working memory during retrieval of emotional memories does not reduce memory accessibility when cued with reminders. *Frontiers in Psychiatry*, 6(Article 16). doi:10.3389/fpsyt.2015.00016

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ABSTRACT

Earlier studies have shown that when individuals recall an emotional memory while simultaneously doing a demanding dual-task [e.g., playing Tetris, mental arithmetic, making eye movements (EM)], this reduces self-reported vividness and emotionality of the memory. These effects have been found up to 1 week later, but have largely been confined to self-report ratings. This study examined whether this dual-tasking intervention reduces memory performance (i.e., accessibility of emotional memories). Undergraduates (N D 60) studied word-image pairs and rated the retrieved image on vividness and emotionality when cued with the word. Then they viewed the cues and recalled the images with or without making EM. Finally, they re-rated the images on vividness and emotionality. Additionally, fragments from images from all conditions were presented and participants identified which fragment was paired earlier with which cue. Findings showed no effect of the dual-task manipulation on self-reported ratings and latency responses. Several possible explanations for the lack of effects are discussed, but the cued recall procedure in our experiment seems to explain the absence of effects best. The study demonstrates boundaries to the effects of the “dual-tasking” procedure.

Shapiro, E., & Laub, B. (2015). Early EMDR intervention following a community critical incident: A randomized clinical trial. *Journal of EMDR Practice and Research*, 9(1), 17-27. doi:10.1891/1933-3196.9.1.17

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ABSTRACT

The aim of this study was to investigate the efficacy of early eye movement desensitization and reprocessing (EMDR) intervention using the EMDR recent traumatic episode protocol (R-TEP) after a traumatic community event whereby a missile hit a building in a crowded area of a town. In a waitlist/delayed treatment parallel-group randomized controlled trial, 17 survivors with posttraumatic distress were treated with EMDR therapy using the R-TEP protocol. Volunteer EMDR practitioners conducted treatment on 2 consecutive days. Participants were randomly allocated to either immediate or waitlist/delayed treatment conditions. Assessments with Impact of Event Scale-Revised

(IES-R) and the Patient Health Questionnaire (PHQ-9) brief depression inventory took place at pre- and posttreatment and at 3 months follow-up. At 1 week posttreatment, the scores of the immediate treatment group were significantly improved on the IES-R compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. At 3 months follow-up, results on the IES-R were maintained and there was a significant improvement on PHQ-9 scores. This pilot study provides preliminary evidence, supporting the efficacy of EMDR R-TEP for reducing posttrauma stress among civilian victims of hostility, and shows that this model of intervention briefly augmenting local mental health services following large-scale traumatic incidents, using an EMDR intervention on 2 consecutive days may be effective.

Sin, J., Spain, D., Furuta, M., Murrells, T., & Norman, I. (2015). Psychological interventions for post-traumatic stress disorder (PTSD) in people with severe mental illness. *Cochrane Database of Systematic Reviews*, (1), Article CD011464. doi:10.1002/14651858.CD011464

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Available at: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD011464/full>

ABSTRACT

This is the protocol for a review and there is no abstract. The objectives are as follows: This review aims to evaluate the effectiveness of psychological interventions for PTSD symptoms or other symptoms of psychological distress arising from trauma in people with SMI.

Sugimoto, A., Suzuki, Y., Endo, T., Matsumoto, K., Sugiyama, T., & Someya, T. (2015). Efficacy of atomoxetine for symptoms of attention-deficit/hyperactivity disorder in children with a history of child abuse. *Journal of Child and Adolescent Psychopharmacology*, 25(3), 269-71. doi:10.1089/cap.2014.0119

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ABSTRACT

Objective: Recent studies suggest that the severity and drug response of depression and anxiety are correlated with childhood abuse. However, whether a history of child abuse can

predict the severity and/or drug response of attention-deficit/hyperactivity disorder (ADHD) is unclear. Therefore, we conducted a retrospective study to assess the efficacy of atomoxetine in children with a history of child abuse.

Methods: We reviewed 41 cases of children treated with atomoxetine. Specifically, we compared dissociation associating symptoms (DAS) and other symptoms (OS) measured via the ADHD Rating Scale (ADHD-RS) in abused and nonabused children at baseline and at 8 weeks after atomoxetine administration.

Results: At baseline, abused children had higher total scores (38.7±9.3 vs. 30.5±9.4, p=0.011), and greater levels of hyperactivity/impulsivity (17.3±5.8 vs. 11.3±6.0, p=0.004) on the ADHD-RS than did nonabused children, whereas the inattention scores were similar between the two groups (21.4±4.8 vs. 19.2±4.6). Additionally, the total score and the two subscores decreased at week 8 for both groups. In the nonabused group, DAS (5.5±2.3 vs. 3.9±1.7, p<0.001) and OS (25.0±8.1 vs. 17.4±6.7, p<0.001) significantly decreased after atomoxetine treatment. However, DAS in the abused group did not change after atomoxetine treatment (5.9±2.3 vs. 5.1±1.8), whereas OS significantly decreased (32.8±7.6 vs. 25.7±7.2, p=0.002).

Conclusions: If DAS were caused by traumatic experiences in abused children, trauma treatment tools other than pharmacotherapy might be useful to treat DAS. These tools may include eye movement desensitization and reprocessing and trauma-focused cognitive behavioral therapy.

van Veen, S. C., van Schie, K., Wijngaards-de Meij, L. D., Littel, M., Engelhard, I. M., & van den Hout, M. A. (2015). Speed matters: Relationship between speed of eye movements and modification of aversive autobiographical memories. *Frontiers in Psychiatry*, 6, 45. doi:10.3389/fpsy.2015.00045

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Full text available: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4387929/>

ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is an efficacious treatment for post-traumatic stress disorder. In EMDR, patients recall a distressing memory and simultaneously make eye movements (EM). Both tasks are considered to require limited working memory (WM) resources. Because this leaves fewer resources available for memory retrieval, the memory should become less vivid and less emotional during future recall. In EMDR analogue studies, a standardized procedure has been used, in which participants receive the same dual task manipulation of 1 EM cycle per second (1Hz). From a WM perspective, the WM

which participants receive the same dual task manipulation of 1 EM cycle per second (1Hz). From a WM perspective, the WM taxation of the dual task might be titrated to the WM taxation of the memory image. We hypothesized that highly vivid images are more affected by high WM taxation and less vivid images are more affected by low WM taxation. In study 1, 34 participants performed a reaction time task, and rated image vividness, and difficulty of retrieving an image, during five speeds of EM and no EM. Both a high WM taxing frequency (fast EM; 1.2Hz) and a low WM taxing frequency (slow EM; 0.8Hz) were selected. In study 2, 72 participants recalled three highly vivid aversive autobiographical memory images (n =36) or three less vivid images (n =36) under each of three conditions: recall+fast EM, recall+slow EM, or recall only. Multi-level modeling revealed a consistent pattern for all outcome measures: recall+fast EM led to less emotional, less vivid and more difficult to retrieve images than recall+slow EM and recall only, and the effects of recall+slow EM felt consistently in between the effects of recall+fast EM and recall only, but only differed significantly from recall+fast EM. Crucially, image vividness did not interact with condition on the decrease of emotionality over time, which was inconsistent with the prediction. Implications for understanding the mechanisms of action in memory modification and directions for future research are discussed. ❖

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