

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.

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 web site at: <http://www.trauma-pages.com/s/emdr-refs.php>. Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=43>

Chen, Y. R., Hung, K. W., Tsai, J. C., Chu, H., Chung, M. H., Chen, S. R., . . . Chou, K. R. (2014). Efficacy of eye-movement desensitization and reprocessing for patients with posttraumatic-stress disorder: A meta-analysis of randomized controlled trials. *PLoS ONE*, 9(8), e103676. doi:10.1371/journal.pone.0103676

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Full text online: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4125321/>

ABSTRACT

Background: We performed the first meta-analysis of clinical studies by investigating the effects of eye-movement desensitization and reprocessing (EMDR) therapy on the symptoms of posttraumatic stress disorder (PTSD), depression, anxiety, and subjective distress in PTSD patients treated during the past 2 decades.

Methods: We performed a quantitative meta-analysis on the findings of 26 randomized controlled trials of EMDR therapy for PTSD published between 1991 and 2013, which were identified through the ISI Web of Science, Embase, Cochrane Library, MEDLINE, PubMed, Scopus, PsycINFO, and the Cumulative Index to Nursing and Allied Health Literature electronic databases, among which 22, 20, 16, and 11 of the studies assessed the effects of EMDR on the symptoms of PTSD, depression, anxiety, and subjective distress, respectively, as the primary clinical outcome.

Results: The meta-analysis revealed that the EMDR treatments significantly reduced the symptoms of PTSD ($g = -0.662$; 95%

confidence interval (CI): -0.887 to -0.436), depression ($g = -0.643$; 95% CI: -0.864 to -0.422), anxiety ($g = -0.640$; 95% CI: -0.890 to -0.390), and subjective distress ($g = -0.956$; 95% CI: -1.388 to -0.525) in PTSD patients.

Conclusion: This study confirmed that EMDR therapy significantly reduces the symptoms of PTSD, depression, anxiety, and subjective distress in PTSD patients. The subgroup analysis indicated that a treatment duration of more than 60 min per session was a major contributing factor in the amelioration of anxiety and depression, and that a therapist with experience in conducting PTSD group therapy was a major contributing factor in the reduction of PTSD symptoms.

Croes, C. F., van Grunsven, R., Staring, A. B., van den Berg, D. P., de Jongh, A., & van der Gaag, M. (2014). [Imagery in psychosis: EMDR as a new intervention in the treatment of delusions and auditory hallucinations]. *Tijdschrift Voor Psychiatrie*, 56(9), 568-76.

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Full text available in Dutch: http://www.tijdschriftvoorpsychiatrie.nl/en/tijdschrift/artikel/TVPart_10367

ABSTRACT

Background: Historically, psychotherapy has focused on the treatment of patients' verbal representations (thoughts) and has proved particularly successful in the cognitive behavioural treatment of psychosis. However, there is mounting evidence that visual representations (imagery) play an important role in the onset and maintenance of psychiatric disorders, including psychotic symptoms. There are indications that heightened

emotionality and vividness of visual representations are associated with severity of psychotic experiences. This may imply that a reduction in the vividness and emotionality of the psychosis-related imagery can lessen the suffering and stress, caused by the psychotic symptoms.

Aim: To introduce EMDR as a possible type of psychological treatment for patients suffering from psychosis-related imagery.

Method: Three outpatients who had a psychotic disorder and suffered from auditory hallucinations and delusions were treated with EMDR in an average of six sessions. Treatment was performed by three therapists in different psychiatric institutions. All three were experienced in administering CBT and EMDR.

Results: Treatment with EMDR reduced patients' level of anxiety, depression and the severity of psychotic symptoms. In addition, patients reported less avoidant behaviour and greater cognitive insight.

Conclusion: The results of the study suggest that EMDR reduces the vividness and emotionality of imagery in psychosis which in turn alleviates the patients' psychotic symptoms. Further research into other possible types of interventions for the treatment of imagery in psychosis is recommended.

d'Ardenne, P., & Heke, S. (2014). Patient-reported outcomes in post-traumatic stress disorder part I: Focus on psychological treatment. *Dialogues in Clinical Neuroscience*, 16(2), 213-26.

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Full text available online: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4140514/>

ABSTRACT

Background: Since 2000, patient reports have contributed significantly to the widening diagnostic criteria for post-traumatic stress disorder, notably with the inclusion of complex, repeated, and indirect threat to people who develop symptoms. This paper describes and explains why patient reports matter, through worldwide mental health users' movements and the human rights movement. It looks at 46 recent patient-reported outcomes of preferred psychological treatments in clinical research and



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practice, and compares them with clinician-reported outcomes, using rating scales that diagnose and measure therapeutic gains. Attention is given to one qualitative study of survivors of the London bombings as an example of patients' personal traumatic experiences. Understanding patients' views and their limitations can help increase success in trauma-focused therapy outcomes, particularly where patients fail to engage with or complete treatment, where they doubt the validity of the treatment, or do not see it as culturally appropriate, or fear of revisiting the past. Specific recommendations are made for a more collaborative approach with patients in psychiatric and community care and clinical research.

Di Lorenzo, G., Monaco, L., Daverio, A., Giannoudas, I., Verardo, A. R., La Porta, P., . . . Siracusano, A. (2014). Enhancement of right hemisphere EEG functional connectivity after EMDR therapy. *European Psychiatry*, 29, 1-. doi:10.1016/S0924-9338(14)78912-6

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ABSTRACT

Introduction: Brain connectivity changes have been recently demonstrated in victims of psychological traumas treated with the eye movement desensitization and reprocessing (EMDR).

Objectives: Forty victims of psychological traumas were investigated at the first EMDR session (t0) and at the last one performed after processing the index trauma (t1).

Aims: To investigate differences in EEG functional source connectivity during bilateral ocular stimulation (BS) during EMDR therapy at t0 and t1.

Methods: Brain electrical activity during whole EMDR sessions was recorded with a 37-channel EEG. EEG functional connectivity analysis was based on the lagged phase synchronization (LPS), derived by a two-step eLoreta procedure: dimensionality reduction of inverse matrix from 6239 voxels to 28 regions of interest (ROIs); LPS index computation, for each spectrum band, in all possible ROI pairs.

Results: Significant differences were detected between t0 and t1 in alpha band LPS indexes. A prevalent enhancement in right intrahemispheric functional connectivity was found in t1 respect to t0, particularly among ROI pairs of (a) frontal regions (anterior frontal, orbital frontal, lateral frontal cortices) and limbic structures (anterior cingulate cortex, ACC), (b) frontal regions and associative areas (insula cortex, parietal lobe), (c) ACC and primary visual cortex and (d) ACC and associative areas.

Conclusions: These findings suggest that EMDR efficacy is associated to electrical brain connectivity changes during BS. An enhancement in the right hemisphere alpha band functional connectivity of areas involved in cognitive control, emotional

processing and visual associative functions may play a key role in the elaboration of psychological traumas.

Herkt, D., Tumani, V., Grön, G., Kammer, T., Hofmann, A., & Abler, B. (2014). *Facilitating access to emotions: Neural signature of EMDR stimulation*. PLoS ONE, 9(8), e106350. doi:10.1371/journal.pone.0106350

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Free full text online: <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0106350>

ABSTRACT

Background: Eye Movement Desensitization and Reprocessing (EMDR) is a method in psychotherapy effective in treating symptoms of posttraumatic stress disorder. The client attends to alternating bilateral visual, auditory or sensory stimulation while confronted with emotionally disturbing material. It is thought that the bilateral stimulation as a specific element of EMDR facilitates accessing and processing of negative material while presumably creating new associative links. We hypothesized that the putatively facilitated access should be reflected in increased activation of the amygdala upon bilateral EMDR stimulation even in healthy subjects.

Methods: We investigated 22 healthy female university students (mean 23.5 years) with fMRI. Subjects were scanned while confronted with blocks of disgusting and neutral picture stimuli. One third of the blocks was presented without any additional stimulation, one third with bilateral simultaneous auditory stimulation, and one third with bilateral alternating auditory stimulation as used in EMDR.

Results: Contrasting disgusting vs. neutral picture stimuli confirmed the expected robust effect of amygdala activation for all auditory stimulation conditions. The interaction analysis with the type of auditory stimulation revealed a specific increase in activation of the right amygdala for the bilateral alternating auditory stimulation. Activation of the left dorsolateral prefrontal cortex showed the opposite effect with decreased activation.

Conclusions: We demonstrate first time evidence for a putative neurobiological basis of the bilateral alternating stimulation as used in the EMDR method. The increase in limbic processing along with decreased frontal activation is in line with theoretical models of how bilateral alternating stimulation could help with therapeutic reintegration of information, and present findings may pave the way for future research on EMDR in the context of posttraumatic stress disorder.

Hofmann, A., Hilgers, A., Lehnung, M., Liebermann, P., Ostacoli, L., Schneider, W., & Hase, M. (2014). Eye movement desensitization and reprocessing as an adjunctive treatment of unipolar depression: A controlled study. *Journal of EMDR Practice and Research*, 8(3), 103-112. doi:10.1891/1933-3196.8.3.103

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ABSTRACT

Depression is a severe mental disorder that challenges mental health systems worldwide. About 30% of treated patients do not experience a full remission after treatment, and more than 75% of patients suffer from recurrent depressive episodes. Although psychotherapy and medication can improve remission rates, the success rates of current treatments are limited. In this nonrandomized controlled exploratory study, 21 patients with unipolar primary depression were treated with a mean of 44.5 sessions of Cognitive Behavioural Therapy (CBT) including an average 6.9 adjunctive sessions of Eye Movement Desensitization and Reprocessing (EMDR). A control group (n = 21) was treated with an average of 47.1 sessions of CBT sessions alone. The main outcome measure was the Beck Depression Inventory II (BDI-II). The treatment groups did not differ in their BDI-II scores before treatment, and both treatments resulted in significant improvement. There was an additional benefit for patients treated with adjunctive EMDR ($p = .029$). Also the number of remissions at post treatment, as measured by a symptom level below a BDI-II score of 12, was significantly better in the adjunctive EMDR group, the group showing more remissions (n = 18) than the control group (n = 8; $p < .001$). This potential effect of EMDR in patients with primary depression should be examined further in larger randomized controlled studies.

Farina, B., Imperatori, C., Quintiliani, M. I., Castelli Gattinara, P., Onofri, A., Lepore, M., . . . Della Marca, G. (2014). Neurophysiological correlates of eye movement desensitization and reprocessing sessions: Preliminary evidence for traumatic memories integration. *Clinical Physiology and Functional Imaging*. doi:10.1111/cpf.12184

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ABSTRACT

We have investigated the potential role of eye movement desensitization and reprocessing (EMDR) in enhancing the integration of traumatic memories by measuring EEG coherence, power spectra and autonomic variables before (pre-EMDR) and after (post-EMDR) EMDR sessions during the recall of patient's traumatic memory. Thirteen EMDR sessions of six patients with

post-traumatic stress disorder were recorded. EEG analyses were conducted by means of the standardized Low Resolution Electric Tomography (sLORETA) software. Power spectra, EEG coherence and heart rate variability (HRV) were compared between pre- and post-EMDR sessions. After EMDR, we observed a significant increase of alpha power in the left inferior temporal gyrus ($T = 3.879$; $P = 0.41$) and an increased EEG coherence in beta band between C3 and T5 electrodes ($T = 6.358$; $P < 0.001$). Furthermore, a significant increase of HRV in the post-EMDR sessions was also observed (pre-EMDR: 6.38 ± 6.83 ; post-EMDR: 2.46 ± 2.95 ; U-Test = 45, $P = 0.043$). Finally, the values of lagged coherence were negatively associated with subjective units of disturbance ($r(24) = -0.44$, $P < 0.05$) and positively associated with parasympathetic activity ($r(24) = 0.40$, $P < 0.05$). Our results suggest that EMDR leads to an integration of dissociated aspects of traumatic memories and, consequently, a decrease of hyperarousal symptoms.

June ter Heide, F. J., Mooren, T. T. M., Knipscheer, J. W., & Kleber, R. J. (2014). EMDR with traumatized refugees: From experience-based to evidence-based practice. *Journal of EMDR Practice and Research*, 8(3), 147-156. doi:10.1891/1933-3196.8.3.147

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Many refugees resettled in Western countries suffer from an accumulation of traumatic and current stressors that contribute to mental health problems and may complicate trauma-focused treatment. Consequently, the acceptability, safety, and efficacy of trauma-focused treatment with refugees have been a matter of clinical and scientific interest. In recent years, the evidence has accumulated for narrative exposure therapy and culturally adapted cognitive behavioral therapy. Although eye movement desensitization and reprocessing (EMDR) is practiced with resettled refugees, only five small studies of limited quality have been conducted on EMDR with this population. In the absence of strong evidence, therapists practising EMDR with refugees may be aided by transcultural psychiatric principles, especially matching of explanatory models. In addition, high-quality research is needed to reliably determine acceptability, safety, and efficacy of EMDR with traumatized refugees.

Keller, B., Stevens, L., Lui, C., Murray, J., & Yaggie, M. (2014). The effects of bilateral eye movements on EEG coherence when recalling a pleasant memory. *Journal of EMDR Practice and Research*, 8(3), 113-128. doi:10.1891/1933-3196.8.3.113

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ABSTRACT

In an investigation of the interhemispheric coherence (IhC) model for eye movement desensitization and reprocessing (EMDR) bilateral eye movement (BEM) effects, 30 participants were exposed to a stationary dot, a blinking red/green dot, or saccadic BEMs during the contemplation of a positive emotional memory. Electroencephalographies (EEGs) were measured afterward during an eyes-closed processing stage. Analyses revealed no significant IhC enhancement for the BEM condition but significant increases in Delta and Low Beta EEG intrahemispheric BEM coherence in the right and left frontal areas, respectively, and a trend increase in Right Frontal Low Beta BEM coherence. LORETA neuroimaging was employed to visually present significant amplitude changes corresponding to observed coherence effects. The functional significance of these intrahemispheric coherence effects is presented and a cortical coherence extension of the IhC model is suggested.

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 Author *A Guide to the Standard EMDR Protocols for Clinicians, Supervisors, and Consultants (2009)*

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Kennedy, A. (2014). Compassion-Focused EMDR. *Journal of EMDR Practice and Research*, 8(3), 135-146. doi:10.1891/1933-3196.8.3.135

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ABSTRACT

Compassion-focused therapy was developed to enhance physiological systems related to well-being, safeness, and connectedness in people where shame and self-criticism inhibited progress in therapy (Gilbert, 2000; Gilbert & Irons, 2005). This system links attachment experiences with emotion regulation capacities, with integrative capacities of the mind and also with the interplay between different motivational systems, which are played out in multiple self-states (Cortina & Liotti, 2010; Cozolino, 2010; Gilbert, 2009; Liotti & Gilbert, 2011). Hence, a compassionate focus could potentially prove valuable in eye movement desensitization and reprocessing (EMDR), particularly where shame or attachment trauma is involved or for those traumas that have impacted on the structure of the self, for example, dissociation. A structured compassion-focused EMDR (CF-EMDR) seems likely to be particularly useful for therapists wishing to pay positive attention to strengths and well-being. The primary task of the CF-EMDR therapist would therefore be to facilitate a warm and wise relationship to the problems that brought the person to EMDR. This article outlines the potential benefit of a compassionate focus in the processing phases of EMDR to address self-critical blocks, giving clinical examples in tables to illustrate the process and language.

Logie, R. (2014). EMDR—more than just a therapy for PTSD. *The Psychologist*, 27(7), 512-517.

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Full text available at: http://www.thepsychologist.org.uk/archive/archive_home.cfm?volumeID=27&editionID=289&ArticleID=2543

ABSTRACT

Now recognised by the National Institute for Health and Clinical Excellence (NICE) and the World Health Organization as a treatment of choice for post-traumatic stress disorder, it appears that eye movement desensitisation and reprocessing (EMDR) has 'come of age' as a psychological therapy on a par with cognitive behavioural therapy or psychodynamic psychotherapy. However we still do not know how it works. And should it really be used for the treatment of other disorders as varied as depression, obsessive-compulsive disorder and psychosis?

McGuire, T. M., Lee, C. W., & Drummond, P. D. (2014). Potential of eye movement desensitization and reprocessing therapy in the treatment of post-traumatic stress disorder. *Psychology Research and Behavior Management*, 7, 273-83. doi:10.2147/PRBM.S52268

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Full text available online: <http://dx.doi.org/10.2147/PRBM.S52268>

ABSTRACT

Post-traumatic stress disorder (PTSD) continues to attract both empirical and clinical interest due to its complex symptom profile and the underlying processes involved. Recently, research attention has been focused on the types of memory processes involved in PTSD and hypothesized neurobiological processes. Complicating this exploration, and the treatment of PTSD, are underlying comorbid disorders, such as depression, anxiety, and substance use disorders. Treatment of PTSD has undergone further reviews with the introduction of eye movement desensitization and reprocessing (EMDR). EMDR has been empirically demonstrated to be as efficacious as other specific PTSD treatments, such as trauma-focused cognitive behavioral therapy. There is emerging evidence that there are different processes underlying these two types of trauma treatment and some evidence that EMDR might have an efficiency advantage. Current research and understanding regarding the processes of EMDR and the future direction of EMDR is presented.

Natha, F., & Daiches, A. (2014). The effectiveness of EMDR in reducing psychological distress in survivors of natural disasters: A review. *Journal of EMDR Practice and Research*, 8(3), 157-170. doi:10.1891/1933-3196.8.3.157

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ABSTRACT

Natural disasters affect whole communities both at an individual level as well as economically and socially. However, the impact of natural disasters on an individual's mental health is substantial; yet, the response to one's mental health needs after a disaster is underdeveloped. Nevertheless, the Humanitarian Assistance Programme has attempted to address these needs by providing eye movement desensitization and reprocessing (EMDR) to natural disaster survivors. This systematic review provides evidence for the effectiveness and efficacy of EMDR in the treatment of psychological distress in survivors of natural disasters. Of the 8 studies reviewed, 4 were controlled trials and

1 study part-controlled. All the studies demonstrated statistical and clinical significance in reducing posttraumatic stress disorder (PTSD) symptoms, anxiety, depression, and other distress experienced by survivors of natural disasters. In addition, 4 of the 8 studies demonstrated clinical significance after just 1 session, presenting EMDR as resource-, time-, and cost-efficient intervention. Theoretical framework, adaptation in intervention, methodological issues, and quality assessment of studies are discussed. Implications for future research and clinical practice are also discussed.

Newman, E., Pfefferbaum, B., Kirlic, N., Tett, R., Nelson, S., & Liles, B. (2014). Meta-analytic review of psychological interventions for children survivors of natural and man-made disasters. *Current Psychiatry Reports*, 16(9), 462. doi:10.1007/s11920-014-0462-z

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ABSTRACT

Although many post-disaster interventions for children and adolescent survivors of disaster and terrorism have been created, little is known about the effectiveness of such interventions. Therefore, this meta-analysis assessed PTSD outcomes among children and adolescent survivors of natural and man-made disasters receiving psychological interventions. Aggregating results from 24 studies (total N=2630) indicates that children and adolescents receiving psychological intervention fared significantly better than those in control or waitlist groups with respect to PTSD symptoms. Moderator effects were also observed for intervention package, treatment modality (group vs. individual), providers' level of training, intervention setting, parental involvement, participant age, length of treatment, intervention delivery timing, and methodological rigor. Findings are discussed in detail with suggestions for practice and future research.

Oh, D., & Kim, D. (2014). Eye movement desensitization and reprocessing for posttraumatic stress disorder in bipolar disorder. *Psychiatry Investigation*, 11(3), 340-1. doi:10.4306/pi.2014.11.3.340

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Free full text online:

<http://synapse.koreamed.org/Synapse/Data/PDFData/0162PI/pi-11-340.pdf>

ABSTRACT

There is evidence that posttraumatic stress disorder (PTSD) is more prevalent in patients with bipolar disorder. According to a review, the mean prevalence of PTSD in bipolar patients is 16.0%, which is double the lifetime prevalence of PTSD in the general population. Also bipolar patients with comorbid PTSD exhibit more severe bipolar illness and multiple Axis I disorders, and they disengage more frequently from treatment, suggesting poorer outcome and course of the disorder. Trauma-focused cognitive-behavior therapy and eye movement desensitization and reprocessing (EMDR) are considered first-line treatments for PTSD. Nonetheless, evidence for the efficacy of PTSD treatment in bipolar disorder is lacking. This is an unsatisfactory situation given the fact that anti-depressant pharmacotherapy, often suggested as a second-line treatment for PTSD, has limited application for bipolar patients because of the possibility of manic switch and adverse long-term outcomes. We report here the successful administration of EMDR to two cases of PTSD in patients with bi-polar disorder.

Perez-Dandieu, B., & Tapia, G. (2014). Treating trauma in addiction with EMDR: A pilot study. *Journal of Psychoactive Drugs*, 46(4), 303-9. doi:10.1080/02791072.2014.921744

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ABSTRACT

Objective: This study investigated the effects of standard eye movement desensitization and reprocessing (EMDR) protocol in chronically dependent patients. We propose that reprocessing traumatic memories with EMDR would lead to measurable changes of addiction symptoms.

Method: Twelve patients with alcohol and/or drug dependency were randomly assigned to one of two treatment conditions: treatment as usual (TAU) or TAU plus eight sessions of EMDR (TAU+EMDR). Measures of PTSD symptoms, addiction symptoms, depression, anxiety, self-esteem, and alexithymia were included in this study.

Results: The TAU+EMDR group showed a significant reduction in PTSD symptoms but not in addiction symptoms. EMDR treatment was also associated with a significant decrease in depressive

symptoms, while patients receiving TAU showed no improvement in this area. The TAU+EMDR group also showed significant changes in self-esteem and alexithymia post-treatment.

Conclusions: This study suggests that PTSD symptoms can be successfully treated with standard EMDR protocol in substance abuse patients

Wheeler, K. (2014). Inadequate treatment and research for PTSD at the VA. *The American Psychologist*, 69(7), 707-8. doi:10.1037/a0037600

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ABSTRACT

Comments on the article by B. E. Karlin and G. Cross (see record 2013-31043-001). The article by Karlin and Cross clearly laid out how to disseminate and implement evidence-based psychotherapy in the Veterans Health Administration. The only problem is that the list of evidence-based psychotherapies notably missed one of the most highly regarded and effective evidence-based psychotherapies for posttraumatic stress disorder (PTSD), eye movement desensitization and reprocessing (EMDR).

Woo, M. (2014). Eye movement desensitization and reprocessing treatment of nightmares: A case report. *Journal of EMDR Practice and Research*, 8(3), 129-134. doi:10.1891/1933-3196.8.3.129

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ABSTRACT

A single client with depression and chronic nightmares was treated with 4 sessions of eye movement desensitization and reprocessing (EMDR) and showed a decrease in nightmares and improvement in general well-being. The client's 2 nightmare images were resolved following Luber's (2010) protocol for nightmare processing. Treatment effects were measured with the Outcome Rating Scale and showed a shift from the clinical range at pretreatment to the nonclinical range at the third session. The ready improvement and gains of this patient have served to highlight various aspects of the EMDR procedures which have worked well for the client, which included targeting the negative cognitions surrounding the theme of helplessness as well as adapting the positive cognition with a collectivistic orientation. ❖