

RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR 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://library.nku.edu/emdr/emdr_data.php. 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://emdria.org/displaycommon.cfm?an=1&subarticlenbr=18>

Adúriz, M. E., Bluthgen, C., & Knopfler, C. (2011). Helping child flood victims using group EMDR intervention in Argentina: Treatment outcome and gender differences. *International Perspectives in Psychology: Research, Practice, Consultation*, 1(S), 58. doi:10.1037/2157-3883.1.S.58

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Note: This article is reprinted from the *International Journal of Stress Management*, 2009, Vol. 16, No. 2, 138 -153.

ABSTRACT A comprehensive group intervention with 124 children who experienced disaster-related trauma during a massive flood in Santa Fe, Argentina, in 2003 is illustrated, utilizing a one-session group eye movement desensitization and reprocessing (EMDR) protocol. A posttreatment session was done 3 months after the treatment intervention to evaluate results. Results of this one-session treatment procedure, utilizing the EMDR-Integrative Group Treatment Protocol, showed statistically significant reduction of symptoms immediately after the intervention. These statistically significant differences were sustained at posttreatment evaluation 3 months later, as measured by psychometric scales, and by clinical and behavioral observation. Data analysis also revealed significant gender differences. Despite methodological limitations, this study supports the efficacy of EMDR group treatment in the amelioration and prevention of posttraumatic stress disorder symptoms, providing an efficient, simple, and economic (in terms of time and resources) tool for disaster-related trauma.



Bossini, L., Tavanti, M., Calossi, S., Polizzotto, N. R., Vatti, G., Marino, D., & Castrogiovanni, P. (2011). EMDR treatment for posttraumatic stress disorder, with focus on hippocampal volumes: A pilot study. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 23(2), E1-2. doi:10.1176/appi.neuropsych.23.2.E1

Full text available at: <http://neuro.psychiatryonline.org/cgi/content/full/23/2/E1>

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Egli-Bernd, H. (2011). EMDR in dissociative processes within the framework of personality disorders: The impact of cognitions in the EMDR process: The dialogue protocol. *Journal of EMDR Practice and Research*, 5(3), 131-139. doi:10.1891/1933-3196.5.3.131

Hanna Egli-Bernd, Psychotherapeutin SBAP, Zelglistrasse 49, CH-8320 Fehraltorf, Switzerland. E-mail: <hanna.egli@ittb.ch>

ABSTRACT A theoretical analysis of the psychodynamic dimension of cognitions in the eye movement desensitization and reprocessing (EMDR) protocol can be beneficial in addressing the specific issues affecting the choice of appropriate cognitions in working with clients with personality disorders. This group of patients share the biographic commonality of emotional-narcissistic abuse and neglect in childhood by primary attachment figures and significant others in their lives. Arising from these experiences, a subtle dissociation (in childhood) can cause the development of parts of self with an emotional and cognitive fixation on a self-image. This is defined by the child's attachment figures and other significant people, and has subsequently been internalized by the child themselves. In such cases, the actual goal of treatment is not primarily the event on which the EMDR session is initially focused, but rather the complex emotional and cognitive significance that the event has on the client's self-perception and self-evaluation.



Jarero, I., Artigas, L., & Luber, M. (2011). The EMDR protocol for recent critical incidents: Application in a disaster mental health continuum of care context. *Journal of EMDR Practice and Research*, 5(3), 82-94. doi:10.1891/1933-3196.5.3.82

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ABSTRACT This randomized, controlled group field study was conducted subsequent to a 7.2 earthquake in North Baja California,

Mexico. Treatment was provided according to continuum of care principles. Crisis management debriefing was provided to 53 individuals. After this, the 18 individuals who had high scores on the Impact of Event Scale (IES) were then provided with the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI), a single-session modified EMDR protocol for the treatment of recent trauma. Participants were randomly assigned to two groups: immediate treatment group and waitlist/delayed treatment group. There was no improvement in the waitlist/ delayed treatment group, and scores of the immediate treatment group participants were significantly improved, compared with waitlist/delayed treatment group participants. One session of EMDR-PRECI produced significant improvement on symptoms of posttraumatic stress for both the immediate-treatment and waitlist/delayed treatment groups, with results maintained at 12-week follow-up, even though frightening aftershocks continued to occur frequently. This study provides preliminary evidence in support of the protocol's efficacy in a disaster mental health continuum of care context. More controlled research is recommended to evaluate further the efficacy of this intervention.



Jordan, J., Titscher, G., & Kirsch, H. (2011). [Treatment manual for psychotherapy of acute and posttraumatic stress disorders after multiple ICD shocks.]. *Herzschrittmachertherapie & Elektrophysiologie*. doi:10.1007/s00399-011-0148-8

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ABSTRACT In view of the increasing number of implanted defibrillators in all industrial nations, the number of people who have suffered so-called multiple shocks (electrical storm, ES) also increases. Common complaints are severe and continuously recurrent massive anxiety, panic attacks, fear of death, helplessness and hopelessness, depression, nervousity and irritability as well as reclusive and uncontrollable avoidance behaviour, intrusions, nightmares, flashbacks, sleeplessness and the inability to show feelings and limitation of future perspectives. Because people with an ICD are often physically (very) ill and after multiple ICD shocks are additionally very insecure, it would seem logical if the inpatient treatment would be carried out in an institution which has close connections and is also spatially close to a cardiology department. The basis of the diagnostics is the clinical anamnesis and a systematic exploration of the trauma situation and the resulting complaints. As an additional diagnostic element psychological test procedures should be implemented to determine the core symptomatic (anxiety, depression, trauma symptoms). Psychological test procedures should be included in the diagnostics so that at the end of treatment it is obvious even to the patient which alterations have occurred. The core element of inpatient treatment is daily intensive psychotherapy and includes deep psychologically well-founded psychotherapy and behavioral therapeutic-oriented anxiety therapy as well as cognitive restructuring and elements of eye movement desensitization and reprocessing (EMDR). A follow-up examination within 4 months of the multiple shocks episode is recommended because symptoms of posttraumatic stress disorder often occur after a long latent time period.



June ter heide, F. J., Mooren, T. M., Kleijn, W., de Jongh, A., & Kleber, R. J. (2011). EMDR versus stabilisation in traumatised asylum seekers and refugees: Results of a pilot study. *European Journal of Psychotraumatology*, 2(5881). doi:10.3402/ejpt.v2i0.5881

Full text available at: <http://www.eurojnlpsychotraumatol.net/index.php/ejpt/article/view/5881>

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ABSTRACT Background: Traumatised asylum seekers and refugees are clinically considered a complex population. Discussion exists on whether with this population treatment guidelines for post-traumatic stress disorder (PTSD) should be followed and Trauma-Focused Cognitive-Behavioural Therapy (TF-CBT) or Eye Movement Desensitisation and Reprocessing (EMDR) should be applied, or whether a phased model starting with stabilisation is preferable. Some clinicians fear that trauma-focused interventions may lead to unmanageable distress or may be ineffective. While cognitive-behavioural interventions have been found to be effective with traumatised refugees, no studies concerning the efficacy of EMDR with this population have been conducted as yet.

Objective: In preparation for a randomised trial comparing EMDR and stabilisation with traumatised refugees, a pilot study with 20 participants was conducted. The objective was to examine feasibility of participation in a randomised trial for this complex population and to examine acceptability and preliminary efficacy of EMDR.

Design: Participants were randomly allocated to 11 sessions of either EMDR or stabilisation. Symptoms of PTSD (SCID-I, HTQ), depression and anxiety (HSCL-25), and quality of life (WHOQOL-BREF) were assessed at pre- and post-treatment and 3-month follow-up. Results: Participation of traumatised refugees in the study was found feasible, although issues associated with complex traumatisation led to a high pre-treatment attrition and challenges in assessments. Acceptability of EMDR was found equal to that of stabilisation with a high drop-out for both conditions. No participants dropped out of the EMDR condition because of unmanageable



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distress. While improvement for EMDR participants was small, EMDR was found to be no less efficacious than stabilisation. Different symptom courses between the two conditions, with EMDR showing some improvement and stabilisation showing some deterioration between pre-treatment and post-treatment, justify the conduct of a full trial.

Conclusion: With some adaptations in study design, inclusion of a greater sample is justifiable to determine which treatment is more suitable for this complex population.



Karatzias, T., Power, K., Brown, K., McGoldrick, T., Begum, M., Young, J., . . . Adams, S. (2011). A controlled comparison of the effectiveness and efficiency of two psychological therapies for posttraumatic stress disorder: Eye movement desensitization and reprocessing vs. Emotional freedom techniques. *The Journal of Nervous and Mental Disease*, 199(6), 372-8. doi:10.1097/NMD.0b013e31821cd262

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ABSTRACT The present study reports on the first ever controlled comparison between eye movement desensitization and reprocessing (EMDR) and emotional freedom techniques (EFT) for posttraumatic stress disorder. A total of 46 participants were randomized to either EMDR (n = 23) or EFT (n = 23). The participants were assessed at baseline and then reassessed after an 8-week waiting period. Two further blind assessments were conducted at posttreatment and 3-months follow-up. Overall, the results indicated that both

interventions produced significant therapeutic gains at posttreatment and follow-up in an equal number of sessions. Similar treatment effect sizes were observed in both treatment groups. Regarding clinical significant changes, a slightly higher proportion of patients in the EMDR group produced substantial clinical changes compared with the EFT group. Given the speculative nature of the theoretical basis of EFT, a dismantling study on the active ingredients of EFT should be subject to future research.



Kristjansdottir, K., & Lee, C. W. (2011). A comparison of visual versus auditory concurrent tasks on reducing the distress and vividness of aversive autobiographical memories. *Journal of EMDR Practice and Research*, 5(2), 34-41. doi:10.1891/1933-3196.5.2.34

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ABSTRACT This study investigated the benefits of eye movement similar to that used in eye movement desensitization and reprocessing (EMDR) on reducing the vividness and emotionality of negative autobiographical memories. It was hypothesized, based on the working memory model, that any task that disrupts working memory would reduce the vividness and emotionality of distressing memories. In addition, it was predicted that the more visual a memory, the greater the reduction in vividness by a concurrent visual task over an auditory task (counting). Thirty-six nonclinical participants were asked to recall an unpleasant autobiographical memory while performing each of three dual-attention tasks: eye movement, listening to counting, or control (short exposure). Results showed that vividness and emotionality ratings of the memory decreased significantly after eye movement and counting, and that eye movement produced the greatest benefit. Furthermore, eye movement facilitated greater decrease in vividness irrespective of the modality of the memory. Although this is not consistent with the hypothesis from a working

memory model of mode-specific effects, it is consistent with a central executive explanation. Implications for enhancing exposure treatment for posttraumatic stress disorder (PTSD) are discussed.



Laub, B., & Weiner, N. (2011). A developmental/integrative perspective of the recent traumatic episode protocol. *Journal of EMDR Practice and Research*, 5(2), 57-72. doi:10.1891/1933-3196.5.2.57

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ABSTRACT The recent traumatic episode protocol (R-TEP) is an adaptation of the eye movement desensitization reprocessing (EMDR) standard protocol to the acute phases following trauma. In this article, the R-TEP structure and procedures were analyzed from a developmental/integrative perspective. It is proposed that the therapist's developmental understanding and attunement can enhance the therapeutic dyad and can promote flexible decision making while using the R-TEP procedures. One case illustration of a recent trauma intervention demonstrates the advantage of developmental attunement in using the R-TEP. This perspective enables the therapist to pace the various styles of processing as they relate to the different stages of the memory consolidation process.



Menon, S. B., & Jayan, C. (2010). Eye movement desensitization and reprocessing: A conceptual framework. *Indian Journal of Psychological Medicine*, 32(2), 136-40. doi:10.4103/0253-7176.78512

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) is a method which was initially used for the treatment of post-traumatic stress disorder. But it is now being used in different therapeutic situations. EMDR is an eight-phase treatment method. History taking, client preparation, assessment, desensitization, installation, body scan, closure and reevaluation of treatment effect are the eight phases of this treatment which are briefly described. A case report is also depicted which indicates the efficacy of EMDR. The areas where EMDR is used and the possible ways through which it is working are also described.



O'Brien, J. M., & Abel, N. J. (2011). EMDR, addictions, and the stages of change: A road map for intervention. *Journal of EMDR Practice and Research*, 5(3), 121-130. doi:10.1891/1933-3196.5.3.121

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ABSTRACT A growing body of literature indicates that eye movement desensitization and reprocessing (EMDR) can be useful in the treatment of addictions. When combined with traditional addictions treatment approaches, EMDR can enhance client stability, prevent relapse, and promote recovery. Clinical decision making about when and how to use EMDR techniques with clients who present with

addictions is complicated. The purpose of this article is to explore the use of EMDR interventions with clients presenting various levels of awareness of their addiction as well as varied levels of motivation to change. The authors explore the Stages of Change and suggest appropriate pre-EMDR EMDR interventions at each stage.



Pagani, M., Di Lorenzo, G., Monaco, L., Niolu, C., Siracusano, A., Verardo, A. R., . . . Ammaniti, M. (2011). Pretreatment, intratreatment, and posttreatment EEG imaging of EMDR: Methodology and preliminary results from a single case. *Journal of EMDR Practice and Research*, 5(2), 42-56. doi:10.1891/1933-3196.5.2.42

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ABSTRACT Electroencephalography (EEG), due to its peculiar time and spatial resolution, was used for the first time to fully monitor neuronal activation during the whole eye movement desensitization and reprocessing (EMDR) session, including the autobiographical script. The present case report describes the dominant cortical activations (Z-score >1.5) during the first EMDR session and in the last session after the client processed the index trauma. During the first EMDR session, prefrontal limbic cortex was essentially activated during script listening and during lateral eye movements in the desensitization phase of EMDR. In the last EMDR session, the prevalent electrical activity was recorded in temporal, parietal, and occipital cortical regions, with a clear leftward lateralization. These findings suggest a cognitive processing of the traumatic event following successful EMDR therapy and support evidence of distinct neurobiological patterns of brain activations during lateral eye movements in the desensitization phase of EMDR.



Pratchett, L. C., Daly, K., Bierer, L. M., & Yehuda, R. (2011). New approaches to combining pharmacotherapy and psychotherapy for posttraumatic stress disorder. *Expert Opinion on Pharmacotherapy*. doi:10.1517/14656566.2011.604030

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ABSTRACT Introduction: Posttraumatic stress disorder (PTSD) is a complex disorder associated with an intricate biological and psychological symptom profile and various common comorbidities. Despite an existing myriad of evidence-based and experimental treatments, PTSD is often difficult to treat. This reality necessitates a discussion of the potential of emerging treatments.

Areas covered: A literature search using PubMed and PsychInfo was done using the following keywords: randomized clinical trials, treatment guidelines, pharmacotherapy and psychotherapy, all in addition to PTSD. A comprehensive treatment review establishes that early intervention approaches have not yet been found to prevent PTSD in trauma survivors. However, psychotherapy research provides substantial support for cognitive behavioral therapies and eye movement desensitization and reprocessing for chronic PTSD, and psychopharmacological approaches are myriad - although at present there is FDA approval only for sertraline and paroxetine. However, the efficacy of these treatments varies and, unfortunately, not everyone will achieve remission.

Expert opinion: So far, the mental health field has tended to focus on either biological or psychological targets. We propose that maximizing treatment success may require an integrated approach that does not dichotomize biological and psychological aspects. Exciting new developments reflecting this perspective include psychopharmacologic augmentation strategies that enhance the mechanisms of psychotherapy.



Reicherzer, S. (2011). Eye movement desensitization and reprocessing in counseling a male couple. *Journal of EMDR Practice and Research*, 5(3), 111-120. doi:10.1891/1933-3196.5.3.111

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ABSTRACT This practice-based article discusses the use of eye movement desensitization and reprocessing (EMDR) in counseling "Paul" and "Eddie" (aliases), a couple for 4 years who presented with what they identified as "communication problems." Through the use of psychosocial assessments of the men's personal histories, it was determined that Paul's experience of feeling controlled and Eddie's struggles to believe that he mattered in the relationship were linked to traumatic memories in each man's childhood that related to his sexual identity development. EMDR was used to target the men's traumatic memories, alternating between Paul and Eddie. Following

each EMDR treatment series, the work was integrated by talking through how the reprocessed material integrated into the overall couple experience, leading to both men's increased satisfaction in the relationship.



Samara, Z., Elzinga, B. M., Slagter, H. A., & Nieuwenhuis, S. (2011). Do horizontal saccadic eye movements increase interhemispheric coherence? Investigation of a hypothesized neural mechanism underlying EMDR. *Frontiers in Psychiatry / Frontiers Research Foundation*, 2, 4. doi:10.3389/fpsy.2011.00004

Full text article available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3089996/>

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ABSTRACT Series of horizontal saccadic eye movements (EMs) are known to improve episodic memory retrieval in healthy adults and to facilitate the processing of traumatic memories in eye movement desensitization and reprocessing (EMDR) therapy. Several authors have proposed that EMs achieve these effects by increasing the functional connectivity of the two brain hemispheres, but direct evidence for this proposal is lacking. The aim of this study was to



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investigate whether memory enhancement following bilateral EMs is associated with increased interhemispheric coherence in the electroencephalogram (EEG). Fourteen healthy young adults were asked to freely recall lists of studied neutral and emotional words after a series of bilateral EMs and a control procedure. Baseline EEG activity was recorded before and after the EM and control procedures. Phase and amplitude coherence between bilaterally homologous brain areas were calculated for six frequency bands and electrode pairs across the entire scalp. Behavioral analyses showed that participants recalled more emotional (but not neutral) words following the EM procedure than following the control procedure. However, the EEG analyses indicated no evidence that the EMs altered participants' interhemispheric coherence or that improvements in recall were correlated with such changes in coherence. These findings cast doubt on the interhemispheric interaction hypothesis, and therefore may have important implications for future research on the neurobiological mechanism underlying EMDR.



Shapiro, E. (2011). Suggestions for teaching the application of eye movements in EMDR. *Journal of EMDR Practice and Research*, 5(2), 73-77. doi:10.1891/1933-3196.5.2.73

Elan Shapiro, POB 187, Ramat Yishai, 30095, Israel. E-mail: <elanshapiro@gmail.com>

ABSTRACT Question: As an EMDR consultant and facilitator, I often find that consultees and trainees prefer taps and tones, rather than eye movements, when applying EMDR. Now I am wondering if eye movements are considered superior, and if so, how I can encourage my consultees/trainees to use them.



Spokes, T., Hofmeyr, M., & Hopkinson, P. (2011). Reducing distress following assault in the workplace. *Nursing Times*, 107(Online issue). Retrieved from <http://www.nursingtimes.net/Journals/2011/08/08/d/d/k/110809ResearchEMDR.pdf>

ABSTRACT Background: Nurses working in inpatient mental health settings report high rates of assault and psychological morbidity. Psychological debriefing is the main form of post-incident support, yet its efficacy has been widely questioned.

Aim: To determine whether eye-movement desensitization and reprocessing (EMDR) therapy is effective in reducing the psychological distress experienced by nurses after an assault at work.

Method: Four participants experiencing post-traumatic stress symptoms following a workplace assault completed between three and five sessions of EMDR. A multiple-baseline, case series design was used, and quantitative and qualitative outcome data were collected.

Results: The results showed a clinically significant reduction in the level of emotional distress associated with traumatic memories, avoidance and intrusion symptoms between the pre and post-treatment data collection points for all participants. There was also an increase in the strength of belief in positive coping cognitions concerning the event following EMDR therapy in all participants. These improvements were maintained at one-month follow-up for three of the four participants. The study results did not show a reduction in general psychological distress.

Conclusion: The value of EMDR as a form of post-incident support lies in its alleviation of specific post-traumatic stress

symptoms, rather than in improving general psychological wellbeing. The data must be interpreted with caution, but the positive outcomes suggest the need for further case series research, or a more controlled design with a larger sample.



Tofani, L. R., & Wheeler, K. (2011). The recent-traumatic episode protocol: Outcome evaluation and analysis of three case studies. *Journal of EMDR Practice and Research*, 5(3), 95-110. doi:10.1891/1933-3196.5.3.95

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ABSTRACT This article evaluates and illustrates the application of the recent-traumatic episode protocol (R-TEP) with three diverse clients: a child with chronic illness, a woman with a significant loss, and an adolescent who self-harmed. The R-TEP is an adaptation of the Eye Movement Desensitization and Reprocessing (EMDR) protocol for early EMDR intervention. Sessions are presented in detail to highlight the shifts in information processing that occur during treatment. Observed markers used to analyze the flow of processing are identified, which include distancing from the trauma; reduction in negative affect or change in reported emotions; accessing more adaptive information; changes in the Subjective Units of Disturbance scale; and the Validity of Cognition scale and Impact of Event Scale-Revised indicating shifts in perception of the traumatic memory. Pre-post R-TEP treatment gains were noted for all clients, with changes in behavior and functioning. Theoretical underpinnings of the R-TEP are discussed with respect to the reported observations. The specific contribution of the protocol is highlighted, considering its procedural components and related plausible mechanisms of change.



Triscari, M. T., Faraci, P., D'Angelo, V., Urso, V., & Catalisano, D. (2011). Two treatments for fear of flying compared: Cognitive behavioral therapy combined with systematic desensitization or eye movement desensitization and reprocessing (EMDR). *Aviation Psychology and Applied Human Factors*, 1(1), 9. doi:10.1027/2192-0923/a00003

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ABSTRACT This study aimed to test a combined treatment with eye movement desensitization and reprocessing (EMDR) and cognitive behavioral therapy (CBT), compared with CBT integrated with systematic desensitization, in reducing fear of flying. Participants were patients with aerophobia, who were randomly assigned to two experimental groups in a before- and after-treatment research design. The Flight Anxiety Situations Questionnaire (FAS) and the Flight Anxiety Modality Questionnaire (FAM) were used. The efficacy of each program was evaluated comparing the pre- and post-treatment levels of fear of flying within subjects. A comparison of the post-treatment scores between subjects was also conducted. Results showed the effectiveness of each model with a significant improvement in the examined psychological outcomes in both groups.



van den Hout, M. A., Engelhard, I. M., Beetsma, D., Slofstra, C., Hornsveld, H., Houtveen, J., & Leer, A. (2011). EMDR and mindfulness. Eye movements and attentional breathing tax working memory and reduce vividness and emotionality of aversive ideation. *Journal of Behavior Therapy and Experimental Psychiatry*, 42(4), 423-431. doi:10.1016/j.jbtep.2011.03.004

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ABSTRACT BACKGROUND AND OBJECTIVES: Eye Movement Desensitization and Reprocessing (EMDR) and Mindfulness-Based Cognitive Therapy (MBCT) are effective in reducing the subjective impact of negative ideation. In both treatments, patients are encouraged to engage in a dual-task (eye movements (EM) in the case of EMDR and attentional breathing (AB) in the case of MBCT) while they experience negative thoughts or images. Working memory theory It was hypothesized that both AB and EM tax working memory and that both reduce vividness and emotionality of negative memories.

explains the effects of EM by suggesting that it taxes limited working memory resources, thus rendering the image less vivid and emotional. It was hypothesized that both AB and EM tax working memory and that both reduce vividness and emotionality of negative memories.

METHODS: Working memory taxation by EM and AB was assessed in healthy volunteers by slowing down of reaction times. In a later session, participants retrieved negative memories during recall only, recall + EM and recall + AB (study 1). Under improved conditions the study was replicated (study 2).

RESULTS: In both studies and to the same degree, attentional breathing and eye movements taxed working memory. Both interventions reduced emotionality of memory in study 1 but not in study 2 and reduced vividness in study 2 but not in study 1.

LIMITATIONS: EMDR is more than EM and MBCT is more than AB. Memory effects were assessed by self reports.

CONCLUSIONS: EMDR and MBCT may (partly) derive their beneficial effects from taxing working memory during recall of negative ideation. ❖

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