

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, 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>.

Arendt, M., & Rosenberg, R. (2009). [Psychological debriefing]. *Ugeskrift for Laeger*, 171(8), 607-10.

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ABSTRACT Diagnostic criteria for stress reactions and adjustment disorders are summarized. Existing psychological treatments are outlined with a focus on evidence-based methods, and recommendations for treatment are described. The conclusion is that there is no evidence for the effect of psychological debriefing or other professional treatment in the immediate aftermath of traumatic events. On the other hand, cognitive behavioural therapy, EMDR and similar methods with focus on exposure can be recommended, both as a preventive strategy and for patients with post-traumatic stress disorder.



Cloitre, M. (2009). Effective psychotherapies for posttraumatic stress disorder: A review and critique. *CNS Spectrums*, 14(1 Suppl 1), 32-43.

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ABSTRACT This report reviews and critiques the psychotherapy literature for the treatment of posttraumatic stress disorder (PTSD) and systematically presents data on sample size, rates of completion and effect sizes. Substantial progress has been made in the use of cognitive behavioral therapies and eye movement desensitization and reprocessing for the resolution of PTSD. Innovations in PTSD treatments are identified. Further advances are needed in the treatment of populations with complex and chronic forms of PTSD such as those found in childhood abuse populations, refugee populations, and those experiencing chronic mental illness. The need to address comorbid emotional, social, and physical health consequences of trauma, to implement treatments in community-based settings, and to incorporate larger systems of care into study designs is noted.



Cohen, A. (2009). Treatment of dissociation with EMDR when war interrupts the process the integration of EMDR with e-mail therapy. *Journal of EMDR Practice and Research*, 3, 50-56.

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ABSTRACT This article describes the integration of e-mail correspondence with EMDR treatment for a woman with a fear of driving and a diagnosis of dissociative disorder, not otherwise specified (DDNOS). When the client first presented for treatment, her diagnosis was unrecognized, and treatment showed limited success. With recognition of the DDNOS diagnosis, the treatment contract was renegotiated, with the focus of therapy shifting to addressing her dissociative experiences. Therapeutic progress was being made when the course of the treatment was interrupted by war in the north of Israel, and regular meetings became impossible. Communication was maintained by e-mail correspondence. When face-to-face sessions recommenced, the e-mail therapy continued because writing had become a powerful therapeutic tool. Therapy concluded with the successful treatment of both the dissociative disorder and the fear of driving. Cautions regarding the use of e-mail therapy are provided.



Hensel, T. (2009). EMDR with children and adolescents after single-incident trauma an intervention study. *Journal of EMDR Practice and Research*, 3, 2-9.

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ABSTRACT This study used a naturalistic design to investigate the effectiveness of eye movement desensitization and reprocessing (EMDR) with children and adolescents who were exposed to single-incident trauma. Participants were 36 children and adolescents ranging in age from 1 year 9 months to 18 years 1 month who were referred consecutively to the author's private practice. Assessments were conducted at intake, post-waitlist/pretreatment, and at follow up. EMDR treatment resulted in significant improvement (Cohen's $d = 1.87$). Follow-ups after 6 months revealed stable, further slight

improvement. It was shown that children younger than 4 years of age can be treated using EMDR and that the group of preschool children had the same benefit from the treatment as the school-age children.



Holmes, E. A., James, E. L., Coode-Bate, T., & Deeprose, C. (2009). Can playing the computer game "tetris" reduce the build-up of flashbacks for trauma? A proposal from cognitive science. *Plos ONE*, 4(1), e4153.

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Full text online article describes links to theories of action for EMDR: <http://www.plosone.org/article/info:doi/10.1371/journal.pone.0004153>

ABSTRACT BACKGROUND: Flashbacks are the hallmark symptom of Posttraumatic Stress Disorder (PTSD). Although we have successful treatments for full-blown PTSD, early interventions are lacking. We propose the utility of developing a 'cognitive vaccine' to prevent PTSD flashback development following exposure to trauma. Our theory is based on two key findings: 1) Cognitive science suggests that the brain has selective resources with limited capacity; 2) The neurobiology of memory suggests a 6-hr window to disrupt memory consolidation. The rationale for a 'cognitive vaccine' approach is as follows: Trauma flashbacks are sensory-perceptual, visuospatial mental images. Visuospatial cognitive tasks selectively compete for resources required to generate mental images. Thus, a visuospatial computer game (e.g. "Tetris") will interfere with flashbacks. Visuospatial tasks post-trauma, performed within the time window for memory consolidation, will reduce subsequent flashbacks. We predicted that playing "Tetris" half an hour after viewing trauma would reduce flashback frequency over 1-week.

METHODOLOGY/PRINCIPAL FINDINGS: The Trauma Film paradigm was used as a well-established experimental analog for Post-traumatic Stress. All participants viewed a traumatic film consisting of scenes of real injury and death followed by a 30-min structured break. Participants were then randomly allocated to either a no-task or visuospatial ("Tetris") condition which they undertook for 10-min. Flashbacks were monitored for 1-week. Results indicated that compared to the no-task condition, the "Tetris" condition produced a significant reduction in flashback frequency over 1-week. Convergent results were found on a clinical measure of PTSD symptomatology at 1-week. Recognition memory between groups did not differ significantly.

CONCLUSIONS/SIGNIFICANCE: Playing "Tetris" after viewing traumatic material reduces unwanted, involuntary memory flashbacks to that traumatic film, leaving deliberate memory recall of the event intact. Pathological aspects of human memory in the aftermath of trauma may be malleable using non-invasive, cognitive interventions. This has implications for a novel avenue of preventative treatment development, much-needed as a crisis intervention for the aftermath of traumatic events.



Lee, C. W., & Schubert, S. (2009). Omissions and errors in the institute of medicine's report on scientific evidence of treatment for posttraumatic stress disorder. *Journal of EMDR Practice and Research*, 3, 32-38.

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ABSTRACT A recently released report by the Institute of Medicine (IOM, 2008) commissioned by the U.S. Department of Veterans Affairs examined the evidence for psychotherapeutic and pharmacological treatments for posttraumatic stress disorder (PTSD). It concluded that the evidence was inadequate to determine the efficacy of eye movement desensitization and reprocessing (EMDR) in the treatment of PTSD. However, a critical examination of the basis for this conclusion reveals errors in three areas. First, the findings of key studies that reported positive outcomes for EMDR were misrepresented; second, a number of positive studies were excluded without apparent justification; and, finally, the IOM report failed to consider additional readily available studies that also reported benefits for EMDR. These factors appear to explain why the conclusions of the IOM report are at odds with the numerous meta-analyses and practice guidelines of PTSD treatments issued by other scientific committees worldwide.



Pearson, H. J. (2009). Present and accounted for: Sensory stimulation and parietal neuroplasticity. *Journal of EMDR Practice and Research*, 3, 39-49.

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ABSTRACT There are commonalities between neurologic syndromes arising from lesions of the parietal cortex and psychiatric syndromes secondary to psychological trauma. Additionally some posttraumatic syndromes may reflect functional disruption of parietal areas. Directional or bilateral alternating peripheral sensory stimulation appear to assist in the amelioration of a wide range of clinical conditions, including the neglect syndrome and Posttraumatic Stress Disorder. It is posited that the stimulation may exert its effect through activation of parietal higher-order functions. The activation may result in an integration of sensory information and an updating of the current representation of person and space, which incorporates an awareness of current body reality, sense of self, and world view. It is hypothesized that the EMDR procedure is ideally constructed to facilitate parietal activation through multimodal sensory stimulation, attention and episodic memory retrieval and focus on internal and external body, space, and self. Further investigations and an integration of data between disciplines are suggested, in order to expand our range of effective treatments.



Richardson, P., Williams, S. R., Hepenstall, S., Gregory, L., McKie, S., & Corrigan, F. (2009). A single-case fmri study EMDR treatment of a patient with posttraumatic stress disorder. *Journal of EMDR Practice and Research*, 3, 10-23.

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ABSTRACT This study assessed the effects of a session of eye movement desensitization and reprocessing (EMDR) with auditory alternating bilateral stimulation (ABS) using functional magnetic resonance imaging (fMRI) of brain activations. A case study was conducted with a female participant who was suffering from posttraumatic stress disorder following a severe assault. The fMRI scan began with safe-place imagery, for purposes of comparison, and then attention to the trauma memory without ABS. After this, ABS was provided as she began using EMDR procedures to process the traumatic memory. At postsession, the traumatic memory showed robust and significant changes on self-report measures. The initiation of the EMDR protocol with provision of ABS was associated with a marked change in brain activation within the prefrontal cortex demonstrating a ventromedial shift. The authors argue that the structure of the EMDR protocol encourages such a ventromedial activation, which is then intensified by ABS to overcome the block to information processing that has been preventing natural healing from occurring spontaneously.



Russell, M. C., & Friedberg, F. (2009). Training, treatment access, and research on trauma intervention in the armed services. *Journal of EMDR Practice and Research*, 3, 24-31.

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ABSTRACT Since 2001, the wars in Iraq and Afghanistan have caused considerable strain on military medicine to effectively manage the growing mental health demand from deployed personnel. This article examines the ability of the U.S. Department of Defense to provide quality mental health services based on the availability of (a) clinical training, (b) mental health interventions, and (c) funded research of treatments for posttraumatic stress disorder. While notable progress has been made in cognitive-behavioral treatment access and research, eye movement desensitization and reprocessing is far less available—perhaps attributable to ongoing controversy over the technique. We suggest that underserved veterans would benefit from increased availability of evidence-based behavioral treatments, perhaps through continuation of a recent regional training program.



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