

# THE RESEARCH CORNER

ANDREW M. LEEDS, PH.D.

This quarter 31 new peer reviewed journal articles appeared which are directly relevant to EMDR trained clinicians. Of these, four stood out as warranting additional attention in "The Research Corner".

## Tapia, Perez-Dandieu, Lenoir, Othily, Gray and Delile, (2018) – EMDR treatment of substance abuse and PTSD

There have been relatively few studies of EMDR treatment of substance use disorders. (See the review in Markus and Hornsveld, 2017 as well as the recent study by Carletto, et al., 2018). It is therefore intriguing to read the case series report from Tapia et al., which examined a 15 patient case series conducted by a single clinician. Measures included the Addiction Severity Index-Lite, the Obsessive Compulsive Drinking Scale, the Marijuana Craving Questionnaire, the PTSD Checklist Specific, Young Schema Questionnaire and the Beck Depression Inventory. The treatment plan began with Phase A, which included continuing "treatment as usual" (TAU) plus eight weeks of schema therapy (Young, et al., 2003) plus EMDR treatment of trauma memories. This was followed by Phase B with an additional eight weeks of treatment focusing on EMDR treatment of patients' addiction memories based on the earlier randomized controlled trial of Hase, et al, (2008). The findings showed reduced PTSD symptoms and a reduced number of early maladaptive schemas. The findings in phase B were a statistically significant decrease for addiction severity and depressive symptoms. Follow up data were obtained after one year from eight of the 15 patients. While the group size was small, their data show treatment effects were stable.

Since there were no control groups and no counterbalanced group (in which the addiction memories would be treated first and the PTSD memories treated second), these results still do not provide essential

data on either 1) how effective the treatments are in comparison to TAU or another specific PTSD or SUD treatment 2) nor do they provide clinicians with guidance on optimal treatment order. It is hoped that these limitations will be addressed in future research designs.

## Gil-Jardiné, et al. (2018) – Preventing post concussive like symptoms and PTSD

I had the good fortune to attend the research presentation by Juliane Tortes Saint Jammes Saturday, June 30, 2018, during the 19th EMDR Europe Conference in Strasbourg and then to obtain a copy of their recently published article on "Emergency room intervention to prevent post concussion-like symptoms and post-traumatic stress disorder." For me, this was one of the most compelling of several wonderful scientific presentations at the conference. In their initial investigation (Lagarde, et al., 2014) they confirmed other studies which showed emergency room visits can produce post concussion-like symptoms (PCLS) in those without head trauma. Presumably this is due to the stresses of needing to be admitted to the emergency department for either injuries or acute illness. They identified specific risk factors for emergency room patients most likely to develop PCLS or PTSD.

In their current report they randomly assigned 130 out of 933 emergency room patients who met these risk factors to one of three groups, TAU, Reassurance, or the EMDR recent traumatic episode protocol (R-TEP: Shapiro & Laub, 2013). Their findings at three months follow up were quite significant. "In the control, reassurance and EMDR groups, the proportions of patients with PCLS were 65%, 37% and 18% and the proportions of patients with PTSD were 19%, 16% and 3% respectively." Realizing the potential level of reduction in suffering and cost to the national health care sys-

tem, the French Ministry of Health has already expressed strong interest in developing a pilot project at one or more French hospitals to fund the R-TEP intervention as the standard of care for patients who have been treated in the emergency room.

## Deisenhofer, et al., 2018 – Developing individualized trauma treatment

Given that Trauma-focused cognitive behavioral therapy (Tf-CBT) and EMDR therapy have been shown to be equally effective on aggregate, and that individuals vary greatly in which of these methods turns out to be most helpful to them, an unaddressed question has been how to develop individualized treatment recommendations. Deisenhofer, et al. set out to construct a personalized advantage index (PAI) by examining data from treatment of 317 patients with the goal of developing a system for treatment recommendation in the future. Due to the dramatically greater number of Tf-CBT clinicians available in the local English national health service (43) compared to EMDR trained clinicians (4), most patients requested and received Tf-CBT.

"Variables predicting differential treatment response were identified using an automated variable selection approach (genetic algorithm) and afterwards included in regression models, allowing the calculation of each patient's PAI." "Age, employment status, gender, and functional impairment were identified as relevant variables for Tf-CBT. For EMDR, baseline depressive symptoms as well as prescribed antidepressant medication were selected as predictor variables." The authors concluded that "our results show that with a machine learning based approach for treatment selection, better outcomes can be achieved than with a selection based on patient preferences."

# THE RESEARCH CORNER (CONT.)

The study was based on a highly limited set of testing data that overly relied on the PHQ-9. The authors acknowledge that “Consequently, our results may not generalize to PTSD symptoms assessed with disorder-specific measures.” In spite of these and other design limitations, this paper is noteworthy as being the first attempt to develop trauma specific treatment assignment recommendations.

## Butler, et al. (2018) – Reversing hippocampal atrophy

After presenting workshop participants information about the damaging effects of trauma on specific brain systems (e.g. reduced hippocampal volume), a common question is “Can these damaging effects of trauma be reversed with treatment?” Butler, et al. set out to answer this question in a pilot study by offering German soldiers with combat related PTSD two-120 minute EMDR therapy sessions a week for six weeks. A similar group was placed on a waiting list for six weeks. Both groups also received psychoeducation group sessions (250 min per week), occupational therapy (100 min per day), relaxation therapy (50 min per day), and physiotherapy (100 min per week). All subjects were scanned with structural MRI at baseline and after 6 weeks.

“The increase in hippocampal volume from assessment 1 to assessment 2 in the therapy group was significant ( $t(5) = -2.11$ ,  $p = .045$ , one-tailed), while the decrease in the control group was not ( $t(8) = 1.39$ ,  $p = .102$ , one-tailed).” The authors conclude that “This study provides initial evidence for increases in gray matter volume in the hippocampus in response to therapy for combat-related PTSD.”

### References:

Butler, O., Willmund, G., Gleich, T., Gallinat, J., Kühn, S., & Zimmermann, P. (2018). Hippocampal gray matter increases following multimodal psychological treatment for

combat-related post-traumatic stress disorder. *Brain Behav*, 8(5), e00956.

Carletto, S., Oliva, F., Barnato, M., Antonelli, T., Cardia, A., Mazzaferro, P., . . . Pagani, M. (2018). EMDR as add-on treatment for psychiatric and traumatic symptoms in patients with substance use disorder. *Frontiers in Psychiatry*, 8(2333), 1-8. doi:10.3389/fpsyg.2017.02333

Deisenhofer, A. K., Delgadillo, J., Rubel, J. A., Böhnke, J. R., Zimmermann, D., Schwartz, B. et al. (2018). Individual treatment selection for patients with posttraumatic stress disorder. *Depress Anxiety*.

Gil-Jardiné, C., Evrard, G., Al Joboory, S., Tortes Saint Jammes, J., Masson, F., Ribéreau-Gayon, R. et al. (2018). Emergency room intervention to prevent post concussion-like symptoms and post-traumatic stress disorder. A pilot randomized controlled study of a brief eye movement desensitization and reprocessing intervention versus reassurance or usual care. *J Psychiatr Res*, 103, 229-236.

Hase, M., Schallmayer, S., & Sack, M. (2008). EMDR reprocessing of the addiction memory: Pretreatment, posttreatment, and 1-month follow-up. *Journal of EMDR Practice and Research*, 2(3), 170-179. doi:10.1891/1933-3196.2.3.170

Lagarde, E., Salmi, L.-R., Holm, L.W., Contrand, B., Masson, F., Ribéreau-Gayon, R., Laborey, M., Cassidy, J.D., 2014. Association of symptoms following mild traumatic brain injury with posttraumatic stress disorder vs. postconcussion syndrome. *JAMA Psychiatry* 71, 1032-1040. <https://doi.org/10.1001/jamapsychiatry.2014.666>.

Markus, W., & Hornsveld, H. K. (2017). EMDR interventions in addiction. *Journal of EMDR Practice and Research*, 11(1), 3-29. doi:10.1891/1933-3196.11.1.3

Shapiro, E., & Laub, B. (2013). The recent traumatic episode protocol (R-TEP): an integrative protocol for EMDR Early Intervention (EEI). In: *Implementing EMDR Early Mental Health Interventions for Man-made and Natural Disasters: Models, Scripted Protocols and Summary Sheets*. Springer Publishing Company, New York.

Tapia, G., Perez-Dandieu, B., Lenoir, H., Othily, E., Gray, M., & Delile, J.-M. (2018). Treating addiction with schema therapy and EMDR in women with co-occurring SUD and PTSD: A pilot study. *Journal of Substance Use*, 23(2), 199-205.

Young, J. E., Klosko, J., & Weishaar, M. E. (2003). *Schema therapy: A practitioner's guide*. New York: Guilford Press.

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# RECENT ARTICLES ON EMDR

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 therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: [aleeds@theLeeds.net](mailto:aleeds@theLeeds.net).

Note: a comprehensive database of all EMDR therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: <http://emdria.omeka.net/>

Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://www.emdria.org/?page=43>

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Bedeschi, L. (2018). EMDR for Bipolar Disorder: A systematic review of the existing literature. *Clinical Neuropsychiatry*, 15(3), 222-225.

Open access: [http://www.clinicalneuropsychiatry.org/pdf/06\\_Paper\\_Clinical-18-3.pdf](http://www.clinicalneuropsychiatry.org/pdf/06_Paper_Clinical-18-3.pdf)

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## ABSTRACT

**Objective:** Bipolar disorder, also known as manic-depressive illness, is a mental disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks. Up to 60% of

patient with bipolar disorder (BD) present a history of traumatic events which is associated with greater episode severity, higher risk of comorbidity and higher relapse rates. Growing evidence suggests that incidences of childhood trauma are quite frequent in bipolar disorder and probably affect the clinical expression of the disease. The relationships between childhood trauma and bipolar disorder suggest several interpretations, mainly a causal link, a neurodevelopmental consequence, or the intergenerational transmission of traumatic experiences. It is not surprising to diagnose in comorbidity with BD, also PTSD for which the EMDR has been elected among the more appropriate treatment by the WHO (World Health Or-

ganization 2013). The purpose of this work is to examine the existing literature about Bipolar Disorder and EMDR treatment, and to point out its strengths and limits for a further and more efficient application of the EMDR on this severe disease.

**Method:** a literature search was undertaken using all the available resources, on the web (PubMed) and on the Journals that treated such topic, including contacting directly the authors of the studies and the Francine Shapiro library.

**Results:** Due to the few materials available, it has been not possible to do a meta-analysis. The review is based on all the available sources (four articles) and study results.

# RECENT ARTICLES ON EMDR (CONT.)

Conclusions: although the available studies regarding EMDR application on bipolar disorders are at the moment really few, the outcome of each presented study seem to agree about some points: EMDR seems to be a promising treatment in terms of related trauma affective symptoms, and in terms of relapse prevention; EMDR, in fact, seems to elicit some positive effects in bipolar patients, including the treatment compliance and the disease awareness, so relevant in the therapeutic process of this psychopathological condition.

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Brand, R. M., McEnery, C., Rossell, S., Bendall, S., & Thomas, N. (2018). Do trauma-focused psychological interventions have an effect on psychotic symptoms? A systematic review and meta-analysis. *Schizophr Res*, 195, 13-22.

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## ABSTRACT

There is growing recognition of the relationship between trauma, posttraumatic stress disorder (PTSD) and psychosis. There may be overlaps in causal mechanisms involved in the development of PTSD and psychosis following traumatic or adverse events. Trauma-focused treatments found to be effective in treating PTSD may therefore represent a new direction in the psychological treatment of psychosis. This systematic review examined the literature on trauma-focused treatments conducted with people with schizophrenia spectrum or psychotic disorders to determine effects on psychotic symptoms. Secondary outcomes were symptoms of PTSD, depression and anxiety. Twenty-five studies were included in the review, with 12 being included in the meta-analysis. Trauma-focused treatments had a small, significant effect ( $g=0.31$ , CI [0.55, 0.06]) on positive

symptoms immediately post-treatment, but the significance and magnitude of this effect was not maintained at follow-up ( $g=0.18$ , CI [0.42, -0.06]). Trauma-focused treatments also had a small effect on delusions at both post-treatment ( $g=0.37$ , CI [0.87, -0.12]) and follow-up ( $g=0.38$ , CI [0.67, 0.10]), but this only reached significance at follow-up. Effects on hallucinations and negative symptoms were small and non-significant. Effects on PTSD symptoms were also small (post-treatment  $g=0.21$ , CI [0.70, -0.27], follow up  $g=0.31$ , CI [0.62, 0.00]) and only met significance at follow-up. No significant effects were found on symptoms of depression and anxiety. Results show promising effects of trauma-focused treatments for the positive symptoms of psychosis, however further studies developing and evaluating trauma-focused treatments for trauma-related psychotic symptoms are needed.

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Butler, O., Willmund, G., Gleich, T., Gallinat, J., Kühn, S., & Zimmermann, P. (2018). Hippocampal gray matter increases following multimodal psychological treatment for combat-related post-traumatic stress disorder. *Brain Behav*, 8(5), e00956.

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## ABSTRACT

Introduction: Smaller hippocampal volumes are one of the most consistent findings in neuroimaging studies of post-traumatic stress disorder (PTSD). However, very few prospective studies have assessed changes in hippocampal gray matter prior to and following therapy for PTSD, and no neuroimaging studies to date have longitudinally assessed military populations.

Methods: A pilot study was conducted, assessing patients with combat-related

PTSD with structural MRI. Participants were then assigned either to a treatment group or waiting-list control group. After the treatment group received multimodal psychological therapy for approximately 6 weeks, both groups completed a second neuroimaging assessment.

Results: Region-of-interest analysis was used to measure gray matter volume in the hippocampus and amygdala. There was a group by time interaction; the therapy group ( $n = 6$ ) showed a significant increase in hippocampal volume and a nonsignificant trend toward an increase in amygdala volume following therapy, while no change was observed in the waiting-list group ( $n = 9$ ).

Conclusions: This study provides initial evidence for increases in gray matter volume in the hippocampus in response to therapy for combat-related PTSD.

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Calancie, O. G., Khalid-Khan, S., Booij, L., & Munoz, D. P. (2018). Eye movement desensitization and reprocessing as a treatment for PTSD: current neurobiological theories and a new hypothesis. *Ann N Y Acad Sci*.

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## ABSTRACT

Eye movement desensitization and reprocessing (EMDR), a form of psychotherapy for individuals with post-traumatic stress disorder (PTSD), has long been a controversial topic, hampered in part by a lack of understanding of the neural mechanisms that contribute to its remedial effect. Here, we review current theories describing EMDR's potential neurobiological mechanisms of action involving working memory,

# RECENT ARTICLES ON EMDR (CONT.)

interhemispheric communication, de-arousal, and memory reconsolidation. We then discuss recent studies describing the temporal and spatial aspects of smooth pursuit and predictive saccades, which resemble those made during EMDR, and their neural correlates within the default mode network (DMN) and cerebellum. We hypothesize that if the production of bilateral predictive eye movements is supportive of DMN and cerebellum activation, then therapies that shift the brain towards this state correspondingly would benefit the processes regulated by these structures (i.e., memory retrieval, relaxation, and associative learning), all of which are essential components for PTSD recovery. We propose that the timing of sensory stimulation may be relevant to treatment effect and could be adapted across different patients depending on their baseline saccade metrics. Empirical data in support of this model are reviewed and experimental predictions are discussed.

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Chen, R., Gillespie, A., Zhao, Y., Xi, Y., Ren, Y., & McLean, L. (2018). The Efficacy of Eye Movement Desensitization and Reprocessing in Children and Adults Who Have Experienced Complex Childhood Trauma: A Systematic Review of Randomized Controlled Trials. *Front Psychol*, 9, 534.

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00534/full>

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## ABSTRACT

Background: Survivors of complex childhood trauma (CT) such as sexual abuse show poorer outcomes compared to single event trauma survivors. A growing number of studies investigate Eye Movement Desensitization and Reprocessing (EMDR) treatment for posttraumatic stress disorder (PTSD), but no systematic reviews have focused on EMDR treatment for CT as an intervention for both adults and chil-

dren. This study therefore systematically reviewed all randomized controlled trials (RCTs) evaluating the effect of EMDR on PTSD symptoms in adults and children exposed to CT.

Methods: Databases including PubMed, Web of Science, and PsycINFO were searched in October 2017. Randomized controlled trials which recruited adult and children with experience of CT, which compared EMDR to alternative treatments or control conditions, and which measured PTSD symptoms were included. Study methodology quality was evaluated with Platinum Standard scale.

Results: Six eligible RCTs of 251 participants were included in this systematic review. The results indicated that EMDR was associated with reductions in PTSD symptoms, depression and/or anxiety both post-treatment and at follow-up compared with all other alternative therapies (cognitive behavior therapy, individual/group therapy and fluoxetine) and control treatment (pill placebo, active listening, EMDR delayed treatment, and treatment as usual). However, studies suffered from significant heterogeneity in study populations, length of EMDR treatment, length of follow-up, comparison groups, and outcome measures. One study had a high risk of bias.

Discussion: This systematic review suggests that there is growing evidence to support the clinical efficacy of EMDR in treating CT in both children and adults. However, conclusions are limited by the small number of heterogenous trials. Further RCTs with standardized methodologies, as well as studies addressing real world challenges in treating CT are required.

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Faretta, E. (2018). EMDR in psychoncology. *Clinical Neuropsychiatry*, 15(3), 206-221. Open access: [http://www.clinicalneuropsychiatry.org/pdf/05\\_Paper\\_Clinical-18-3.pdf](http://www.clinicalneuropsychiatry.org/pdf/05_Paper_Clinical-18-3.pdf)

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## ABSTRACT

Objective: the article describes the state of the research on psychoncology with a focus on EMDR approach to this area of expertise.

Method: Qualitative analysis of the existing literature.

Results: Epidemiological data, together with ACEs studies, and the research on the psychological effects of cancer highlight the relevance of a supportive and/or therapeutic intervention for oncological patients. The field of psychoncology is defined as understanding and treating the traumatic effects of the oncological disease, whose symptomatology can be consistent with a diagnosis of clinical, or subclinical, PTSD. Evidence-based psychotherapies for oncological patients are CBT and EMDR. Four experimental studies on EMDR in psychoncology (Faretta 2013, Capezzani et al. 2013, Jarero et al. 2015, Faretta et al. 2016) support the aptness of AIP model in the conceptualization of cancer as a highly specific, traumatic event.

Conclusions: The review of the existing literature points out the efficacy of trauma-focused treatments in psychoncology and suggests crucial preliminary cues on EMDR application, even though further researches are needed to validate these results.

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Farrell, D. (2018). EMDR Therapy in the Treatment of a Hillsborough Survivor with Post-Traumatic Stress Disorder. *Journal of Personal Injury Law*, 2(2), 146-158.

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## ABSTRACT

On 26 April 2017, the Hillsborough Inquiry

# RECENT ARTICLES ON EMDR (CONT.)

concluded that 96 Liverpool fans were unlawfully killed and that police and emergency services were negligent. The Hillsborough Disaster on 15 April 1989, remains the most serious tragedy to date in UK sporting history. Its legacy is that thousands of survivors experienced physical injury and/or long-term psychological trauma and harm. Many survivors encounter Post-Traumatic Stress Disorder ("PTSD"), a significant mental health issue that has a pervasive impact in levels of functioning and generates high levels of distress. This paper will explore the key features of PTSD, its neurobiological underpinnings and consider safe, effective, efficient and empirically validated psychological treatment interventions. One evidence-based treatment intervention, EMDR Therapy, will be outlined demonstrating the core elements of the psychotherapeutic approach, mechanisms of action and its subsequent application with a Hillsborough survivor who sought psychological treatment for the first time, 26 years after the disaster. Furthermore, the paper will provide a context as to why personal injury lawyers need to be conversant with psychological trauma, PTSD, core symptoms, maintenance factors and possible treatment interventions.

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Gil-Jardiné, C., Evrard, G., Al Joboory, S., Tortes Saint Jammes, J., Masson, F., Ribéreau-Gayon, R. et al. (2018). Emergency room intervention to prevent post concussion-like symptoms and post-traumatic stress disorder. A pilot randomized controlled study of a brief eye movement desensitization and reprocessing intervention versus reassurance or usual care. *J Psychiatr Res*, 103, 229-236. doi:10.1016/j.jpsychires.2018.05.024

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## ABSTRACT

Up to 20% of patients presenting at an emergency room (ER) after a stressful event will for several months suffer from very diverse long-lasting symptoms and a potentially significant decline in quality of life, often described as post concussion-like symptoms (PCLS). The objectives of our randomized open-label single-center study were to assess the feasibility of psychologist-led interventions in the context of the ER and to compare the effect of eye movement desensitization and reprocessing (EMDR) with reassurance and usual care. Conducted in the ER of Bordeaux University Hospital, the study included patients with a high risk of PCLS randomized in three groups: a 15-min reassurance session, a 60-min session of EMDR, and usual care. Main outcomes were the proportion of interventions that could be carried out and the prevalence of PCLS and post-traumatic stress disorder (PTSD) three months after the ER visit. One hundred and thirty patients with a high risk of PCLS were randomized. No logistic problem or patient refusal was observed. In the EMDR, reassurance and control groups, proportions of patients with PCLS at three months were 18%, 37% and 65% and those with PTSD were 3%, 16% and 19% respectively. The risk ratio for PCLS adjusted for the type of event (injury, non-injury) for the comparison between EMDR and control was 0.36 [95% CI 0.20-0.66]. This is the first randomized controlled trial that shows that a short EMDR intervention is feasible and potentially effective in the context of the ER. The study was registered at ClinicalTrials.gov (NCT03194386).

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Houben, S. T. L., Otgaar, H., Roelofs, J., & Merckelbach, H. (2018). Lateral Eye Movements Increase False Memory Rates. *Clinical Psychological Science*, 216770261875765. doi:10.1177/2167702618757658

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## ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is a popular treatment for posttraumatic stress disorder. However, little is known about the memory effects of EMDR. Using a misinformation paradigm, we examined whether lateral eye movements, as used in EMDR, enhance susceptibility to false memories. Undergraduates (N = 82) saw a video depicting a car crash. Subsequently, participants either performed eye movements or held their eyes stationary. Afterward, all participants received misinformation in the form of an eyewitness narrative. The results indicate that eye movement participants were less accurate and were more susceptible to the misinformation effect than controls. Our finding suggests EMDR may have risky drawbacks in an eyewitness context and therefore urgently needs follow-up research.

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Kratzer, L., Heinz, P., Schennach, R., Schiepek, G. K., Padberg, F., & Jobst, A. (2018). [Inpatient Treatment of Complex PTSD Following Childhood Abuse: Effectiveness and Predictors of Treatment Outcome]. *Stationäre Therapie der komplexen PTBS in Folge körperlicher oder sexualisierter Gewalt in der Kindheit: Wirksamkeit und Prädiktoren des Behandlungsverlaufs*. *Psychother Psychosom Med Psychol*.

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## ABSTRACT

**BACKGROUND:** There is a lack of studies investigating the effectiveness of inpatient trauma-focused psychotherapy of complex post-traumatic stress disorder. The first aim of this retrospective investigation was

# RECENT ARTICLES ON EMDR (CONT.)

to analyze the course of PTSD. Second, possible predictors of treatment response were investigated.

**METHODS:** 150 inpatients of Clinic St. Irmgard with complex PTSD following childhood physical and childhood sexual abuse were assessed regarding childhood abuse, PTSD symptomatology, mindfulness, dissociation and general psychopathology. Differences in pre and post scores were analyzed using regression analyses. A classification tree was used to identify predictors of response.

**RESULTS:** The significant reduction of PTSD symptoms corresponded to a large effect ( $d=1.8$ ) and a reponse rate of 52% according to the reliable change index ( $p<0.05$ ). Effect sizes for other symptoms were medium to large ( $0.5<d<1.1$ ) and both drop-outs (7%) and worsenings (4%)

were scarce. Somatoform symptoms, complex dissociative disorders and mindfulness deficits were identified as negative predictors of reliable change.

**CONCLUSIONS:** Trauma-focused inpatient treatment is safe and effective for patients with complex PTSD under naturalistic conditions. Yet, despite significant improvements there is a high rate of nonresponse. Future studies should further investigate the negative predictors of treatment outcome we identified. Possible ways to reduce nonresponse are discussed.

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Mosquera, D. (2018). Treating personality disorders with EMDR therapy. *Clinical Neuropsychiatry*, 15(3), 187-193.

Open access: [http://www.clinicalneu-](http://www.clinicalneuropsychiatry.org/pdf/03_Paper_Clinical-18-3.pdf)

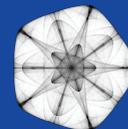
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## ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) Therapy has been shown to be an effective, efficient, and well-tolerated treatment for posttraumatic stress disorder (PTSD) and useful for both adult and childhood onset PTSD. Since there is ample evidence of the contributions of early, chronic, severe interpersonal trauma, early attachment disturbances and negative life experiences in the development of Personality Disorders (PD), the indications for EMDR treatment of individuals with personality dis-

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# RECENT ARTICLES ON EMDR (CONT.)

orders seem clear. This article focuses on understanding the relevance of adaptive information in individuals with personality disorders. Specific adaptations for borderline, narcissistic and antisocial presentations during the different phases of EMDR will also be addressed.

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Nijdam, M. J., Martens, I. J. M., Reitsma, J. B., Gersons, B. P. R., & Olff, M. (2018). Neurocognitive functioning over the course of trauma-focused psychotherapy for PTSD: Changes in verbal memory and executive functioning. *Br J Clin Psychol*.

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## ABSTRACT

**OBJECTIVES:** Individuals with post-traumatic stress disorder (PTSD) have neurocognitive deficits in verbal memory and executive functioning. In this study, we examined whether memory and executive functioning changed over the course of treatment and which clinical variables were associated with change.

**DESIGN:** Neuropsychological assessments were administered at baseline and endpoint of a randomized controlled trial as secondary outcome.

**METHODS:** Trauma survivors ( $n = 88$ ) diagnosed with PTSD received trauma-focused psychotherapy within a 17-week randomized controlled trial. Neuropsychological tests were the California Verbal Learning Test, Rivermead Behavioural Memory Test, Stroop Color Word Test, and Trail Making Test.

**RESULTS:** Significant, small- to medium-sized improvements in verbal memory, information processing speed, and executive functioning were found after trauma-

focused psychotherapy (Cohen's  $d$  0.16-0.68). Greater PTSD symptom decrease was significantly related to better post-treatment neurocognitive performance (all  $p < .005$ ). Patients with comorbid depression improved more than patients with PTSD alone on interference tasks ( $p < .01$ ). No differences emerged between treatment conditions and between patients on serotonergic antidepressants and those who were not.

**CONCLUSIONS:** This study suggests that neurocognitive deficits in PTSD can improve over the course of trauma-focused psychotherapy and are therefore at least partly reversible. Improvements over treatment are in line with previous neuropsychological and neuroimaging studies and effect sizes exceed those of practice effects. Future research should determine whether these changes translate into improved functioning in the daily lives of the patients.

**PRACTITIONER POINTS:** Patients with PTSD have difficulties performing verbal memory tasks (e.g., remembering a grocery list, recall of a story) and executive functioning tasks (e.g., shifting attention between two tasks, ignoring irrelevant information to complete a task). Verbal memory, information processing speed, and executive functioning significantly improved in patients with post-traumatic stress disorder over the course of trauma-focused psychotherapy. Improvements were equal in size for two different trauma-focused psychotherapies (Eye movement desensitization and reprocessing therapy and brief eclectic psychotherapy for PTSD). Medium-sized effects were found for recall of a story, whereas effects in other aspects of verbal memory, information processing speed, and executive functioning were small-sized. No causal attributions can be made because we could not include a control group without treatment for ethical reasons. Findings may be more reflective of patients who completed treatment than

patients who prematurely dropped out as completers were overrepresented in our sample.

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Pagani, M., Castelnovo, G., Daverio, A., La Porta, P., Monaco, L., Ferrentino, F. et al. (2018). Metabolic and Electrophysiological Changes Associated to Clinical Improvement in Two Severely Traumatized Subjects Treated With EMDR-A Pilot Study. *Front Psychol*, 9, 475.

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00475/full>

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## ABSTRACT

Neuroimaging represents a powerful tool to investigate the neurobiological correlates of Eye Movements Desensitization and Reprocessing (EMDR). The impact of EMDR on cortical and sub-cortical brain regions has been proven by several investigations demonstrating a clear association between symptoms disappearance and changes in cortical structure and functionality. The aim of this study was to assess by electroencephalography (EEG) and for the first time by positron emission tomography (PET) the changes occurring after EMDR therapy in two cases of psychological trauma following brain concussion and comatose state due to traffic accident. A 28 and a 29 years old men underwent extensive neuropsychological examination, which investigated: (i) categorical and phonological verbal fluency; (ii) episodic verbal memory; (iii) executive functions; (iv) visuospatial abilities; (v) attention and working memory as well as clinical assessment by means of psychopathological tests (CAPS, IES, BDI, SCL90R, and DES). They were then treated by eight sessions of EMDR. During the first session EEG monitoring was continuously performed and  $^{18}F$ -FDG PET scans, depicting brain metabolism, were acquired

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at rest within a week (T0). After the last session, in which the two clients were considered to be symptoms-free, neuropsychological, clinical, and PET assessment were repeated (T1). PET data were semi-quantitatively compared to a group of 18 normal controls, as for EEG the preferential cortical activations were disclosed by thresholding the individual z-score to a  $p < 0.05$ . There was a significant improvement in clinical condition for both clients associated with a significant decrease in CAPS scores. IES and BDI were found to be pathological at T0 and improved at T1 in only one subject. Visuo-constructive abilities and abstract reasoning improved after EMDR in both subjects. As for EEG, the most striking changes occurred in fronto-temporal-parietal cortex in subject 1 while subject 2 showed only minor changes. PET showed more pronounced metabolism in orbito-frontal and prefrontal cortex at T1 as compared to T0 in both subjects. In conclusion both clients had a clear clinical improvement in PTSD symptoms associated with metabolic and electrophysiological changes in limbic and associative cortex, respectively, highlighting the value of EMDR also in such extreme pathological conditions.

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Passoni, S., Curinga, T., Toraldo, A., Berlinger, M., Fernandez, I., & Bottini, G. (2018). Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) Applied to Caregivers of Patients With Dementia. *Front Psychol*, 9, 967.

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00967/full>

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## ABSTRACT

Caregivers of patients with dementia ex-

perience high levels of stress and burden, with effects comparable to those of a traumatic event. Eye Movement Desensitization and Reprocessing (EMDR) appear to be effective in recovering post-traumatic stress disorder (PTSD). We aimed at investigating the effectiveness of the Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) on the "caregiver syndrome". Forty-four primary caregivers entered the study. They were randomly assigned to either the "immediate" branch, who received the treatment soon after recruitment, or to the "delayed" branch, who received it two months after recruitment. The treatment consisted of eight group sessions (one per week) spanning over two months. Emotional distress was measured before the treatment, immediately after the end of it, and two months later (follow-up), by means of several clinical scales (Impact of Event Scale-Revised, IES-R; Caregiver Needs Assessment, CNA; Caregiver Burden Inventory, CBI; Anxiety and Depression Scale-Reduced Form, AD-R). The "immediate" branch improved significantly more than the "delayed" (control) branch on The Impact of Event Scale-Revised, the Anxiety, and the Depression scales; however, after treatment such an improvement was maintained only in the first scale. The "delayed" branch took less advantage of the treatment, showing significant reduction only on the Depression scale, an effect which disappeared at follow-up. These preliminary results show for the first time that EMDR-IGTP reduces stress-related symptoms, anxiety, and depression in caregivers of patients with dementia. Interestingly, caregivers who were inserted in a waiting list after recruitment showed smaller treatment effects. Larger samples are needed to better interpret such differential clinical profiles.

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Shapiro, E., Laub, B., & Rosenblat, O. (2018). EMDR Early Intervention following intense rocket attacks on a town: A ran-

domised clinical trial. *Clinical Neuropsychiatry*, 15(3), 194-205.

Open access:

[http://www.clinicalneuropsychiatry.org/pdf/04\\_Paper\\_Clinical-18-3.pdf](http://www.clinicalneuropsychiatry.org/pdf/04_Paper_Clinical-18-3.pdf)

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## ABSTRACT

**Objective:** The aim of the study is to investigate the efficacy of EMDR R-TEP interventions with residents suffering from post-traumatic symptoms.

**Method:** The study employed a waitlist/delayed treatment control group design and participants were randomly allocated to either immediate or waitlist/delayed treatment conditions. The measures used included the PCL-5 posttrauma checklist for DSM-5; the PHQ-9 depression scale; the Subjective Unit of Disturbance (SUD) scale and the Brief Resilience Coping Scale (BRCS). The clinical staff of the Resilience Center (HOSEN) offered EMDR therapy treatment using the Recent Traumatic Episode Protocol (R-TEP) for 25 trauma-stricken residents referred to their center. The study began within three months after the 2014 round of hostilities. Three 90 minute sessions were given first to the intervention group and a month later to the delayed treatment control group. The follow-up measures were taken six months later.

**Results:** The immediate treatment group had significantly improved scores on post-trauma and depression measures compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. There were significant interactions between group and time for PCL-5, PHQ-9 and SUD. Post hoc testing of the interaction revealed that within group A, participants exhibited a significant decrease in PCL-5, PHQ-9 and SUD scores (one-tailed  $p$ :  $<0.001$ ,  $0.006$ ,  $0.03$ ). The results in resilience scores over time showed an increasing trend in group A

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that failed to reach significance. Repeated measures analysis of group B revealed a borderline statistically significant difference in resilience scores over time.

**Conclusions:** This study provides further evidence, supporting the efficacy of EMDR Early Intervention for reducing post-traumatic stress and depression symptoms among civilian victims of hostility. The evidence for resilience was indecisive and requires further research.

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Solomon, R. M. (2018). EMDR Treatment of Grief and Mourning. *Clinical Neuropsychiatry*, 15(3), 173-186.

Open access:

[http://www.clinicalneuropsychiatry.org/pdf/02\\_Paper\\_Clinical-18-3.pdf](http://www.clinicalneuropsychiatry.org/pdf/02_Paper_Clinical-18-3.pdf)

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## ABSTRACT

**Objective:** To discuss how Eye Movement Desensitization and Reprocessing (EMDR) therapy can be utilized in the treatment of grief and mourning.

**Method:** Several frameworks of grief and mourning that can inform EMDR therapy are discussed. Rando's "R" processes provides a framework for understanding the psychological processes necessary for the assimilation and accommodation of loss. Attachment theory provides a framework for understanding grief and mourning given that loss can trigger the same reactions experienced as a child to loss of an attachment figure. Dual Process theory posits that healthy grief involve the oscillation between coping with emotional aspects of the loss (Loss Orientation) and coping with the daily life tasks (Restoration Orientation). Continuing Bonds theory describes how grief does not resolve from detaching from the deceased loved one,

but rather in developing a new relationship, a continuing bond that endures through one's life.

**Results and Conclusions:** EMDR therapy, utilizing an eight phase, three pronged (past, present, future) approach can be utilized in the treatment of grief and mourning. Different theoretical frameworks inform case conceptualization and selection of memories for EMDR processing to facilitate assimilation and accommodation of the loss.

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Szpringer, M., Oledzka, M., & Amann, B. L. (2018). A Non-randomized Controlled Trial of EMDR on Affective Symptoms in Patients With Glioblastoma Multiforme. *Frontiers in Psychology*, 9.

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00785/full>

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## ABSTRACT

Glioblastoma multiforme (GBM) is a highly aggressive brain cancer and its survival after diagnosis is less than 2 years. Therefore, GBM patients are especially prone to co-occurring psychological conditions such as anxiety and depressive disorders. Furthermore, aggressive medical therapies affect patients' lives, undermining their sense of meaning and coherence. The main aim of this study was to determine the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) therapy on anxiety, depression and sense of coherence in patients with GBM. Thirty-seven GBM- diagnosed women were included in this trial and received standard medical care. Of those, 18 patients were treated during 4 months with 10–12 individual EMDR sessions (60–90 minutes each). Nineteen GBM patients were used as a non-randomized control group as they consented to psychological evaluations but not to a psychotherapeutic inter-

vention. The groups were homogeneous in terms of gender, age, educational level and treatment, but not in anxiety and depressive levels at baseline. All patients were evaluated at baseline, after treatment (4 months) and at follow-up (further 4 months) by the Hospital Anxiety and Depression Scale (HADS-M) and the Sense of Coherence Scale (SOC-29). Caregivers in both groups were interviewed by the Patient Caregiver Questionnaire after 4 months follow-up. Statistical analyses were conducted using ANOVA statistics, correlation and regression analysis. Results showed a statistically significant decrease in the EMDR group in anxiety, depression and anger, when compared to the experimental group. EMDR therapy also had a positive impact upon the sense of coherence level in the experimental group, whereas in the control group this declined. Finally, the caregivers reported beneficial outcomes of the EMDR therapy with less anxiety- and anger-related behaviors in patients in the experimental group compared to the control group. This study is the first to show beneficial effects of EMDR therapy in alleviating affective symptoms and improving coherence in a severe medically ill population with GBM.

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Tapia, G., Perez-Dandieu, B., Lenoir, H., Othily, E., Gray, M., & Delille, J.-M. (2018). Treating addiction with schema therapy and EMDR in women with co-occurring SUD and PTSD: A pilot study. *Journal of Substance Use*, 23(2), 199-205.

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## ABSTRACT

**Background:** This study aimed to examine whether the combined use of schema therapy (ST) and Eye Movement Desensitization and Reprocessing (EMDR) can improve substance use disorder (SUD) outcomes in a sample of women with co-occurring SUD and posttraumatic stress disorder.

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der (PTSD). To our knowledge, no research has examined this question in a SUD-PTSD clinical sample.

**Methods:** We proposed to 15 women with SUD/PTSD comorbidity a two-phase protocol therapy: eight ST sessions associated with EMDR focused on reprocessing traumatic memory (phase A) and eight ST sessions associated with EMDR focused on reprocessing addictive memory (phase B). We evaluated addiction severity, alcohol craving, cannabis craving, PTSD symptoms, early maladaptive schemas (EMS) intensity and depressive symptoms before and after treatment.

**Results:** Findings indicated that eight sessions of ST combined with EMDR focused on traumatic memories (phase A) reduced PTSD symptoms and the number of EMS. Findings on phase B showed a statistically significant decrease for addiction severity and depressive symptoms.

**Conclusions.** This study supports the importance of providing integrative therapies for improving SUD outcomes. Overall, this study indicates that ST plus EMDR is an effective, rapid, thorough and enduring treatment for SUD-PTSD women.

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Trentini, C., Lauriola, M., Giuliani, A., Maslovaric, G., Tambelli, R., Fernandez, I. et al. (2018). Dealing With the Aftermath of Mass Disasters: A Field Study on the Application of EMDR Integrative Group Treatment Protocol With Child Survivors of the 2016 Italy Earthquakes. *Front Psychol*, 9, 862.

Open Access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00862/full>

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## ABSTRACT

This study explored the effects of the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) on child survivors of the

earthquakes that struck Umbria, a region of central Italy, on August 24th and on October 26th 2016. Three hundred and thirty-two children from the town of Norcia and nearby severely disrupted villages received 3 cycles of EMDR-IGTP. The Emotion Thermometers (ET-5) and the Children's Revised Impact of Event Scale (CRIES-13) were administered before (T0) and about 1 week after the conclusion of the third cycle (T3) of EMDR-IGTP. At T3, older children showed a reduction of distress and anger, whereas younger children reported an increase on these domains; moreover, older children reported a greater reduction of anxiety than younger ones. A greater reduction of distress, anxiety, and need for help was evidenced in females, whereas a greater improvement in depressive symptoms was evidenced in males. The effects of the EMDR-IGTP treatment on post-traumatic symptoms were particularly evident in older children, compared to younger ones, and marginally greater in females than in males; moreover, a greater improvement was found in children who had received a timelier intervention, than in those who received delayed treatment. These results provide further evidence for the utility of EMDR-IGTP in dealing with the extensive need for mental health services in mass disaster contexts. Also, these data highlight the importance of providing EMDR-IGTP in the immediate aftermath of a natural disaster, to contribute significantly in restoring adaptive psychological functioning in children, especially in older ones.

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Wilson, G., Farrell, D., Barron, I., Hutchins, J., Whybrow, D., & Kiernan, M. D. (2018). The Use of Eye-Movement Desensitization Reprocessing (EMDR) Therapy in Treating Post-traumatic Stress Disorder-A Systematic Narrative Review. *Front Psychol*, 9, 923.

Open Access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00923/full>

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## ABSTRACT

**Aim:** There is an extensive body of research examining the efficacy of Eye-Movement Desensitization Reprocessing (EMDR) therapy in treatment of Post-traumatic Stress Disorder (PTSD). This systematic narrative review aimed to systematically, and narratively, review robust evidence from Randomized-Controlled Trials examining the efficacy of EMDR therapy.

**Method:** Eight databases were searched to identify studies relevant to the study aim. Two separate systematic searches of published, peer-reviewed evidence were carried out, considering relevant studies published prior to April 2017. After exclusion of all irrelevant, or non-robust, studies, a total of two meta-analyses and four Randomized-Controlled Trials were included for review.

**Results:** Data from meta-analyses and Randomized-Controlled Trials included in this review evidence the efficacy of EMDR therapy as a treatment for PTSD. Specifically, EMDR therapy improved PTSD diagnosis, reduced PTSD symptoms, and reduced other trauma-related symptoms. EMDR therapy was evidenced as being more effective than other trauma treatments, and was shown to be an effective therapy when delivered with different cultures. However, limitations to the current evidence exist, and much current evidence relies on small sample sizes and provides limited follow-up data.

**Conclusions:** This systematic narrative review contributes to the current evidence base, and provides recommendations for practice and future research. This review highlights the need for additional research to further examine the use of EMDR therapy for PTSD in a range of clinical populations and cultural contexts.

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# RECENT ARTICLES ON EMDR (CONT.)

Yurtsever, A., Konuk, E., Akyüz, T., Zaf, Z., Tükel, F., Çetinkaya, M. et al. (2018). An Eye Movement Desensitization and Reprocessing (EMDR) Group Intervention for Syrian Refugees With Post-traumatic Stress Symptoms: Results of a Randomized Controlled Trial. *Front Psychol*, 9, 493.

Open Access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00493/full>

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## ABSTRACT

The number of refugees has increased significantly over the past few years. PTSD and depression are among the most common mental health problems among refugees. Eye Movement Desensitization and Reprocessing (EMDR), an effective treatment for PTSD, is usually administered individually. The availability of mental health resources would be greatly enhanced when EMDR can be delivered to groups. The EMDR G-TEP is a group protocol based on EMDR Early Intervention protocols. There is clinical evidence and one field study published on the effect of EMDR G-TEP and there is only one RCT published on the treatment of PTSD and depression in a refugee camp. The aim of our study was to investigate the efficacy of EMDR G-TEP in treating post-trauma symptoms and depression and preventing the development of chronic PTSD among refugees living in a refugee camp. 47 adult participants with PTSD symptoms were randomly allocated to experimental (n = 18) and control (n = 29) groups. We measured Impact of Event Scale (IES-R), Beck Depression Inventory-II (BDI-II) and International Neuropsychiatric Interview (MINI) at pre-, post- and 4-week follow-up. Analysis of the results showed that the EMDR G-TEP group had significantly lower PTSD and depression symptoms after intervention. The percentage of PTSD diagnosis decreased from 100 to 38.9% in the EMDR G-TEP group and was unchanged in the control group. Follow-

ing the EMDR G-TEP intervention 61.1% of the experimental group no longer had a PTSD diagnosis; this decrease was maintained at 4 weeks follow-up. In the control group the percentage of people who no longer met the diagnostic criteria for PTSD was 10.3% post-test and 6.9% at 4 weeks follow-up. A significant decrease in depression symptoms from pre-test levels was found in EMDR group but not in the control group follow up-test. This study indicated that EMDR G-TEP effectively reduced PTSD symptoms among refugees living in a camp, after two treatment sessions conducted over a period of 3 days. Further studies need to be performed using a larger number of participants, followed for a longer period of time and given more treatment sessions to strengthen our findings.

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Zepeda Méndez, M., Nijdam, M. J., ter Heide, F. J. J., van der Aa, N., & Olff, M. (2018). A five-day inpatient EMDR treatment programme for PTSD: pilot study. *European Journal of Psychotraumatology*, 9(1), 1425575.

Open access: <https://www.tandfonline.com/doi/abs/10.1080/20008198.2018.1425575>

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## ABSTRACT

Background: Trauma-focused psychotherapies for posttraumatic stress disorder (PTSD) have been demonstrated to be efficacious, but also have considerable non-response and dropout rates. Intensive treatment may lead to faster symptom reduction, which may contribute to treatment motivation and thereby to reduction of dropout.

Objective: The aim of the current study was to investigate the feasibility and preliminary effectiveness of an intensive five-day

inpatient treatment with Eye Movement Desensitization and Reprocessing (EMDR) and trauma-informed yoga for patients with PTSD. Method: A non-controlled pilot study with 12 adult patients with PTSD was conducted. At baseline the PTSD diagnosis was assessed with the Clinician-Administered PTSD Scale (CAPS-5) and comorbid disorders with the Mini International Neuropsychiatric Interview (MINI). Primary outcome was self-reported PTSD symptom severity (PTSD Check List for DSM-5; PCL-5) measured at the beginning of day 1 (T1), at the end of day 5 (T2) and at follow-up on day 21 (T3). Reliable change indexes (RCI) and clinically significant changes were calculated.

Results: From T1 to T3, PTSD symptoms significantly improved with a large effect size (Cohen's d = 0.91). Nine of the 11 patients who completed treatment showed reliable changes in terms of self-reported PTSD. At T3, two of the patients no longer met criteria for PTSD as measured with the PCL-5. One patient dropped out after the first day. No serious adverse events occurred.

Conclusions: The majority of patients in our pilot study experienced symptom reduction consistent with reliable changes in this five-day inpatient treatment with EMDR and yoga. Randomized controlled trials – with longer follow up periods – are needed to properly determine efficacy and efficiency of intensive clinical treatments for PTSD compared to regular treatment. This is one of the first studies to show that intensive EMDR treatment is feasible and is indicative of reliable improvement in PTSD symptoms in a very short time frame.