

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>

Aurora, R. N., Zak, R. S., Auerbach, S. H., Casey, K. R., Chowdhuri, S., Karippot, A., et al. (2010). Best practice guide for the treatment of nightmare disorder in adults. *J Clin Sleep Med*, 6(4), 389-401.

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ABSTRACT Prazosin is recommended for treatment of Posttraumatic Stress Disorder (PTSD)-associated nightmares. Level A. Image Rehearsal Therapy (IRT) is recommended for treatment of nightmare disorder. Level A. Systematic Desensitization and Progressive Deep Muscle Relaxation training are suggested for treatment of idiopathic nightmares. Level B. Venlafaxine is not suggested for treatment of PTSD-associated nightmares. Level B. Clonidine may be considered for treatment of PTSD-associated nightmares. Level C. The following medications may be considered for treatment of PTSD-associated nightmares, but the data are low grade and sparse: trazodone, atypical antipsychotic medications, topiramate, low dose cortisol, fluvoxamine, triazolam and nitrazepam, phenelzine, gabapentin, cyproheptadine, and tricyclic antidepressants. Nefazodone is not recommended as first line therapy for nightmare disorder because of the increased risk of hepatotoxicity. Level C. The following behavioral therapies may be considered for treatment of PTSD-associated nightmares based on low-grade evidence: Exposure, Relaxation, and Rescripting Therapy (ERRT); Sleep Dynamic Therapy; Hypnosis; Eye-Movement Desensitization and Reprocessing (EMDR); and the Testimony Method. Level C. The following behavioral therapies may be considered for treatment of nightmare disorder based on low-grade evidence: Lucid Dreaming Therapy and Self-Exposure Therapy. Level C No recommendation is made regarding clonazepam and individual psychotherapy because of sparse data.



Beer, R., & Bronner, M. B. (2010). EMDR in paediatrics and rehabilitation: An effective tool for reduction of stress reactions? *Dev Neurorehabil*, 13(5), 307-9.

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ABSTRACT Not available.



Barol, B. I., & Seubert, A. (2010). Stepping stones: EMDR treatment of individuals with intellectual and developmental disabilities and challenging behavior. *Journal of EMDR Practice and Research*, 4, 156-169.

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ABSTRACT Trauma and its ensuing accommodations, including challenging behaviors, have been a growing consideration for practitioners working with people with intellectual and developmental disabilities (IDD). Recognizing the importance of one's client's trauma history, practitioners are seeking effective methods of providing therapy to IDD clients with posttraumatic stress disorder (PTSD) and other trauma-related diagnoses. In this exploratory study, using a multiple single case study design, six individuals with IDD and known trauma histories were treated with eye movement desensitization and reprocessing (EMDR). The researchers employed the standard EMDR protocol, adapting it when necessary to accommodate the needs of each participant. Outcomes provide preliminary evidence that EMDR may be an effective method of trauma treatment for clients with intellectual abilities, pointing to EMDR as a treatment with potential for facilitating healing from trauma with IDD clients.



Böhm, K., & Voderholzer, U. (2010). Use of EMDR in the treatment of obsessive-compulsive disorders: A case series. *Verhaltenstherapie*, 20(3), 175-181.

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Full text available at: http://content.karger.com/ProdukteDB/miscArchiv/000/319/439/000319439_sm_eversion.pdf

ABSTRACT Introduction: Various studies have demonstrated that cognitive behavioural therapy with exposure response prevention is the most effective method to treat obsessive-compulsive disorders. However, 15–40% of patients do not respond to it; they cannot be motivated to undergo treatment, drop out, or experience persisting

difficulties in regulating their emotions. In this article, EMDR is presented as an additional method for these specific problems. Method: Three case studies are reported and descriptively analysed. Special focus is placed on the patients' motivation and on how they regulate their emotions. Different ways of applying EMDR in the course of psychological treatment are described as well. EMDR before confrontation therapy was applied in the first patient (checking behaviour); the second patient (compulsive thoughts) was first treated with confrontation therapy and then with EMDR; in the third patient, EMDR and confrontation therapy were applied alternately. Results: All three patients showed a reduction of symptoms by about 60%. They experienced EMDR as a useful and motivating method. Furthermore, they felt encouraged to deal with their emotions in additional psychological treatments. Confrontation therapy markedly reduced OCD symptoms in two of the patients. Discussion: EMDR could be a useful augmentation method in treating patients with OCD, but further controlled and randomised studies are required to validate this conclusion. primarily enhances the accessibility of traumatic information while EMDR primarily enhances the reprocessing of traumatic information and that accessibility and reprocessing are reciprocal features. The relative and combined merits of hypnosis and EMDR for resource development are discussed. The author proposes that clinical hypnosis may be incorporated into EMDR without necessarily modifying the eight-stage EMDR protocol apart from modifications that are indicated for special conditions. Three case vignettes are used to illustrate the integrative use of clinical hypnosis and EMDR in the treatment of adults who experienced childhood abuse.



Dworkin, M., & Errebo, N. (2010). Rupture and repair in the EMDR client/clinician relationship: Now moments and moments of meeting. *Journal of EMDR Practice and Research*, 4(3), 113-123.

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ABSTRACT This article proposes that eye movement desensitization and reprocessing (EMDR) would be strengthened by being conceptualized as a two-person therapy; that is, a therapy that employs dialogue between clinician and client about the resonance, attunement, and intention of their relationship. Current research on the mirror neuron system provides a hypothetical neurological underpinning to this proposal. Detailed clinical examples illustrate rupture (Now Moments) and subsequent repair (Moments of Meeting) of the therapeutic relationship in the Eight Phases of EMDR. The high potential for relationship rupture during EMDR therapy is discussed. Suggestions are made for improving EMDR practice, training, and consultation by attending to the intersubjective experience between client and clinician, especially when working with clients who have experienced repeated and pervasive disappointments in love and work.



Farkas, L., Cyr, M., Lebeau, T. M., & Lemay, J. (2010). Effectiveness of MASTR/EMDR therapy for traumatized adolescents. *Journal of Child & Adolescent Trauma*, 3(2), 125-142.

ABSTRACT This study examined MASTR/EMDR, a trauma-focused treatment for traumatized youth taken in charge by youth protective services. Participants were 40 adolescents who were exhibiting conduct problems and internalizing and externalizing behaviors and

who had been exposed to maltreatment. Participants were randomly assigned to MASTR/EMDR treatment or to a routine care condition. Self-report questionnaires and semistructured interviews were administered to participants and one of their parents/caregivers at three points in time: pretreatment, post treatment (12 weeks), and follow-up (12 weeks). Repeated measures analyses of covariance showed that participants in the experimental group had significant improvements in their trauma symptoms and behavioral problems compared with the control group at the posttreatment evaluation. These effects were maintained at a 3-month follow-up. Results support the effectiveness of MASTR/EMDR.



Farrell, D., Dworkin, M., Keenan, P., & Spierings, J. (2010). Using EMDR with survivors of sexual abuse perpetrated by roman catholic priests. *Journal of EMDR Practice and Research*, 4(3), 124-133.

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ABSTRACT This article reviews research that investigated the idiosyncratic effects of sexual abuse perpetrated by Roman Catholic priests and makes related treatment recommendations. The research determined that this distinct form of sexual trauma generated unique posttraumatic symptoms not accounted for within the existing Posttraumatic Stress Disorder conceptual frameworks. These included significant anxiety and distress in areas such as theological belief.



Flik, C. E., & de Roos, C. (2010). [Eye movement desensitisation and reprocessing (EMDR) as a treatment for phantom limb pain.]. *Tijdschr Psychiatr*, 52(8), 589-93.

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ABSTRACT A 68-year-old man, who had had phantom limb pain in his leg and foot for 27 years, was referred for EMDR treatment. This case study shows that after 10 sessions of EMDR the pain intensity had diminished from 10 to 1 (on a scale of 10). Further sessions, consisting mainly of discussions, focused on consolidation of the result, namely on finding a new physical and mental balance and on strengthening self-confidence in the new situation.



Grbesa, G., Simonovic, M., & Jankovic, D. (2010). Electrophysiological changes during EMDR treatment in patients with combat-related PTSD. *Annals of General Psychiatry*, 9(Suppl 1), S209-.

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ABSTRACT Background: Efficiency of the EMDR procedure is based on a presumption of neuropsychological changes in therapeutic process. The aim of the investigation is to scan

and give evidence of electroactivity changes, during the process of EMDR procedure and after finishing it. Materials and methods: We have recorded a continual polygraph EEG, before, during and after EMDR therapy, in patient with combat-related PTSD. Results: Before the treatment, EEG recorded basic activity of low voltage (attenuation) of 20 μ V, frequency of beta range (17-26 Hz), bioccipital, with no pathologic activity. Patient had prominent vegetative symptoms (anxiety, heart rate 100/min). Background activity immediately after the treatment records the amplitude values of around 50 μ V, frequency of around 11-12 Hz. After the end of the treatment background activity possesses the amplitude value of about 37 μ V, holding the persistence in frequency. Conclusions: If the EMDR treatment is successful, sudden increase of amplitude activity is noted immediately. This sharp borderline, which signifies normal activity, appears in 2-3 seconds after the desensitize phase. The investigation suggests that from a neurophysiological point of view, cortex (in EMDR procedure), works according to the principle "all or nothing". If there is processing of traumatic memory, the activity gets completely normal. If the therapy is not successful, there are numerous artifacts, because of increased muscle activity. This kind of activity, in our investigation is marked as "Artefact therapy". The results, indicate maintaining low level of amplitude values of electrocortical activities during the treatment, as well as increase after successful treatment. The increase of amplitude is correlated to decrease of anxiety after the successful treatment.



Greenwald, R., & Shapiro, F. (2010). What is EMDR?: Commentary by Greenwald and invited response by Shapiro. *Journal of EMDR Practice and Research*, 4(4), 170-179.

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ABSTRACT *Greenwald*: Eye movement desensitization and reprocessing (EMDR) has already been defined by at least one EMDR-focused professional association as inextricably based on Shapiro's (2001) eight-phase protocol and adaptive information processing (AIP) model. This commentary argues that given the lack of data supporting an exclusive preference for Shapiro's constructs, EMDR's definition should not preclude legitimate alternative conceptualizations. Since definitions may be used for many inclusive and exclusive purposes with impact on EMDR's development, dissemination, practice, and reputation, EMDR's definition should be reconsidered. Shapiro: Greenwald's arguments and suggested redefinition are examined in relation to EMDR research, theory and practice. As evaluated in numerous studies, EMDR is a distinct, eight-phase integrative psychotherapy approach that consists of numerous procedures and protocols, which were formulated and are conducted in accordance with the principles of the AIP model. Research and published clinical case reports have validated both its utility and predictions of positive treatment outcomes with a variety of populations. Professional implications are explored.



Havelka, J. (2010). [EMDR: Method of psychotherapy for the treatment of trauma.] *Psychiatr Hung*, 25(3), 243-250.

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ABSTRACT Eye Movement Desensitization and Reprocessing (EMDR) is a method of psychotherapy that has been extensively researched for the treatment of trauma. The current treatment guidelines of the American Psychiatric Association and the International Society for Traumatic Stress Studies designate EMDR as an effective treatment for PTSD. In this article the author writes about the history of this "breakthrough therapy" and describes EMDR as a standardized protocol. In the second part describes a trauma recovery session where she uses EMDR in treating post-traumatic stress disorder in a case study about, a 25 year old woman, who has been a survivor by a robbery.



Hornsveld, H. K., Landwehr, F., Stein, W., Stomp, M., Smeets, S., & van den Hout, M. A. (2010). Emotionality of loss-related memories is reduced after recall plus eye movements but not after recall plus music or recall only. *Journal of EMDR Practice and Research*, 4(3), 106-112.

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ABSTRACT Numerous studies have shown that eye movements during recall of negative memories reduce their emotionality. We investigated whether these findings can be extended specifically to negative memories of loss. Sixty undergraduate students participated and recalled a negative autobiographical memory of loss and performed—in counterbalanced order—three types of tasks: recall-plus-eye-movements, recall-only, and recall-plus-relaxing-music. Recall-plus-music was added to investigate whether reductions in emotionality are associated with relaxation. Levels of emotionality, relaxation, and concentration were assessed before and after each stimulus condition. Participants reported a greater decline in emotionality and concentration after eye movements in comparison to recall-only and recall-with-music. It is concluded that eye movements are effective when negative memories pertain to loss and grief, suggesting possibilities for treatment intervention in individuals suffering from complicated grief.



Jarero, I., & Artigas, L. (2010). The EMDR integrative group treatment protocol: Application with adults during ongoing geopolitical crisis. *Journal of EMDR Practice and Research*, 4(4), 148-155.

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ABSTRACT The eye movement desensitization and reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) has been used in its original format or with adaptations to meet the circumstances in numerous settings around the world for thousands of disaster survivors after natural or man-made incidents. In this study, the EMDR-IGTP was applied during three consecutive days to a group of 20 adults during ongoing geopolitical crisis in a Central American country in 2009. Results in this uncontrolled study showed significant decreases in scores on the Subjective Unit of Disturbance Scale and the Impact of Event Scale (IES). Changes on the IES were maintained at 14 weeks follow-up even though participants were still exposed to ongoing crisis. Controlled research is recommended to further evaluate the efficacy of this intervention.



Lapp, L. K., Agbokou, C., Peretti, C. S., & Ferreri, F. (2010). Management of post traumatic stress disorder after childbirth: A review. *J Psychosom Obstet Gynaecol*. (doi: 10.3109/0167482X.2010.503330)

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ABSTRACT Prevalence and risk factors for the development of post traumatic stress disorder (PTSD) after childbirth is well described in the literature. However, its management and treatment has only begun to be investigated. The aim of this article is to describe the studies that examine the effects of interventions on PTSD after childbirth. MedLine, PILOTS, CINAHL and ISI Web of Science databases were systematically searched for randomised controlled trials, pilot studies and case studies using key words related to PTSD, childbirth, treatment and intervention. The reference lists of the retrieved articles were also used to supplement the search. A total of nine studies were retrieved. Seven studies that examined debriefing or counselling were identified; six randomised controlled trials and one pilot study. Also found were one case report describing the effects of cognitive behavioural therapy (CBT) on two women, and one pilot study of eye movement desensitisation and reprocessing (EMDR). Overall, there is limited evidence concerning the management of women with PTSD after childbirth. The results agree with the findings from the non-childbirth related literature: debriefing and counselling are inconclusively effective while CBT and EMDR may improve PTSD status but require investigation in controlled trials before conclusions could be drawn.



Marich, J. (2010). Eye movement desensitization and reprocessing in addiction continuing care: A phenomenological study of women in recovery. *Psychol Addict Behav*, 24(3), 498-507.

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ABSTRACT Traditional models of addiction treatment and relapse prevention fail to consider the role that unresolved trauma plays in an addicted woman's recovery experience. Implementing Eye Movement Desensitization and Reprocessing (EMDR) into the treatment process offers a potential solution to this problem. Ten women (alumnae of an extended-care treatment facility) participated in a semistandardized interview to share their experiences with active addiction, treatment, EMDR therapy, and recovery. With the use of A. P. Giorgi's descriptive phenomenological psychological method for analysis, four major thematic areas emerged from the interview data: the existence of safety as an essential crucible of the EMDR experience, the importance of accessing the emotional core as vital to the recovery experience, the role of perspective shift in lifestyle change, and the use of a combination of factors for successful treatment. All 10 women, to some degree, credited EMDR treatment as a crucial component of their addiction continuing-care processes, especially in helping with emotional core access and perspective shift. Implications emerge from the data on how to best implement EMDR into a comprehensive addiction treatment program.



Mevisen, L., Lievegoed, R., & de Jongh, A. (2010). EMDR treatment in people with mild ID and PTSD: 4 cases. *Psychiatr Q*. [Epub ahead of print]

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ABSTRACT Although there is evidence to suggest that people with intellectual disabilities (ID) are likely to be more susceptible to the development of posttraumatic stress disorder (PTSD) than persons in the general population, until now only eight case reports on the treatment of people with ID suffering from PTSD symptoms have been published. In an effort to enrich the literature on this subject, the aim was to investigate the applicability of an evidence-based treatment for PTSD (i.e., EMDR) in four people with mild ID, suffering from PTSD following various kinds of trauma. In all cases PTSD symptoms decreased and the gains were maintained at 3 months to 2.5 year follow-up. In addition, depressive symptoms and physical complaints subsided, and social and adaptive skills improved. It is concluded that clients' improvements converge to suggest the applicability of EMDR in people with mild ID. Difficulties involved in arriving at an accurate PTSD diagnosis in ID clients are discussed.



Posmontier, B., Dovydaitis, T., & Lipman, K. (2010). Sexual violence: Psychiatric healing with eye movement reprocessing and desensitization. *Health Care Women Int*, 31(8), 755-68.

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ABSTRACT Sexual violence, which affects one in three women worldwide, can result in significant psychiatric morbidity and suicide. Eye movement desensitization and reprocessing (EMDR) offers health care providers the option of a brief psychiatric intervention that can result in psychiatric healing in as few as four sessions. Because health care providers often hear stories of sexual violence from their patients, they are in an ideal position to make recommendations for treatment. The purpose of this article is to introduce health care providers to the technique of EMDR, review safety and appropriateness, and discuss clinical and research implications.



Ribchester, T., Yule, W., & Duncan, A. (2010). EMDR for childhood PTSD after road traffic accidents: Attentional, memory, and attributional processes. *Journal of EMDR Practice and Research*, 4(4), 138-147.

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) was used with 11 children who developed posttraumatic stress disorder (PTSD) after road traffic accidents. All improved such that none met criteria for PTSD on standardized assessments after an average of only 2.4 sessions. Significant improvements in PTSD, anxiety, and depression were found both immediately after treatment and at follow-up. Attentional, memory, and attributional processes associated with PTSD were assessed and their relationship to therapeutic change examined. Treatment was associated with a significant trauma-specific reduction in attentional bias on the modified Stroop task, with results apparent both immediately after therapy and at follow-up.

Roth, W. T. (2010). Diversity of effective treatments of panic attacks: What do they have in common? *Depress Anxiety*, 27(1), 5-11.

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ABSTRACT By comparing efficacious psychological therapies of different kinds, inferences about common effective treatment mechanisms can be made. We selected six therapies for review on the basis of the diversity of their theoretical rationales and evidence for superior efficacy: psychoanalytic psychotherapy, hypercapnic breathing training, hypocapnic breathing training, reprocessing with and without eye-movement desensitization, muscle relaxation, and cognitive behavior therapy. The likely common element of all these therapies is that they reduce the immediate expectancy of a panic attack, disrupting the vicious circle of fearing fear. Modifying expectation is usually regarded as a placebo mechanism in psychotherapy, but may be a specific treatment mechanism for panic. The fact that this is seldom the rationale communicated to the patient creates a moral dilemma: Is it ethical for therapists to mislead patients to help them? Pragmatic justification of a successful practice is a way out of this dilemma. Therapies should be evaluated that deal with expectations directly by promoting positive thinking or by fostering non-expectancy.



Sánchez-Meca, J., Rosa-Alcázar, A. I., Marín-Martínez, F., & Gómez-Conesa, A. (2010). Psychological treatment of panic disorder with or without agoraphobia: A meta-analysis. *Clinical Psychology Review*, 30(1), 37-50.

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Full text available at: <http://dx.doi.org/10.1016/j.cpr.2009.08.011>

ABSTRACT Although the efficacy of psychological treatment for panic disorder (PD) with or without agoraphobia has been the subject of a great deal of research, the specific contribution of techniques such as exposure, cognitive therapy, relaxation training and breathing retraining has not yet been clearly established. This paper presents a meta-analysis applying random- and mixed-effects models to a total of 65 comparisons between a treated and a control group, obtained from 42 studies published between 1980 and 2006. The results showed that, after controlling for the methodological quality of the studies and the type of control group, the combination of exposure, relaxation training, and breathing retraining gives the most consistent evidence for treating PD. Other factors that improve the effectiveness of treatments are the inclusion of homework during the intervention and a follow-up program after it has finished. Furthermore, the treatment is more effective when the patients have no comorbid disorders and the shorter the time they have been suffering from the illness. Publication bias and several methodological factors were discarded as a threat against the validity of our results. Finally the implications of the results for clinical practice and for future research are discussed.



Schubert, S. J., Lee, C. W., & Drummond, P. D. (2010). The efficacy and psychophysiological correlates of dual-attention tasks in eye movement desensitization and reprocessing (EMDR). *J Anxiety Disord*, [doi:10.1016/j.janxdis.2010.06.024].

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ABSTRACT This study aimed to investigate the psychophysiological correlates and the effectiveness of different dual-attention tasks used during eye movement desensitization and reprocessing (EMDR). Sixty-two non-clinical participants with negative autobiographical memories received a single session of EMDR without eye movements, or EMDR that included eye movements of either varied or fixed rate of speed. Subjective units of distress and vividness of the memory were recorded at pre-treatment, post-treatment, and 1 week follow-up. EMDR-with eye movements led to greater reduction in distress than EMDR-without eye movements. Heart rate decreased significantly when eye movements began; skin conductance decreased during eye movement sets; heart rate variability and respiration rate increased significantly as eye movements continued; and orienting responses were more frequent in the eye movement than no-eye movement condition at the start of exposure. Findings indicate that the eye movement component in EMDR is beneficial, and is coupled with distinct psychophysiological changes that may aid in processing negative memories.



Torun, F. (2010). [Treatment of vaginismus with EMDR: A report of two cases.]. *Turk Psikiyatri Derg*, 21(3), 243-8.

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Full text available in English and Turkish at: <http://www.turkpsikiyatri.com/fttr.aspx?id=769>

ABSTRACT Vaginismus is a type of sexual dysfunction in which spasm of the vaginal musculature prevents penetrative intercourse. The main diagnostic criterion is the presence of recurrent or persistent involuntary spasm of the musculature of the outer third of the vagina that interferes with sexual intercourse. In many cases associated pain or the fear of pain may contribute to its persistence. Herein we report 2 patients that presented with vaginismus that developed secondary to childhood sexual trauma, which was treated with the Eye Movement Desensitization and Reprocessing (EMDR) technique. EMDR is a non-pharmacologic treatment for psychological trauma. Randomized controlled trials with posttraumatic stress disorder patients and with victims of sexual abuse have shown that EMDR is effective. The standard 8-phase EMDR protocol was used in both of the presented cases. Following 3 sessions of EMDR, the patients exhibited a substantial reduction in self-reported and clinician-rated anxiety, and a reduction in the credibility of dysfunctional beliefs concerning sexual intercourse. These findings support the notion that EMDR could be an effective treatment alternative for patients with vaginismus of traumatic etiology.



Wadaa, N. N., Zaharim, N. M., & Alqashan, H. F. (2010). The use of EMDR in treatment of traumatized iraqi children. *Digest of Middle East Studies*, 19(1), 26-36.

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Full text available at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1949-3606.2010.00003.x/pdf>

ABSTRACT The purpose of this article is to determine the prevalence of post-traumatic stress disorder (PTSD) among Iraqi children and the effectiveness of eye movement desensitization and reprocessing (EMDR) treatment in traumatized Iraqi children. The participants in the present study were Iraqi children, ages 7–12; mean age = 10.17 years. There were 29 boys and 31 girls who immigrated to Malaysia during the recent war in Iraq. Those children were assessed for PTSD. Following the assessment, 37 children were assigned to two groups: 12 to the experimental group and 25 to the control group. The 12 children in the experimental group were treated with EMDR and were compared with the 25 children in the control group. This was done in order to determine the effectiveness of EMDR in reducing PTSD symptoms among traumatized children. UCLA PTSD DSM-IV (Revision 1) was used to determine the prevalence of PTSD among Iraqi children. The results suggested that EMDR was effective in reducing PTSD symptoms.



Citation Correction from the September 2010 EMDRIA Newsletter:

Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. (2010). A meta-analytic review of prolonged exposure for posttraumatic stress disorder. *Clin Psychol*, 30(6), 635-41.



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