

The Research Corner

ANDREW M. LEEDS, PH.D.

This past quarter 31 peer reviewed journal articles appeared in print relevant to EMDR therapy trained clinicians. In this edition of The Research Corner, we will discuss a handful of these articles.

“How does EMDR therapy work?” is a question frequently posed by colleagues and clients. What are the similarities and differences between the effects and mechanisms of Trauma Focused CBT (TF-CBT) and EMDR therapy? In this edition of The Research Corner we will consider recent reports that touch on aspects of these questions. Then we will review the three latest randomized controlled studies on EMDR therapy for PTSD in adults with intellectual disabilities, for insomnia in patients with rheumatoid arthritis, and for childbirth anxiety in women with a history of stillbirth. Finally, we will look at the first interrater reliability study of an EMDR fidelity rating scale and explore how such scales could be important to the future of EMDR therapy.

What can mice tell us about neural circuits underlying EMDR treatment effects?

Baek, et al. (2019) published an article in the prestigious journal *Nature* that explores the neural circuits involved in fear extinction by using a form of alternating bilateral sensory stimulation (ABS) in mice trained to associate a sound with a mild foot shock. A separate commentary by Holmes (2019) glossed on aspects of this novel research in an accessible format. Since it is not possible to activate a maladaptive memory network in mice through verbal interaction, the previously conditioned sound was used to activate the fear memory.

After fear conditioning, the mice were exposed to the conditioned sound (without the original electric shock)

while simultaneously viewing a set of LEDs that lit up in an alternating left-right sequence. This combination of exposure to the sound and ABS led to a significant and lasting decrease in fear responses greater than exposure to just the sound (without shock or ABS) or to ABS by itself. No data was provided specifically on eye gaze direction in the mice. While it is clear the mice were exposed to ABS with moving lights, we do not know the extent to which they may have engaged in tracking or saccadic eye movements.

The ABS condition led to sustained increases in the activities of the superior colliculus (SC) and mediodorsal thalamus (MD). Baek, et al. explain, “Thus, the effects of ABS may be mediated primarily by enhanced excitatory transmission in the SC-MD pathway.” It appears that the level of activation in the SC-MD pathway predicted the extent of the decrease in fear behavior when the sound was paired with ABS. A central role for this thalamic circuit in the mechanism of EMDR therapy had previously been proposed in 2014 by Ulrich Lanius and Uri Bergmann who suggested bilateral eye movements used in EMDR therapy facilitate a shift in the mode of functioning in the thalamus from burst to tonic mode. This was later discussed in Leeds (2016, pp. 43-45). This latest research in an animal model seems to further validate a possible role for the SC-MD (thalamic mode) pathway in the mechanism of action in EMDR therapy.

What are the similarities and difference in psychological and brain connectivity changes following Trauma-Focused CBT and EMDR Treatment in Single-Episode PTSD Patients?

A variety of studies have explored the effects of TF-CBT and EMDR therapy in

PTSD patients using various neuroimaging techniques. To date no research had directly compared brain changes induced by these two evidence-based approaches. This has now been addressed in a study by Santarnecchi, et al. (2019) with thirty-seven PTSD patients who were enrolled from a larger sample of people exposed to the 2002 earthquake in San Giuliano di Puglia, Italy.

Patients who completed the study included 17 of 19 patients assigned to the EMDR condition and 14 of 18 patients who received TF-CBT. Clinical assessment was done with the Clinician-Administered PTSD Scale (CAPS), the Davidson Trauma Scale (DTS) and the Work and Social Adjustment Scale (WSAS), at baseline and after treatment.

EMDR patients received an average of four weeks (± 2) of weekly one-hour sessions. TF-CBT patients received an average of ten weekly sessions (± 2). Both EMDR and TF-CBT led to statistically significant changes in clinical scores, with no statistically significant difference in the clinical results between the two treatments.

“Differences in the intrusive thoughts scale showed difference between EMDR and TF-CBT trending toward statistical significance, suggesting a potential greater improvement for patients in the EMDR group.” (p. 6)

“That being said, a difference in the effectiveness of the two interventions in terms of dose-response seems present, with EMDR and TF-CBT eliciting similar results at both the clinical and neuroimaging level even though EMDR included half the number of treatment sessions (4 weekly sessions ± 2) compared to TF-CBT (10 weekly sessions ± 2) and an overall shorter treatment period.” (pp. 11-12)

A Functional Connectivity Analysis (FC) revealed similarities and differences

A Functional Connectivity Analysis (FC) was carried out on the fMRI data. The authors decided that an analysis at the group level might reflect individual differences in response to therapy, therefore changes in FC were considered in relationship to changes in clinical scores, i.e., CAPS, DTS, and WSAS.

"The two treatments displayed a significant heterogeneity in terms of connectivity modifications supporting changes in symptomatology." "Specifically, EMDR patients with decreased FC between the precuneus and visual regions seem to display a greater benefit in terms of pre-post changes at CAPS." ... "Interestingly, patients showing a benefit at CAPS (after both EMDR and TF-CBT) showed a stronger positive connectivity between the right inferior frontal gyrus (pars triangularis) and regions of the temporal lobe (for EMDR) and somatosensory cortex (for TF-CBT)" (p. 10).

"In general, both therapies seem to induce two main patterns of connectivity changes, pointing to a reduction of connectivity between regions of the visual cortex and of the left temporal pole, as well as an increase in connectivity between the superior frontal gyrus and right temporal pole." (p. 13)

Highlighting the need for more research on effects on thalamic function in EMDR and TF-CBT

Considering the previous review of the mice research by Baek, et al. (2019), Santarnecchi, et al. highlight the need for further research on the impact of these two therapies on thalamic function. "...patients in both groups did show changes in connectivity of the thalamus (EMDR for DTS, TF-CBT for CAPS). Prior investigations using functional imaging have showed evidence of thalamic dysfunction in PTSD patients (e.g., Lanius et al., 2001; Francati et al., 2007). Future studies should look into the specific effects of psychotherapy on PTSD patients' thalamic function ..." (p. 14)

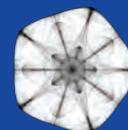
First randomized trial treating PTSD in adults with intellectual disabilities

Karatzias, Brown, et al. (2019) randomly assigned 29 participants with mild-to-moderate intellectual disability from National Health Service outpatient clinics in Scotland and Northern Ireland to either to EMDR plus standard care (SC; n = 15) or SC (n = 14). Those in the EMDR + SC group received up to eight EMDR reprocessing sessions. All participants met the minimum cutoff score of 38 or more on the Post-Traumatic Stress Disorder Checklist (PCL-5). Participants were assessed by a research assistant blind to treatment condition at three times – before treatment, 1-week post-treatment, and at 3-month follow-up. Adverse and traumatic events were identified with The Life Events Checklist (Gray et al., 2004) and The Childhood Trauma Questionnaire (Bernstein & Fink, 1998). The authors reported that "In the EMDR + SC group, 9 (60%) participants at post-treatment and 7 (47%) participants at 3-month

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EMDR Treatment of obesity and overeating disorders - Natalia Seijo, Psy.

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follow-up were diagnosis free. In SC, 4 (27%) at post-treatment and follow-up were diagnosis free. At post-treatment, three participants (20%) dropped out from the EMDR + SC group, and 1 (7%) dropped out from the SC group." They concluded that "It is feasible, acceptable and potentially effective to deliver EMDR in this population group." (p. 1) As the authors' note: "... this is the first ever randomized feasibility trial on the effectiveness of EMDR for PTSD in people with intellectual disability" (p. 11) and they therefore recommend a larger study that could produce greater statistical power.

First randomized trial treating insomnia in patients with rheumatoid arthritis

Nia, et al. (2019) compared the effect of EMDR therapy with guided imagery on insomnia severity in patients with rheumatoid arthritis (RA). A total of 75 patients with insomnia related to RA were selected from a series of those in treatment at a rheumatology clinic in Yasuj, Iran. Patients diagnosed with RA by rheumatologist and who score 15 to 28 on the Insomnia Severity Index (ISI) were randomly assigned in blocks of three to six sessions of EMDR therapy or Guided Imagery or to a control group. Patients were assessed with the ISI at time of group assignment and two weeks after completing treatment. Patients in EMDR and the Guided Imagery groups had significantly lower post treatment scores than those in the control group. At posttreatment "the insomnia severity scores for the EMDR group were significantly lower than those of the guided imagery group ($p = .001$), indicating that EMDR outperformed guided imagery for reducing insomnia severity." (p. 6) The authors concluded that "Since issues with sleep quality (and side effects from sleep medication) are pertinent to this chronic disease population, healthcare professionals may benefit from considering the use of EMDR or guided imagery in their care of patients as a non-pharmacological alternative." (p. 7)

First randomized trial of EMDR for childbirth anxiety in women with a history of stillbirth

Following earlier case reports by Sandström, et al. (2008) and Stramrood et al., (2012), Zolghadr, et al., (2019) conducted a randomized trial of EMDR therapy for 30 pregnant women seen in an urban hospital in Qazvin, Iran. Patients were recruited to the study when they were admitted for childbirth. Using convenience sampling, women were randomly assigned to an EMDR intervention ($n = 15$) or to a usual treatment control group ($n = 15$). The Van den Bergh Pregnancy-Related Anxiety questionnaire (PRAQ) was used to collect data before the single, 90-minute EMDR treatment session and within 48 hours after normal vaginal childbirth delivery in the hospital. The authors reported that "Significant differences in the posttest mean scores of total anxiety in the intervention group compared to the control group (43.12 vs. 64.01) indicated that EMDR therapy reduced anxiety among pregnant women in the intervention group." (p. 15) The authors concluded that "According to the results of this study, EMDR therapy can be used during pregnancy to treat or relieve anxiety and the fear of pregnant women about vaginal childbirth. Therefore, this is an effective strategy to encourage normal childbirth." (p. 16)

How important is fidelity in standard EMDR therapy procedures?

Results of early outcome research about EMDR was mixed with some studies showing EMDR to be an effective treatment while others indicated little benefit. This confusion was clarified in 2002 with a classic paper by Louise Maxfield and Lee Hyer. They evaluated twelve controlled studies of EMDR treatment of PTSD and found "a significant correlation between methodology and outcome. As methodology became more rigorous, the treatment effect became larger." (p. 33) The two central predictors of treatment effect size were: assessment reliability and treatment fidelity. This leads to the question of how can the implementa-

tion EMDR therapy be reliably rated for fidelity?

Have any of the available fidelity rating scales been validated in published research?

Early versions of an "EMDR Implementation Checklist" were developed by William Zangwill and Howard Lipke in 1995 and were informally distributed and used in research projects. This "Checklist" was updated and revised with input from Deborah Korn, and others (2001) but remained unpublished. The first published EMDR fidelity rating scales were developed by Robbie Adler-Tapia and Carolyn Settle and published in the first edition of their book on the treatment of children in 2008. This was followed by fidelity rating scales for using EMDR therapy with adults published by Leeds in 2009 and updated in 2016. Building on the Korn et al. 2001 fidelity rating scale, the EMDR Research Foundation began openly distributing comprehensive fidelity scales (Korn, et al., 2017) in August 2017 and updated these in October 2018 based on feedback from clinicians, raters, and researchers. In addition, EMDR Europe requires Consultants to use a standardized "EMDR Europe Consultant Competency Framework" for accreditation of practitioners (EMDR Europe, 2018). However, until this year, none of these fidelity scales had been evaluated in formal studies to establish inter-rater reliability which is an essential element in determining the validity of the items used in fidelity rating scales. See Borelli (2011) for a discussion of the benefits of validation of treatment fidelity scales.

Cooper et al. (2019) have just published "Developing the Interrater Reliability of the Modified EMDR Fidelity Checklist" in the Journal of EMDR Practice and Research. Two raters developed a descriptive item-by-item scoring system to be used with the EMDR Fidelity Checklist published by Leeds (2016). This was then piloted on video recordings of five subjects who were treated as part of a study by Laugharne et al. (2016). Based on this pilot study some checklist items were revised.

Then the same raters used the modified checklist to evaluate 15 additional videos of EMDR sessions from the same study. During analysis they removed five items from the Desensitization phase section that did not contribute to intraclass correlations (ICCs). With the combination of editing some items and removing some, the ICCs for all sections of the fidelity checklist moved into the excellent range (i.e., >0.75). They published the revised checklist in the article, so that the validated version is now available.

The authors suggest the need for additional research. "Future research using the checklist with raters who were not involved in checklist development is needed to confirm the generalizability of these findings" (p. 32). They add that items that were removed might be better retained because "... novice EMDR therapists might want to self-rate their sessions using this fidelity measure, and therefore paying attention to the particular aspect of EMDR as assessed by these items is important" (p. 38).

The role of validated EMDR fidelity rating scales in the future of EMDR

It is hoped that additional EMDR fidelity ratings scales will also be evaluated to provide increased confidence in their reliability and validity. Validated fidelity rating scales provide an essential foundation for all aspects of EMDR therapy. They potentially could provide a basis for assessing difference in skills between graduates of different models of providing EMDR therapy training. They could provide a stronger basis for confidence in the significance of EMDR therapy accreditation programs. And they potentially allow greater confidence in the findings of treatment outcome research.

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Valiente-Gómez, A., Moreno-Alcázar, A., Radua, J., Hogg, B., Blanco, L., Lupo, W., . . . Amann, B. L. (2019). A Multicenter Phase II Rater-Blinded Randomized Controlled Trial to Compare the Effectiveness of Eye Movement Desensitization Reprocessing Therapy vs. Treatment as Usual in Patients With Substance Use Disorder and History of Psychological Trauma: A Study Design and Protocol. *Frontiers in Psychiatry*, 10. doi:10.3389/fpsyt.2019.00108

Zolghadr, N., Khoshnazar, A., MoradiBaglooei, M., & Alimoradi, Z. (2019). The Effect of EMDR on Childbirth Anxiety of Women With Previous Stillbirth. *Journal of EMDR Practice and Research*, 13(1), 10-19. doi:10.1891/1933-3196.13.1.10

Recent Articles On EMDR

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This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations and preprint/reprint information—when available—on all EMDR therapy related journal articles. The listings include 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.

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: <https://www.emdria.org/page/emdrarticles>

For a complete list of Recent Articles with abstracts, please visit www.emdria.org and look under the Resources tab!

Annesley, P., Alabi, A., & Longdon, L. (2019). The EMDR DeTUR protocol for the treatment of self-injury in a patient with severe personality disorder: a case report. *Journal of Criminological Research, Policy and Practice*, 5(1), 27-38. doi:10.1108/JCRPP-11-2018-0034

Citation access: <https://doi.org/10.1108/JCRPP-11-2018-0034>

ABSTRACT

Purpose: The purpose of this paper is to describe the Eye movement desensitisation and reprocessing (EMDR) treatment of an adult female patient detained within a high secure hospital with complex mental health difficulties, including complex trauma, facti-

tious disorder, self-injury and a history of offending. The EMDR treatment addressed the patient's urges to engage in severe and sometimes life-threatening self-injury, a primary motive of which was to access physical healthcare interventions within a general hospital. The paper describes the wide-ranging benefits of the treatment and incorporates feedback from the patient and clinicians within her multi-disciplinary team (MDT).

Design/methodology/approach: Four triggers for self-injury were processed during the therapy using the DeTUR Protocol (Popky, 2005, 2009) and the Constant Installation of Present Orientation and Safety (CIPOS, Knipe, 2009a)

Method: In total, 18 one-hour therapy sessions were delivered plus three follow-up sessions to continue to offer support and complete the post-treatment evaluation. Findings The level of urge for each trigger was reduced to 0 which the patient defined as no urge to self-injure. Benefits went well beyond self-injury with reported positive impacts on mood, thinking, sleep, concentration, memory and experience of flashbacks.

Practical implications: This case report demonstrates that the EMDR DeTUR Protocol together with the CIPOS method can be extremely valuable in the treatment of patients who self-injure.

Originality/value: The case report offers an important contribution to

an area that requires much further research.

Baek, J., Lee, S., Cho, T., Kim, S.-W., Kim, M., Yoon, Y., . . . Shin, H.-S. (2019). Neural circuits underlying a psychotherapeutic regimen for fear disorders. *Nature*. doi:10.1038/s41586-019-0931-y

Citation access: <http://dx.doi.org/10.1038/s41586-019-0931-y>

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ABSTRACT

A psychotherapeutic regimen that uses alternating bilateral sensory stimulation (ABS) has been used to treat post traumatic stress disorder. However, the neural basis that underlies the long-lasting effect of this treatment—described as eye movement desensitization and reprocessing—has not been identified. Here we describe a neuronal pathway driven by the superior colliculus (SC) that mediates persistent attenuation of fear. We successfully induced a lasting reduction in fear in mice by pairing visual ABS with conditioned stimuli during fear extinction. Among the types of visual stimulation tested, ABS provided the strongest fear-reducing effect and yielded sustained increases in the activities of the SC and mediodorsal thalamus (MD). Optogenetic manipulation revealed that the SC–MD circuit was necessary and sufficient to prevent the return of fear. ABS suppressed the activity of fear-encoding cells and stabilized inhibitory neurotransmission in the basolateral amygdala through a feedforward inhibitory circuit from the MD. Together, these results reveal the neural circuit that underlies an effective strategy for sustainably attenuating traumatic memories.

Balbo, M., Cavallo, F., & Fernandez, I. (2019). Integrating EMDR in psychotherapy. *Journal of Psychotherapy In-*

tegration, 29(1), 23-31. doi:10.1037/int0000136

Citation access: <http://dx.doi.org/10.1037/int0000136>

ABSTRACT

Eye movement desensitization and reprocessing (EMDR) has significantly contributed to psychotherapy in the last 30 years. Studies support EMDR as effective for posttraumatic stress disorder symptoms. It was also applied to other disorders because it can help resolve and reprocess memories of traumatic experiences that can contribute, as risk, precipitating and predisposing factors to the development of mental disorders. What these disorders have in common is the maladaptive processing of information associated with stressful and pathogenic events. EMDR therapy has given a contribution to psychotherapy as an effective method that can help the innate processing system process all aspects of a traumatic experience. After working with traumatic memories that may be part of the patient's life story, EMDR therapy focuses on current triggers and symptoms and then provides the patient with instruments to deal with future situations that may cause anxiety. While working with this method, it is possible to enhance metacognitive skills and promote a change in dysfunctional emotions, beliefs, and behaviors. These are some common objectives that EMDR therapy shares with most psychotherapy approaches.

Brennstuhl, M.-J., Bassan, F., Fayard, A.-M., Fisselbrand, M., Guth, A., Hasler, M., . . . Tarquinio, C. (2019). Immediate treatment following the November 13 attacks: Use of an EMDR emergency protocol. *European Journal of Trauma & Dissociation*, 3(1), 17-21. doi:10.1016/j.ejtd.2018.09.004

Open access: <http://dx.doi.org/10.1016/j.ejtd.2018.09.004>

ABSTRACT

Objective. – The objective of this article is to report on an emergency posttraumatic treatment following the November 13, 2015 attacks in Paris.

Method. – Thirty-six children and 20 adults were treated with EMDR therapy or debriefing within 48 hours after the attacks. Quantitative assessments were performed pre- and post-treatment and at a 3- month follow-up.

Results. – The EMDR treatment administered to the children and the debriefing used with the adults both showed their efficacy through the reduction on all quantitative measures.

Discussion. – Our results indicate that the EMDR approach and emergency treatment strategies may be promising treatment strategies that are non-invasive and preventive. Although these results should be completed by studies on larger samples with a control group, they remain promising in that they suggest that an emergency psychological treatment based on EMDR procedures may prove effective in preventing the installation of a post-attack posttraumatic stress disorder.

Cooper, R. Z., Smith, A. D., Lewis, D., Lee, C. W., & Leeds, A. M. (2019). Developing the Interrater Reliability of the Modified EMDR Fidelity Checklist. *Journal of EMDR Practice and Research*, 13(1), 32-50. doi:10.1891/1933-3196.13.1.32

Citation access: <http://dx.doi.org/10.1891/1933-3196.13.1.32>

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ABSTRACT

Although treatment fidelity measures for eye movement desensitization and reprocessing (EMDR) have been cited in past research, none have been subject to any empirical investigation of reliability. This three- phase study aimed

to quantify the interrater reliability of a measure of EMDR treatment fidelity. First, two raters refined the reprocessing section of the EMDR Fidelity Checklist (Leeds, 2016) by developing a descriptive item-by-item scoring system to improve interpretation and reliability. The resultant checklist was piloted on recordings of five EMDR session recordings from the Laugharne et al. (2016) study. The checklist was then revised. Next, the raters used the checklist to assess 15 other recorded EMDR sessions from the same study. The intraclass correlations (ICCs) were in the excellent range for all subscales and total session scores (i.e., >0.75), with an exception of the Desensitization subscale, ICC = 0.69 (0.08, 0.90). Finally, individual items in that subscale were evaluated, finding that five items did not contribute to the ICC. When these were removed/revised, the ICC for this subscale moved into the excellent range, ICC = 0.81(0.43, 0.94). The findings of this study indicate that this checklist may be a reliable measure of treatment fidelity for single reprocessing EMDR sessions with the possible exception of the Body Scan phase. Future research using the checklist with raters who were not involved in checklist development is needed to confirm the generalizability of these findings.

Dimitrov, L., Moschopoulou, E., & Korszun, A. (2019). Interventions for the Treatment of Cancer-Related Traumatic Stress Symptoms: A Systematic Review of the Literature. *Psycho-Oncology*. doi:10.1002/pon.5055

Citation access: <https://onlinelibrary.wiley.com/doi/abs/10.1002/pon.5055>

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ABSTRACT

Cancer has been reported to trigger symptoms of post-traumatic stress

disorder (PTSD) in a substantial proportion of individuals. Despite the significant burden associated with these symptoms, there are as yet no therapeutic guidelines. This systematic review aims to evaluate the effectiveness of interventions for cancer-related post-traumatic stress in order to provide an evidence base for developing appropriate clinical practice.

Methods: Databases searched until April 2018 included, Psych INFO, EMBASE, Medline and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). No restrictions to study design were applied. Participants aged 18 years or older who received their cancer diagnosis in adulthood and had symptoms of cancer-related PTSD were included. Due to significant clinical heterogeneity, a meta-analysis was not performed.

Results: Of 508 unique titles, eight studies met study inclusion criteria: five RCTs, one before-and- after study, one case series and one case study. Interventions were predominately psychological and were administered to patients with a range of cancer types. Eye Movement Desensitisation and Reprocessing and cognitive behavioural therapy-based interventions were associated with reduced symptomatology, however, overall the methodological quality of studies had limitations.

Conclusions: At present there is only weak evidence available for the effectiveness of psychological interventions in reducing symptoms of cancer-related PTSD. The majority of interventions were administered to all cancer patients regardless of whether they showed pretreatment levels of post-traumatic stress. Future studies would be better targeted towards patients with a diagnosis of cancer and who have significant levels of cancer-related post-traumatic symptoms. Higher quality trials are also needed before treatment recommendations can be made.

Edmond, T. E., Voth Schrag, R. J., & Bender, A. K. (2019). Opening the Black Box: Identifying Common Practice Approaches in Urban and Rural Rape Crisis Centers. *Violence Against Women*, 1077801219832903. doi:10.1177/1077801219832903

Citation access: <https://doi.org/10.1177/1077801219832903>

ABSTRACT

This study sought to open the black box of services at rape crisis centers (RCCs), particularly related to counseling, to better understand what is available to survivors in urban and rural settings. Findings from a survey of directors and counselors in Texas RCCs reveal a number of strengths: supporting services for survivors of sexual assault and insights that can help to further advance the implementation of evidence-based trauma treatments in this sector. Although many areas of congruence were found between urban and rural settings, differences were noted that have implications for implementation of evidence-based trauma treatments.

Grasser, L. R., & Javanbakht, A. (2019). Treatments of Posttraumatic Stress Disorder in Civilian Populations. *Curr Psychiatry Rep*, 21(2), 11. doi:10.1007/s11920-019-0994-3

Citation access: <https://www.ncbi.nlm.nih.gov/pubmed/30734097>

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ABSTRACT

PURPOSE OF REVIEW: Posttraumatic stress disorder is a chronic, heterogeneous disorder for which a multitude of psychotherapies, pharmaceuticals, and immersing treatment

programs are available. Majority of efficacy studies focus on Caucasian male military populations, which may be a reason why not all patients respond to treatment with long-term positive outcomes. Additionally, effects of treatment on symptom clusters have been neglected. This work reviews treatment of PTSD and its symptom clusters exclusively in civilian populations, which have been historically under-examined in the literature.

RECENT FINDINGS: Exposure therapy stands at the forefront of successful PTSD treatment and offers a more cost-effective solution to pharmacotherapy; however, refugees and patients with comorbid depression may not experience such strong benefits. For exposure therapy and other forms of psychotherapy, non-inferiority studies point to promise of internet-delivered and telemedicine-based methods for reaching populations that may not have access to in-person care. SSRIs are the most widely used pharmaceutical treatment for PTSD; moderate initial benefits are observed yet long-term retention and outcomes may be enhanced by adjunct treatment. Again, refugees are a group that experiences lesser benefit. Research has begun to explore efficacy of treatments for individual symptom clusters, with hyperarousal benefiting most from currently available modalities. Avoidance, intrusion, negative thoughts and beliefs, and dissociation are symptoms requiring more research for focused interventions. Treatment of PTSD has evolved to (1) include equivalent proportions of men and women, along with focused female-exclusive cohorts; (2) explore novel methods of treatment online and in various cultural contexts; and (3) less focus on medication as evidenced by current clinical trials. In addition to further efficacy and safety studies in more diverse ethnic populations, work is needed to examine what therapies are best for targeting specific symptom clusters of PTSD. This research will drive precision treatment, and such research is beginning to point towards

underlying mechanisms of pathology and change.

Holmes, A. (2019). Biological clues to an enigmatic treatment for traumatic stress. *Nature*, 566(7744), 335-336. doi:10.1038/d41586-019-00294-8

Open access: <https://www.ncbi.nlm.nih.gov/pubmed/30783271>

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ABSTRACT

A treatment called eye-movement desensitization and reprocessing alleviates post-traumatic stress disorder through enigmatic mechanisms. A study in mice offers potential clues into the biological basis of this approach.

Karatzias, T., Brown, M., Taggart, L., Truesdale, M., Sirisena, C., Walley, R., . . . Paterson, D. (2019). A mixed-methods, randomized controlled feasibility trial of Eye Movement Desensitization and Reprocessing (EMDR) plus Standard Care (SC) versus SC alone for DSM-5 Posttraumatic Stress Disorder (PTSD) in adults with intellectual disabilities. *J Appl Res Intellect Disabil*, 1-13. doi:10.1111/jar.12570

Citation access: <https://www.ncbi.nlm.nih.gov/pubmed/30714684>

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ABSTRACT

OBJECTIVE: To report the results of the first randomized feasibility trial of Eye Movement Desensitization and Reprocessing (EMDR) plus Standard

Care (SC) versus SC alone for DSM-5 posttraumatic stress disorder (PTSD) in adults with intellectual disabilities.

METHOD: A total of 29 participants were randomized to either to EMDR + SC (n = 15) or SC (n = 14). Participants completed measures on traumatic stress (PCL-C) and comorbid distress at baseline, 1 week post-treatment and 3-month follow-up.

RESULTS: In the EMDR + SC group, 9 (60%) participants at post-treatment and 7 (47%) participants at 3-month follow-up were diagnosis free. In SC, 4 (27%) at post-treatment and follow-up were diagnosis free. At post-treatment, three participants (20%) dropped out from the EMDR + SC group, and 1 (7%) dropped out from the SC group.

CONCLUSIONS: It is feasible, acceptable and potentially effective to deliver EMDR in this population group.

Karatzias, T., Murphy, P., Cloitre, M., Bisson, J., Roberts, N., Shevlin, M., . . . Hutton, P. (2019). Psychological interventions for ICD-11 complex PTSD symptoms: systematic review and meta-analysis. *Psychological Medicine*, 1-15. doi:10.1017/s0033291719000436

Citation access: <http://dx.doi.org/10.1017/s0033291719000436>

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ABSTRACT

Background. The 11th revision to the WHO International Classification of Diseases (ICD-11) identified complex post-traumatic stress disorder (CPTSD) as a new condition. There is a pressing need to identify effective CPTSD interventions.

Methods. We conducted a systematic review and meta-analysis of randomised controlled trials (RCTs) of psychological interventions for post-traumatic stress disorder (PTSD),

where participants were likely to have clinically significant baseline levels of one or more CPTSD symptom clusters (affect dysregulation, negative self-concept and/or disturbed relationships). We searched MEDLINE, PsycINFO, EMBASE and PILOTS databases (January 2018), and examined study and outcome quality.

Results. Fifty-one RCTs met inclusion criteria. Cognitive behavioural therapy (CBT), exposure alone (EA) and eye movement desensitisation and reprocessing (EMDR) were superior to usual care for PTSD symptoms, with effects ranging from $g = -0.90$ (CBT; $k = 27$, 95% CI -1.11 to -0.68 ; moderate quality) to $g = -1.26$ (EMDR; $k = 4$, 95% CI -2.01 to -0.51 ; low quality). CBT and EA each had moderate-large or large effects on negative self-concept, but only one trial of EMDR provided useable data. CBT, EA and EMDR each had moderate or moderate-large effects on disturbed relationships. Few RCTs reported affect dysregulation data. The benefits of all interventions were smaller when compared with non-specific interventions (e.g. befriending). Multivariate meta-regression suggested childhood-onset trauma was associated with a poorer outcome.

Conclusions. The development of effective interventions for CPTSD can build upon the success of PTSD interventions. Further research should assess the benefits of flexibility in intervention selection, sequencing and delivery, based on clinical need and patient preferences.

Kazén, M., Baumann, N., Twenhöfel, J. F., & Kuhl, J. (2019). When do anorexic patients perceive their body as too fat? Aggravating and ameliorating factors. *PLOS ONE*, 14(2), e0212612. doi:10.1371/journal.pone.0212612

Open access: <http://dx.doi.org/10.1371/journal.pone.0212612>

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ABSTRACT

Objective: Our study investigated body image representations in female patients with anorexia nervosa and healthy controls using a size estimation with pictures of their own body. We also explored a method to reduce body image distortions through right hemispheric activation.

Method: Pictures of participants' own bodies were shown on the left or right visual fields for 130 ms after presentation of neutral, positive, or negative word primes, which could be self-relevant or not, with the task of classifying the picture as "thinner than", "equal to", or "fatter than" one's own body. Subsequently, activation of the left- or right hemispheric through right- or left-hand muscle contractions for 3 min., respectively. Finally, participants completed the size estimation task again.

Results: The distorted "fatter than" body image was found only in patients and only when a picture of their own body appeared on the right visual field (left hemisphere) and was preceded by negative self-relevant words. This distorted perception of the patients' body image was reduced after left-hand muscle contractions (right hemispheric activation).

Discussion: To reduce body image distortions it is advisable to find methods that help anorexia nervosa patients to increase their self-esteem. The body image distortions were ameliorated after right hemispheric activation. A related method to prevent distorted body-image representations in these patients may be Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Laufer, S., Engel, S., Knaevelsrud, C., & Schumacher, S. (2018). Cortisol and alpha-amylase assessment in psychotherapeutic intervention studies: A systematic review. *Neuroscience & Biobehavioral Reviews*, 95, 235-262. doi:10.1016/j.neubiorev.2018.09.023

Citation access: <http://dx.doi.org/10.1016/j.neubiorev.2018.09.023>

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ABSTRACT

Dysregulations of the hypothalamus-pituitary-adrenal (HPA) axis and the autonomic nervous system (ANS), two of the most prominent stress-responsive systems, have been associated with the development and maintenance of various mental disorders. It has been suggested that these alterations might normalize in the course of psychotherapeutic interventions. We conducted a comprehensive review of psychotherapeutic intervention effects on HPA axis and ANS regulation in adult samples with mental disorders.

We searched four databases for psychotherapeutic intervention studies with mentally ill patient samples, assessing cortisol and/or alpha-amylase before and after treatment. Study quality and confounder consideration within biomarker assessment were examined.

Twenty-five studies were included. Psychotherapeutic interventions and biomarker assessment methodology varied substantially between studies. Accordingly, meta-analytical computations were deemed unfeasible. Study characteristics especially regarding cortisol and alpha-amylase assessment and analysis procedures were comprehensively reviewed. Study quality and biomarker confounder consideration ratings were mostly moderate to strong. Based on the results, we provide recommendations regarding intervention design and biomarker assessment methodology to increase comparability of psychotherapeutic treatment effects in future studies.

Naseh, M., Macgowan, M. J., Wagner, E. F., Abtahi, Z., Potocky, M., & Stuart, P. H.

(2019). Cultural adaptations in psychosocial interventions for post-traumatic stress disorder among refugees: A systematic review. *Journal of Ethnic & Cultural Diversity in Social Work*, 28(1), 76-97. doi:10.1080/15313204.2019.1570891

Citation access: <http://dx.doi.org/10.1080/15313204.2019.1570891>

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ABSTRACT

The aim of this study was to systematically review randomized controlled trials on non-pharmaceutical interventions for post-traumatic stress disorder (PTSD) among adult refugees with a focus on identifying common

cultural adaptations and reviewing possible effects of such adaptations on outcomes. The conducted systematic search yielded 11 studies. The strongest support was for eye movement desensitization and reprocessing (EMDR). Commonly used cultural adaptations in the reviewed studies included modifications in personnel and setting context, changes in content, and translation or adaptation of evaluation tools.

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Nia, N. G., Afrasiabifar, A., Behnam-moghadam, M., & Cooper, R. Z. (2019). The Effect of EMDR Versus Guided Imagery on Insomnia Severity in Patients With Rheumatoid Arthritis. *Journal of EMDR Practice and Research*, 13(1), 2-9. doi:10.1891/1933-3196.13.1.2

Citation access: <http://dx.doi.org/10.1891/1933-3196.13.1.2>

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ABSTRACT

This study compared the effect of eye movement desensitization and reprocessing (EMDR) therapy versus guided imagery on insomnia severity in patients with rheumatoid arthritis (RA). In this randomized controlled trial, 75 patients with RA were selected via convenience sampling before using block randomization to assign patients into three groups comprised of (a) six sessions of EMDR, (b) six sessions of guided imagery, and (c) a control group. The Persian version of the Insomnia Severity Index was implemented at preintervention and 2 weeks' postintervention as the outcome measure. The EMDR group obtained respective pre-and postintervention mean scores of 23.5 ± 5.2 and 11 ± 2.1 , whereas the guided

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imagery group obtained scores of 24 ± 3 and 15.3 ± 2.3 , and the control group obtained scores of 24.2 ± 3.3 and 23.6 ± 3 . Pairwise comparisons showed statistically significant differences in insomnia severity between patients from each group, with the EMDR group experiencing a greater reduction in insomnia severity than guided imagery. EMDR and guided imagery were both effective in reducing insomnia severity in RA patients, although the degree of insomnia reduction for patients from the EMDR group was greater than that of the guided imagery group.

Piedfort-Marin, O. (2019). Synthesis and Realization (Personification and Presentification): The Psychological Process of Integration of Traumatic Memories in EMDR Psychotherapy. *Journal of EMDR Practice and Research*, 13(1), 75-88. doi:10.1891/1933-3196.13.1.75

Citation access: <http://dx.doi.org/10.1891/1933-3196.13.1.75>

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ABSTRACT

The theory of the structural dissociation of the personality proposes a precise description of the psychological phenomena involved in the integration of traumatic memories. According to this theory, memories are successfully integrated in a narrative—that is, stored in an adaptive memory network—when there has been synthesis of the different elements (affects, cognitions, images, sensorimotor reactions, behaviors) for each moment of a particular event, and when realization has occurred. Realization implies personification and presentification. Personification is the ability individuals have to feel that they have experienced (traumatic) events. Presentification is the ability to realize that the event took place in the

past and is over now. In this article we present these concepts and how they relate to eye movement desensitization and reprocessing (EMDR) psychotherapy and its underlying hypothesis of adaptive information processing. The article describes how EMDR therapists can use these concepts to better understand the reprocessing of their clients and possible blocking of this reprocessing. Understanding the concepts of synthesis, personification, and presentification makes it possible for EMDR therapists to choose the specific supportive interventions and cognitive interweaves that will best support the adaptive information processing. Such psychological phenomena should attract more attention in the future in EMDR clinical research and practice.

Rapencu, A. E., Gorter, R., Kennis, M., van Rooij, S. J. H., & Geuze, E. (2017). Pre-treatment cortisol awakening response predicts symptom reduction in posttraumatic stress disorder after treatment. *Psychoneuroendocrinology*, 82, 1-8. doi:10.1016/j.psyneuen.2017.04.010

Citation access: <https://www.ncbi.nlm.nih.gov/pubmed/28482208>

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ABSTRACT

Dysfunction of the HPA-axis has frequently been found in the aftermath of trauma exposure with or without PTSD. Decreasing HPA-axis reactivity to different stress cues has been reported during PTSD treatment. The cortisol awakening response (CARjil) is a well-validated, standardized measure of HPA-axis reactivity which can be easily acquired in the clinical setting. Whether CARjil changes over time in traumatized individuals are specific to PTSD treatment is unknown. Furthermore,

a possible role for the baseline CARjil in predicting symptom reduction after treatment in PTSD has not been examined before. To answer these questions, a cohort study was conducted in which the awakening cortisol was measured in both PTSD (N=41) and non-PTSD (N=25) combat-exposed male subjects. Measurements took place at inclusion and 6-8 months after inclusion for both the PTSD and the non-PTSD group. During the 6-8 months interval, PTSD patients received trauma-focused focused psychotherapy, whereas non-PTSD patients received no treatment. We found a decrease in the CARjil over time in both groups, suggesting it was not specific to PTSD or the effect of treatment. Therefore, caution is warranted when attributing diminished HPA-axis reactivity over time to effects of PTSD treatment. Second, CARjil prior to treatment predicted PTSD symptom reduction (CAPS score change) after treatment, and accounted for 10% of the variance, even when adjusted for changes in depressive symptoms and medication use during the study period. A putative role emerges for CARjil as a predictive biomarker of symptom reduction in male individuals with combat-related PTSD.

Rhoden, M.-A., Macgowan, M. J., & Huang, H. (2019). A Systematic Review of Psychological Trauma Interventions for Juvenile Offenders. *Research on Social Work Practice*, 104973151880657. doi:10.1177/1049731518806578

Citation access: <http://dx.doi.org/10.1177/1049731518806578>

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ABSTRACT

Purpose: This review discusses the efficacy of trauma-specific interventions among juvenile offenders.

Method: The reviewers conducted

a comprehensive search of trauma intervention studies completed in the United States in peer-reviewed journals, highlighting their methodological rigor by using the risk of bias tool for quantitative studies and Wu, Wyant, and Fraser's guidelines for qualitative studies.

Results: Sixteen studies met the inclusion criteria; fourteen studies used quantitative and two used qualitative research designs. Nine studies reported medium to large effects on post-traumatic stress disorder (PTSD) symptoms and five assessed externalizing behavioral problems. Eye movement desensitization and reprocessing therapy demonstrated the most rigor and had the largest reductions on PTSD symptoms followed by trauma-focused cognitive behavioral therapy. Art therapy was the most rigorous qualitative study, but the intervention did not focus on reducing trauma symptoms.

Discussion: Overall, most interventions were effective in reducing participants' PTSD symptoms, but little is known about their effects on externalizing behavioral problems.

Rosoff, A. L. (2019). How We Do What We Do: The Therapist, EMDR, and Treatment of Complex Trauma. *Journal of EMDR Practice and Research*, 13(1), 61-74. doi:10.1891/1933-3196.13.1.61

Citation access: <http://dx.doi.org/10.1891/1933-3196.13.1.61>

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ABSTRACT

This article discusses strategies for working with patients who present with the specific psychological deficits associated with complex trauma. In order to maintain the patient's stability, safety, and capacity for adaptive information processing (AIP) during sessions, these treatments require an extremely active therapist who is able to help

regulate the pace of therapy and the patient's participation in it. Attunement to both patient's and therapist's experience is a core therapeutic process that enables the treatment. Eye movement desensitization and reprocessing (EMDR) therapists must set the frame of the therapy, help to build and then utilize the capacity for AIP, and establish a relationship capable of coregulating the patient's state during both resource development and trauma processing. All of these functions can be enhanced using bilateral stimulation (BLS). They are accomplished via specific therapist actions during sessions: assessing and supporting the capacity for AIP, looking for opportunities to strengthen resources and competencies, and staying attuned to empathic resonances and countertransference. Decisions that shape the treatment process and affect its pacing evolve from an integration of multiple factors: the therapist's attunement to self, patient, and the therapy relationship; and an understanding of complex trauma, dissociation, therapeutic process, and EMDR. Examples of patient-therapist interaction during two EMDR sessions are provided to illustrate therapy process and the use of the treatment relationship in clinical decision-making and coregulation.

Santarnecci, E., Bossini, L., Vatti, G., Fagiolini, A., La Porta, P., Di Lorenzo, G., . . . Rossi, A. (2019). Psychological and Brain Connectivity Changes Following Trauma-Focused CBT and EMDR Treatment in Single-Episode PTSD Patients. *Frontiers in Psychology*, 10. doi:10.3389/fpsyg.2019.00129

Open access: <http://dx.doi.org/10.3389/fpsyg.2019.00129>

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ABSTRACT

Among the different therapeutic alter-

natives for post-traumatic stress disorder (PTSD), Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) Therapy have shown promising results in helping patients cope with PTSD symptoms. However, given the different theoretical and methodological substrate of TF-CBT and EMDR, a potentially different impact on the brain for the two interventions could be hypothesized, as well as an interaction between trauma-specific PTSD symptomatology and response to a given psychotherapy. In this study, we monitored psychological and spontaneous functional connectivity fMRI patterns in two groups of PTSD patients who suffered by the same traumatic event (i.e., natural disaster), before and after a cycle of psychotherapy sessions based on TF-CBT and EMDR. Thirty-seven (37) PTSD patients were enrolled from a larger sample of people exposed to a single, acute psychological stress (i.e., 2002 earthquake in San Giuliano di Puglia, Italy). Patients were randomly assigned to TF-CBT (n = 14) or EMDR (n = 17) psychotherapy. Clinical assessment was performed using the Clinician-Administered PTSD Scale (CAPS), the Davidson Trauma Scale (DTS) and the Work and Social Adjustment Scale (WSAS), both at baseline and after treatment. All patients underwent a fMRI data acquisition session before and after treatment, aimed at characterizing their functional connectivity (FC) profile at rest, as well as potential connectivity changes associated with the clinical impact of psychotherapy. Both EMDR and TF-CBT induced statistically significant changes in clinical scores, with no difference in the clinical impact of the two treatments. Specific changes in FC correlated with the improvement at the different clinical scores, and differently for EMDR and TF-CBT. However, a similarity in the connectivity changes associated with changes in CAPS in both groups was also observed. Specifically, changes at CAPS in the entire sample correlated with an (i) increase in connectivity between the bilateral superior

medial frontal gyrus and right temporal pole, and a (ii) decrease in connectivity between left cuneus and left temporal pole. Results point to a similar, beneficial psychological impact of EMDR and TF-CBT for treatment of natural-disaster PTSD patients. Neuroimaging data suggest a similar neurophysiological substrate for clinical improvement following EMDR and TF-CBT, involving changes affecting bilateral temporal pole connectivity.

Turrini, G., Purgato, M., Acarturk, C., Anttila, M., Au, T., Ballette, F., . . . Barbui, C. (2019). Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: systematic review and meta-analysis. *Epidemiol Psychiatr Sci*, 1-13. doi:10.1017/S2045796019000027

Open access: <https://www.ncbi.nlm.nih.gov/pubmed/30739625>

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ABSTRACT

AIMS: In the past few years, there has been an unprecedented increase in the number of forcibly displaced migrants worldwide, of which a substantial proportion is refugees and asylum seekers. Refugees and asylum seekers may experience high levels of psychological distress, and show high rates of mental health conditions. It is therefore timely and particularly relevant to assess whether current evidence supports the provision of psychosocial interventions for this population. We conducted a systematic review and meta-analysis of randomised controlled trials (RCTs) assessing the efficacy and acceptability of psychosocial interventions compared with control conditions (treatment as usual/no treatment, waiting

list, psychological placebo) aimed at reducing mental health problems in distressed refugees and asylum seekers.

METHODS: We used Cochrane procedures for conducting a systematic review and meta-analysis of RCTs. We searched for published and unpublished RCTs assessing the efficacy and acceptability of psychosocial interventions in adults and children asylum seekers and refugees with psychological distress. Post-traumatic stress disorder (PTSD), depressive and anxiety symptoms at post-intervention were the primary outcomes. Secondary outcomes include: PTSD, depressive and anxiety symptoms at follow-up, functioning, quality of life and dropouts due to any reason.

RESULTS: We included 26 studies with 1959 participants. Meta-analysis of RCTs revealed that psychosocial interventions have a clinically significant beneficial effect on PTSD (standardised mean difference [SMD] = -0.71; 95% confidence interval [CI] -1.01 to -0.41; I² = 83%; 95% CI 78-88; 20 studies, 1370 participants; moderate quality evidence), depression (SMD = -1.02; 95% CI -1.52 to -0.51; I² = 89%; 95% CI 82-93; 12 studies, 844 participants; moderate quality evidence) and anxiety outcomes (SMD = -1.05; 95% CI -1.55 to -0.56; I² = 87%; 95% CI 79-92; 11 studies, 815 participants; moderate quality evidence). This beneficial effect was maintained at 1 month or longer follow-up, which is extremely important for populations exposed to ongoing post-migration stressors. For the other secondary outcomes, we identified a non-significant trend in favour of psychosocial interventions. Most evidence supported interventions based on cognitive behavioural therapies with a trauma-focused component. Limitations of this review include the limited number of studies collected, with a relatively low total number of participants, and the limited available data for positive outcomes like functioning and quality of life.

CONCLUSIONS: Considering the epidemiological relevance of psychological distress and mental health con-

ditions in refugees and asylum seekers, and in view of the existing data on the effectiveness of psychosocial interventions, these interventions should be routinely made available as part of the health care of distressed refugees and asylum seekers. Evidence-based guidelines and implementation packages should be developed accordingly.

Valiente-Gómez, A., Moreno-Alcázar, A., Radua, J., Hogg, B., Blanco, L., Lupo, W., . . . Amann, B. L. (2019). A Multicenter Phase II Rater-Blinded Randomized Controlled Trial to Compare the Effectiveness of Eye Movement Desensitization Reprocessing Therapy vs. Treatment as Usual in Patients With Substance Use Disorder and History of Psychological Trauma: A Study Design and Protocol. *Frontiers in Psychiatry*, 10. doi:10.3389/fpsyt.2019.00108

Open access: <http://dx.doi.org/10.3389/fpsyt.2019.00108>

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ABSTRACT

Background: Psychological trauma has a strong negative impact on the onset, course and prognosis of substance use disorders (SUD). Few trauma-oriented treatment approaches have been trialed, but preliminary evidence exists of the efficacy of Eye Movement Desensitization and Reprocessing (EMDR) therapy in improving clinical symptoms in SUD patients.

Objective: To assess if EMDR therapy leads to: (1) reduced substance consumption; (2) an improvement in psychopathological and in trauma-related symptoms; and (3) an improvement in overall functioning. Our hypothesis is that the EMDR group will improve in all variables when compared to the treatment as usual (TAU) group at 6 and 12-months visits.

Method: In this multicenter phase II rater-blinded randomized controlled trial, 142 SUD patients with a history

of psychological trauma will be randomly assigned to EMDR (n = 71) or to TAU (n = 71). Patients in the EMDR group will receive 20 psychotherapeutic sessions of 60 min over 6 months. Substance use will be measured using the Timeline Followback Questionnaire, the Dependence Severity Scale and the Visual Analog Scale. Traumatic events will be measured by The Holmes-Rahe Life Stress Inventory, the Childhood Trauma Questionnaire Scale, the Global Assessment of Post-traumatic Stress Questionnaire, the Impact of Event Scale-Revised and the Dissociative Experiences Scale. Clinical symptomatology will be evaluated using the Hamilton Depression Rating Scale, the Young Mania Rating Scale and the Brief Psychiatric Rating Scale. Functionality will be assessed with the Functioning Assessment Short Test. All variables will be measured at baseline, post-treatment and 12 months as follow-up. Primary outcome: to test the efficacy of EMDR therapy in reducing the severity of substance use. The secondary outcomes: to test the efficacy in reducing trauma-related psychological symptoms and psychopathological symptoms and in improving overall functioning in patients with comorbid SUD and a history of psychological trauma.

Conclusion: This study will provide evidence of whether EMDR therapy is effective in reducing addiction-related, trauma and clinical symptoms and in improving functionality in patients with SUD and a history of trauma.

Wong, S.-L. (2019). Flash Technique Group Protocol for Highly Dissociative Clients in a Homeless Shelter: A Clinical Report. *Journal of EMDR Practice and Research*, 13(1), 20-31. doi:10.1891/1933-3196.13.1.20

Citation access: <http://dx.doi.org/10.1891/1933-3196.13.1.20>

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ABSTRACT

The Flash Technique is a new protocol for use in the preparation phase of eye movement desensitization and reprocessing (EMDR) to quickly reduce the emotional intensity of traumatic memories, prior to full processing with EMDR. This report presents results from a Flash Technique group for five highly dissociative, currently sober addicts in a men's shelter. This group was an attempt to provide an affordable, trauma-focused intervention for the homeless. As part of the intake, each client met individually with the therapist for 30 minutes, to learn to use the flash technique to process a traumatic memory. Three inventories were used to measure treatment outcome: the Short PTSD Rating Interview (SPRINT), the Dissociative Experience Survey (DES-II), and the Beck Depression Inventory-II (BDI-II). Clients filled out the surveys 3 weeks before the start of the group and had their individual sessions 2 weeks before the start of the group. The DES and BDI-II were repeated at the beginning of the eighth session of the group. Clients' surveys showed a decline in scores after seven sessions of therapy: the DES scores dropped from 39.07 (standard deviation [SD] = 23.01) to 20.48 (SD = 10.02) with $d = 0.81$ and the BDI-II scores dropped from 32.4 (SD = 11.01) to 13.2 (SD = 8.4) with $d = 1.74$. Pre- and 2-week posttreatment SPRINT surveys showed scores dropping from 28 [SD = 2.05] pretreatment to 15.75 [SD = 5.19] 2 weeks posttreatment, with $d = 6.07$.

Zolghadr, N., Khoshnazar, A., MoradiBaglooei, M., & Alimoradi, Z. (2019). The Effect of EMDR on Childbirth Anxiety of Women With Previous Stillbirth. *Journal of EMDR Practice and Research*, 13(1), 10-19. doi:10.1891/1933-3196.13.1.10

Citation access: <http://dx.doi.org/10.1891/1933-3196.13.1.10>

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ABSTRACT

Eye movement desensitization and reprocessing (EMDR) therapy is a form of psychotherapy used for individuals who have experienced stress-related injuries. Having an unpleasant experience of previous child-birth can cause anxiety and fear of labor in women during the next childbirth. The aim of this study was investigating the effect of the EMDR therapy on childbirth anxiety among multiparous women in the next normal pregnancy, following a prior stillbirth. A randomized controlled clinical trial was conducted with 30 pregnant women after they were admitted for delivery in an urban hospital in Qazvin, Iran, in 2016. The participants were selected using a convenient sampling method and then were randomly assigned into two groups, EMDR intervention (n = 15) and usual treatment control (n = 15). The Van den Bergh Pregnancy-Related Anxiety questionnaire was used to collect data before treatment (on admission when recruited for study) and after treatment (within 24 hours after childbirth). The EMDR therapy for the intervention group was performed with a 90-minute session when participants were admitted in hospital for delivery. The control group received only routine care. Data were collected using descriptive and inferential statistics and $p < .05$ was considered statistically significant. A statistically significant reduction in the mean anxiety in the EMDR intervention group compared to the control group was reported. Also, a reduction in the scores of posttest compared with pretest was observed in the EMDR intervention group ($p < .01$). The EMDR therapy reduced childbirth anxiety in pregnant women during normal pregnancy, following previous stillbirth.