

# Recent Articles on EMDR

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

Altink, A. J. A., van Terwisga, P., Helms, F. D. G., & Oostenbroek, S. H. (2012). Word tracking task as an alternative to horizontal eye movements in the reduction of vividness and emotionality of aversive memories in EMDR. *Social Cosmos*, 3(2), 185-199.

Full text: <http://socialcosmos.library.uu.nl/index.php/sc/article/viewFile/61/56>

## ABSTRACT

When treating a patient with PTSD, therapists often use eye movement desensitization and reprocessing (EMDR). In EMDR patients make horizontal eye movements (HEM) while the image of a traumatic memory is recalled. Various studies showed that making HEM during recall of an aversive memory results in a decline in vividness and emotionality of this memory. This study aimed to create an alternative task that would be less physically demanding for the therapist than applying HEM. This task should, according to the working memory (WM) hypothesis, tax the WM as much as HEM. To accomplish this goal, a word-tracking task (WTT) was created in which an oval that moved over a matrix with color-words had to be followed with the eyes. Experiment I showed that the WTT taxes WM, though not as much as HEM. In experiment II, both the WTT and HEM resulted in a decrease in vividness and emotionality of an aversive memory. The results obtained raise questions about a supposed linear relationship between the WM-taxing and EMDR-efficacy of tasks. Further investigation of this relationship is recommended. Also recommended is further study in a clinical population. The WTT seems to be a good alternative for horizontal eye movements in EMDR.

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Baslet, G. (2012). Psychogenic nonepileptic seizures: A treatment review. What have we learned since the beginning of the millennium? *Neuropsychiatric Disease and Treatment*, 8, 585-98. doi:10.2147/NDT.S32301

Full text available at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3523560/>

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## ABSTRACT

Psychogenic nonepileptic seizures (PNES) can significantly affect an individual's quality of life, the health care system, and even society. The first decade of the new millennium has seen renewed interest in this condition, but etiological understanding and evidence-based treatment availability remain limited. After the diagnosis of PNES is established, the first therapeutic step includes a presentation of the diagnosis that facilitates engagement in treatment. The purpose of this review is to present the current evidence of treatments for PNES published since the year 2000 and to discuss further needs for clinical treatment implementation and research. This article reviews clinical trials that have evaluated the efficacy of structured, standardized psychotherapeutic and psychopharmacological interventions. The primary outcome measure in clinical trials for PNES is event frequency, although it is questionable whether this is the most accurate indicator of functional recovery. Cognitive behavioral therapy has evidence of efficacy, including one pilot randomized, controlled trial where cognitive behavioral therapy was compared with standard medical care. The antidepressant sertraline did not show a significant difference in event frequency change when compared to placebo in a pilot randomized, double-blind, controlled trial, but it did show a significant pre- versus posttreatment decrease in the active arm. Other interventions that have shown efficacy in uncontrolled trials include augmented psychodynamic interpersonal psychotherapy, group psychodynamic psychotherapy, group psychoeducation, and the antidepressant venlafaxine. Larger clinical trials of these promising treatments are necessary, while other psychotherapeutic interventions such as hypnotherapy, mindfulness-based therapies, and eye movement desensitization and reprocessing may deserve exploration. Flexible delivery of treatment that considers the heterogeneous backgrounds of patients is emphasized as necessary for successful outcomes in clinical practice.

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Black, P. J., Woodworth, M., Tremblay, M., & Carpenter, T. (2012). A review of trauma-informed treatment for adolescents. *Canadian Psychology/Psychologie Canadienne*, 53(3), 192. doi:10.1037/a0028441

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**ABSTRACT**

Experiencing trauma as a child or youth often has a variety of serious repercussions that have the potential to follow an individual into adulthood. These may include experiencing difficulties in key areas of functioning such as academic achievement and social interactions, the development of posttraumatic stress disorder (PTSD), or coming into contact with the criminal justice system. Unfortunately, it is estimated that approximately 1 in 4 youth will experience some type of substantive trauma during his or her developmental years (Duke, Pettingell, McMorris, & Borowsky, 2010). The current article provides a summary of the main trauma-informed therapies that are currently available for treating adolescents with PTSD or trauma-related symptoms, as well as the therapeutic techniques that are common to all of these main treatments. Further, recommendations are provided concerning trauma-informed therapies that might be most beneficial to employ with adolescents. Implementing therapies that specifically consider a youth's potential exposure to trauma will facilitate a reduction of negative trauma-related symptoms as well as an improvement in life functioning.

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Call, J. A., Pfefferbaum, B., Jenuwine, M. J., & Flynn, B. W. (2012). Practical legal and ethical considerations for the provision of acute disaster mental health services. *Psychiatry*, 75(4), 305-22. doi:10.1521/psyc.2012.75.4.305

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**ABSTRACT**

Mental health professionals who provide emergency psychosocial assistance in the immediate aftermath of disasters do so in the midst of crisis and chaos. Common roles undertaken by disaster mental health professionals include treating existing conditions of disaster survivors and providing psychosocial support to front line responders and those acutely affected. Other roles include participating in multidisciplinary health care teams as well as monitoring and supporting team members' mental health. When, in the immediate aftermath of a disaster, mental health professionals provide such assistance, they may take on legal and ethical responsibilities that they are not fully aware of or do not fully comprehend. Unfortunately, not much has been written about these obligations, and professional organizations have provided little guidance. Thus, the purpose of the present article is to outline and discuss an analysis framework and suggest recommendations that mental health professionals can use to help guide their actions during the chaos immediate post disaster.

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Christensen, C., Barabasz, A., & Barabasz, M. (2012). Efficacy of abreactive ego state therapy for PTSD: Trauma resolution, depression, and anxiety. *Intl. Journal of Clinical and Experimental Hypnosis*, 61(1), 20-37. doi:10.1080/00207144.2013.729386

Full text available at: <http://www.tandfonline.com/doi/full/10.1080/00207144.2013.729386>

Ciara Christensen, Burrell Behavioral Health, Springfield, MO, USA.

**ABSTRACT**

Using manualized abreactive Ego State Therapy (EST), 30 subjects meeting DSM-IV-TR and Clinician-Administered PTSD Scale (CAPS) criteria were exposed to either 5-6 hours of treatment or the Ochberg Counting Method (placebo) in a single session. EST emphasized repeated hypnotically activated abreactive "reliving" of the trauma and ego strengthening by the cotherapists. Posttreatment 1-month and 3-month follow-ups showed EST to be an effective treatment for PTSD. Using the Davidson Trauma Scale, Beck Depression II, and Beck Anxiety Scales, EST subjects showed significant positive effects from pretreatment levels at all posttreatment measurement periods in contrast to the placebo treatment. Most of the EST subjects responded and showed further improvement over time.

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Gillies, D., Taylor, F., Gray, C., O'Brien, L., & D'Abrew, N. (2012). Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents. *Cochrane Database of Systematic Reviews (Online)*, 12, CD006726. doi:10.1002/14651858.CD006726.pub2

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**ABSTRACT**

**Background:** Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents.

**Objectives:** To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD.

**Search Methods:** We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANC-TR) to December 2011. The CCDANC-TR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions.

**Selection Criteria:** All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD. **Data Collection and Analysis:** Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We

calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model.

**Main Results:** Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies,  $n = 80$ , OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies,  $n = 271$ , SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies,  $n = 91$ , SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies,  $n = 156$ , SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies,  $n = 49$ , OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study,  $n = 25$ , OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies,  $n = 98$ , SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study,  $n = 36$ , SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies,  $n = 98$ , SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias.

**Authors' Conclusions:** There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

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Greyber, L. R., Dulmus, C. N., & Cristalli, M. E. (2012). Eye movement desensitization reprocessing, posttraumatic stress disorder, and trauma: A review of randomized controlled trials with children and adolescents. *Child and Adolescent Social Work Journal*, 29(5), 1-17. doi:10.1007/s10560-012-0266-0

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### ABSTRACT

This article examines the methodological rigor of randomized controlled trials (RCTs) of eye movement desensitization reprocessing (EMDR) conducted specifically with children and adolescents who had a diagnosis of posttraumatic stress disorder and history of trauma. A thorough search for RCTs of EMDR with children and adolescents that were published between 1998 and 2010 was conducted utilizing several databases. A total of five studies were identified. Following an extensive review of the literature, it became apparent that the number of RCTs conducted with EMDR with children and adolescents was negligible, though initial results suggest that it is a promising practice. Although current EMDR studies have been conducted with children and adolescents, and

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have indicated that EMDR is a promising practice, the state of knowledge at this point is insufficient. EMDR tends to produce less positive results when compared to other trauma-focused interventions, although some research indicates the opposite.

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Hornsveld, H. K., de Jongh, A., & ten Broeke, E. (2012). Stop the use of eye movements in resource development and installation, until their additional value has been proven: A rejoinder to Leeds and Korn (2012). *Journal of EMDR Practice and Research*, 6(4), 174-178. doi:10.1891/1933-3196.6.4.174

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#### ABSTRACT

This brief article responds to Leeds and Korn's (2012) commentary on our article (Hornsveld et al., 2011) in which we found that eye movements (EMs) during recall of positive and resourceful autobiographic memories (such as those used in resource development and installation [RDI]) led to *decreases* of (a) vividness, (b) pleasantness, and (c) experienced strength of the intended quality or resource. Hence, we found an opposite effect than what was intended and critically discussed this in our article. In their comments, Leeds and Korn stress their positive clinical experience with RDI and emphasize the limitations of our study. Here we argue that our results, despite their limitations, are fully in line with mounting evidence supporting a working memory account for EMs. Moreover, opposite effects for EMs in the RDI and the safe place procedure accord with several other clinical observations. Given the absence of any confirmatory results, we again advocate, and now even more strongly, to stop the use of EMs in the RDI and safe place procedures until their additional value has been proven.

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Hasanović, M., Morgan, S., Kravić, N., & Pajević, I. (2012). P-1142-Training bosnia-herzegovina mental health workers in EMDR in the aftermath of the 1992--1995 war. *European Psychiatry*, 27. doi:10.1016/S0924-9338(12)75309-9

M. Hasanović, Department of Psychiatry, University Clinical Center Tuzla.

#### ABSTRACT

Aim: The primary objective will focus the first of all on Eye Movement Reprocessing and Desensitization (EMDR) as an evidence based intervention in the treatment of psycho-traumatized individuals. Its effectiveness has been validated by extensive research. It outlines in particular an EMDR Humanitarian Assistance Training Programme that took place in Tuzla University Clinical Centre, Department of Psychiatry, in Bosnia-Herzegovina (BH) in response to 1992–1995 war, in helping to train mental health workers in EMDR to enable them to treat psychological trauma symptoms of war survivors.

Method: Authors described educational process considering the history of idea and its realization through training levels and process of supervision which was provided from the Humanitarian Assistance Program (HAP) of UK & Ireland with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.

Results: Highly dedicated internationally approved trainers from HAP UK & Ireland provided completed EMDR training for 19 trainees: neuro- psychiatrists, residents of neuro-psychiatry and psychologists from eight different health institutions from six different cities in BH. Training started with 24 trainees, but five of them were prevented to complete training. To be accredited EMDR therapists all trainees are obliged to practice EMDR therapy with clients under the supervision process of HAP UK & Ireland supervisors. Because of physical distance between supervisors and trainees, supervision is organized via Skype Internet technology.

Conclusion: Training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from HAP UK&Ireland will increase psychotherapy capacities in postwar BH.

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Howe, E. G. (2012). What legal risks should mental health care providers take during disasters? *Psychiatry*, 75(4), 323-30. doi:10.1521/psyc.2012.75.4.323

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**ABSTRACT**

Commentary on Call, J. A., Pfefferbaum, B., Jenuwine, M. J., & Flynn, B. W. (2012). Practical legal and ethical considerations for the provision of acute disaster mental health services. *Psychiatry*, 75(4), 305-22. doi:10.1521/psyc.2012.75.4.305.

Hughes, J., Jouldjian, S., Washington, D. L., Alessi, C. A., & Martin, J. L. (2012). Insomnia and symptoms of post-traumatic stress disorder among women veterans. *Behavioral Sleep Medicine*, preprint, 1–17. doi:10.1080/15402002.2012.683903

Jaime Hughes, Geriatric Research, Education, and Clinical Center, VA Greater Los Angeles Healthcare System.

**ABSTRACT**

Women will account for 10% of the Veteran population by 2020, yet there has been little focus on sleep issues among women Veterans. In a descriptive study of 107 women Veterans with insomnia (mean age = 49 years, 44% non-Hispanic white), 55% had probable post traumatic stress disorder (PTSD) (total score ≥33). Probable PTSD was related to more severe self-reported sleep disruption and greater psychological distress. In a regression model, higher PTSD Checklist-Civilian (PCL-C) total score was a significant independent predictor of worse insomnia severity index score while other factors were not. Women Veterans preferred behavioral treatments over pharmacotherapy in general, and efforts to increase the availability of such treatments should be undertaken. Further research is needed to better understand the complex relationship between insomnia and PTSD among women Veterans.

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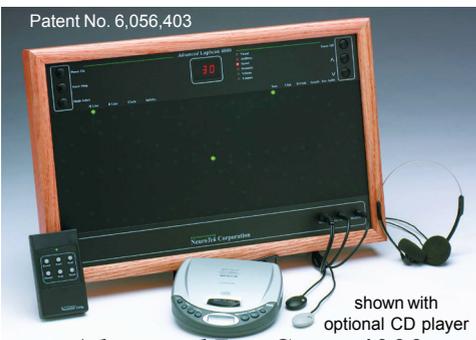
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Jeffries, F. W., & Davis, P. (2012). What is the role of eye movements in eye movement desensitization and reprocessing (EMDR) for post-traumatic stress disorder (PTSD)? A review. *Behavioural and Cognitive Psychotherapy*, 1-11. doi:10.1017/S1352465812000793

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#### ABSTRACT

Background: Controversy continues to exist regarding how EMDR works and whether its mechanisms differ from those at work in standard exposure techniques. Aims: To investigate first whether eye movement bilateral stimulation is an essential component of EMDR and, second, the current status of its theoretical basis. Method: A systematic search for relevant articles was conducted in databases using standard methodology. Results: Clinical research evidence is contradictory as to how essential EMs are in PTSD treatment. More positive support is provided by analogue studies. With regards to potential theoretical support, some evidence was found suggesting bilateral stimulation first increases access to episodic memories; and second that it could act on components of working memory which makes focusing on the traumatic memories less unpleasant and thereby improves access to these memories. Conclusions: The results suggest support for the contention that EMs are essential to this therapy and that a theoretical rationale exists for their use. Choice of EMDR over trauma-focused CBT should therefore remain a matter of patient choice and clinician expertise; it is suggested, however, that EMs may be more effective at reducing distress, and thereby allow other components of treatment to take place.

Laugharne, R. (2012). P-1265 - A role for EMDR (eye movement desensitisation and reprocessing) in the treatment of trauma in patients suffering from a psychosis. *European Psychiatry*, 27, Supplement 1(0). doi:10.1016/S0924-9338(12)75432-9

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#### ABSTRACT

Patients with a functional psychosis are more likely to have a history of trauma, symptoms of PTSD and may have been traumatised by their psychotic symptoms. We present an anonymised case series of patients (who have given consent) suffering from a functional psychotic illness who had a significant history of trauma with symptoms of post traumatic stress disorder (PTSD). After receiving eye movement desensitisation and reprocessing (EMDR), each patient showed an improvement in their PTSD symptoms and reported an improvement in the quality of their lives. As a history of trauma and PTSD symptoms are more frequent in patients with a psychosis, and trauma may be an aetiological component of psychosis, EMDR treatment needs to be researched and explored as a treatment opportunity in this patient group.

Lee, C. W., & Cuijpers, P. (2013). A meta-analysis of the contribution of eye movements in processing emotional memories. *Journal of Behavior Therapy and Experimental Psychiatry*, 44(2), 231-239. doi:10.1016/j.jbtep.2012.11.001

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#### ABSTRACT

Background and objectives: Eye Movement Desensitisation and Reprocessing (EMDR) is now considered evidence based practice in the treatment of trauma symptoms. Yet in a previous meta-analysis, no significant effect was found for the eye movement component. However methodological issues with this study may have

Jim Knipe, PhD  
*Using the EMDR AIP Model for Treating Complex Trauma*  
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Ana Gomez, LPC  
*Step-by-Step: Making EMDR Effective & Developmentally Appropriate for Children & Adolescents*

Arlington, VA Apr 13-14

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resulted in a type II error. The aim of this meta-analysis was to examine current published studies to test whether eye movements significantly affect the processing of distressing memories.

**Method:** A systematic review of the literature revealed two groups of studies. The first group comprised 15 clinical trials and compared the effects of EMDR therapy with eye movements to those of EMDR without the eye movements. The second group comprised 11 laboratory trials that investigated the effects of eye movements while thinking of a distressing memory versus the same procedure without the eye movements in a non-therapy context. The total number of participants was 849.

**Results:** The effect size for the additive effect of eye movements in EMDR treatment studies was moderate and significant (Cohens  $d = .41$ ). For the second group of laboratory studies the effect size was large and significant ( $d = .74$ ). The strongest effect size difference was for vividness measures in the non-therapy studies ( $d = .91$ ). The data indicated that treatment fidelity acted as a moderator variable on the effect of eye movements in the therapy studies.

**Conclusions:** Results were discussed in terms of current theories that suggest the processes involved in EMDR are different from other exposure based therapies.

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Leeds, A. M., & Korn, D. L. (2012). A commentary on Hornsveld et al. (2011): A valid test of resource development and installation? Absolutely not. *Journal of EMDR Practice and Research*, 6(4), 170-173. doi:10.1891/1933-3196.6.4.170

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#### ABSTRACT

Researchers have published evidence supporting both the “working memory” and the “REM/Orienting Response” hypotheses as mechanisms underlying the documented treatment effects of EMDR on patients with posttraumatic stress disorder. Hornsveld et al. (2011) provide additional evidence of the impact of eye movements (EMs) on aspects of positive memory recall, but overstate their findings relevance to resource development and installation (RDI: Korn & Leeds, 2002) and to the interhemispheric interaction hypothesis (Propper & Christman, 2008). Most likely multiple mechanisms underlie the observed effects of EMDR and RDI. The needed RDI test is to randomly assign patients with Disorders of Extreme Stress not Otherwise Specified with measured coping difficulties to alternate conditions: one an RDI procedure without bilateral (or other distracting) sensory stimulation and one with bilateral EMs.

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Lu, D. P., Wu, P. S., & Lu, W. I. (2012). Sedating pediatric dental patients by oral ketamine with alternating bi-lateral stimulation of eye movement desensitization and minimizing adverse reaction of ketamine by acupuncture and bi-digital o-ring test. *Acupuncture & Electro-therapeutics Research*, 37(2-3), 103-23.

Dominic P Lu, School of Dental Medicine University of Pennsylvania, USA.

#### ABSTRACT

Ketamine, besides being an anesthetic agent, is also a strong analgesic that can be especially useful for painful procedures. Vivid dreams and nightmare, considered as undesirable side effects of ketamine, are rarely encountered when administered orally, making it one of the most desirable oral sedative for children because it partially protects the pharyngeal-laryngeal reflex. Besides, if used in recommended dosage, it does not suppress the cardiopulmonary function as most other sedatives do. Ketamine’s bronchodilator effect makes it a good sedative for children with asthma, allergies, and hay fever. Alternating bi-lateral stimulation (ABLS) of eye movement desensitization, applying pre-operatively before ketamine was found to reduce the post-operative violent emergence and behavioral problems. Acupressure at P 6 (Neikuan) acupoint helps to decrease nausea and vomiting episodes by ketamine. 36 patients with history of unmanageable behavior were sedated with ketamine 3mg/kg and ABLS. To prevent possible adverse reaction, Bi-Digital O-Ring Test (BDORT) were used to test all patients. ABLS significantly decreased tearful separation from parent. It took 15 to 20 minutes for ketamine to take effect, peak effect took 20 to 25 minutes. Working time ranged from 20 to 40 minutes. Post-operative recovery was more pleasant when ABLS was combined with ketamine, acupuncture/acupressure not only prevented vomiting and BDORT safeguard the patients from unpredictable untoward side effects but also promoting calmness.

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Martin, K. M. (2012). How to use Fraser’s dissociative table technique to access and work with emotional parts of the personality. *Journal of EMDR Practice and Research*, 6(4), 179-186. doi:10.1891/1933-3196.6.4.179

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#### ABSTRACT

This Clinical Q&A article responds to a question about what process to use to access and identify ego states when working with complex trauma. The procedure for implementing Fraser’s Dissociative Table Technique is explained and detailed in 8 clearly defined steps. The author builds on Fraser’s original instructions and adds several innovations for use by EMDR therapists. Tips on implementing this technique are given. The article then concludes with a session transcript to illustrate the use of this powerful tool.

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Meysami-Bonab, S., Abolghasemi, A., Sheikhan, M., Barahmand, U., & Rasooliazad, M. (2012). The effectiveness of eye movement desensitization and reprocessing therapy on the emotion regulation and emotion recognition of addicted individuals. *Zahedan Journal of Research in Medical Sciences*, 14(10), 33-37.

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Full text available: [http://www.zjrms.ir/browse.php?a\\_id=2161&slc\\_lang=en&sid=1&ftxt=1](http://www.zjrms.ir/browse.php?a_id=2161&slc_lang=en&sid=1&ftxt=1)

### ABSTRACT

**Background:** The purpose of this study is to assess the effectiveness of eye movement desensitization and reprocessing therapy on the emotion regulation and emotion recognition of addicts with traumatic experience.

**Materials and Methods:** This research is an experimental study with pre and post-test design and a control group. The subjects of this study were selected using random sampling method on drug addicts of Ardebil Addiction Treatment Camp who have successfully completed the detoxification period and they were evaluated in two different experimental (15 individuals) and control (15 individuals) groups. The experimental group was treated with EMDR therapy for 8 sessions (each one for 60 minutes) and the control group received no special treatment. All participants filled a questionnaire of Emotion Regulation and Emotion Recognition at the onset of the research and 2 months after termination of treatment. For the data analysis, SPSS-17 software and covariance analysis were used.

**Results:** The results of covariance analysis test indicated that the eye movement desensitization and reprocessing therapy intervention increased the average of positive emotion regulation and emotion recognition scores in the post-test phase and significantly reduced the average of negative emotion regulation scores. **Conclusion:** These results suggest that the treatment of eye movement desensitization and reprocessing is effective in improving regulation and recognition of emotions in addicts with traumatic experience.

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Miller, R. (2012). Treatment of behavioral addictions utilizing the feeling-state addiction protocol: A multiple baseline study. *Journal of EMDR Practice and Research*, 6(4), 159-169. doi:10.1891/1933-3196.6.4.159

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### ABSTRACT

This article proposes a new treatment for behavioral addictions, which are commonly treated with some form of cognitive behavioral therapy. The Feeling-State Addiction Protocol (FSAP), based on the feeling-state theory of behavioral and substance addiction, proposes that just as single-event traumas can become fixated with negative feelings, intensely positive events can become fixated with positive feelings. This fixated linkage between an event and a feeling is called a feeling-state (FS). A multiple baseline study of the FSAP was performed using only the steps of the protocol that involved the processing of the FSs. The results of the study of 4 participants (each with at least two compulsions) indicated for 3 of the 4 participants a clear link between the processing of the FSs and reduced reactivity to the visualized behavior. The reactivity was measured by skin conductance level and a positive feeling scale. All four participants reported that their compulsive behavior was eliminated after the intervention targeted the FSs.

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Mills, S., & Hulbert-Williams, L. (2012). Distinguishing between treatment efficacy and effectiveness in post-traumatic stress disorder (PTSD): Implications for contentious therapies. *Counselling Psychology Quarterly*. doi:10.1080/09515070.2012.682563

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### ABSTRACT

Research psychologists often complain that practitioners disregard research evidence whilst practitioners sometimes accuse researchers of failing to produce evidence with sufficient ecological validity. We discuss the tension that thus arises using the specific illustrative examples of two treatment methods for post-traumatic stress disorder: eye movement desensitisation and reprocessing and exposure-based interventions. We discuss the contextual reasons for the success or failure of particular treatment models that are often only tangentially related to the theoretical underpinnings of the models. We discuss what might be learnt from these debates and develop recommendations for future research.

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Murray, K. (2012). EMDR with grief: Reflections on Ginny Sprang's 2001 study. *Journal of EMDR Practice and Research*, 6(4), 187-191. doi:10.1891/1933-3196.6.4.187

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### ABSTRACT

"Translating Research Into Practice" is a new regular journal feature in which clinicians share clinical case examples that support, elaborate, or illustrate the results of a specific research study. Each column begins with the abstract of that study, followed by the clinician's description of their own application of standard eye movement desensitization and reprocessing (EMDR) procedures with the population or problem treated in the study. The column is edited by the EMDR Research Foundation with the goal of providing a link between research and practice and making research findings relevant in therapists' day-to-day practices. In this issue's column, Katy Murray references Sprang's (2001) study, which investigated EMDR treatment of complicated mourning and describes how she used EMDR with three challenging cases—a mother mourning for her young adult son who died by suicide, a woman struggling with the loss of her mother to Alzheimer's disease, and a young mother whose baby was stillborn. Case examples are followed with a comprehensive discussion.

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Nieuwenhuis, S., Elzinga, B. M., Ras, P. H., Berends, F., Duijs, P., Samara, Z., & Slagter, H. A. (2012). Bilateral saccadic eye movements and tactile stimulation, but not auditory stimulation, enhance memory retrieval. *Brain and Cognition*, 81(1), 52-56. doi:10.1016/j.bandc.2012.10.003

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### ABSTRACT

Recent research has shown superior memory retrieval when participants make a series of horizontal saccadic eye movements between the memory encoding phase and the retrieval phase compared to participants who do not move their eyes or move their eyes vertically. It has been hypothesized that the rapidly alternating activation of the two hemispheres that is associated with the series of left-right eye movements is critical in causing the enhanced retrieval. This hypothesis predicts a beneficial effect on retrieval of alternating left-right stimulation not only of the visuomotor system, but also of the somatosensory system, both of which have a strict contralateral organization. In contrast, this hypothesis does not predict an effect, or a weaker effect, on retrieval of alternating left-right stimulation of the auditory system, which has a much less lateralized organization. Consistent with these predictions, we replicated the horizontal saccade-induced retrieval enhancement (Experiment 1) and showed that a similar retrieval enhancement occurs after alternating left-right tactile stimulation (Experiment 2). Furthermore, retrieval was not enhanced after alternating left-right auditory stimulation compared to simultaneous bilateral auditory stimulation (Experiment 3). We discuss the possibility that alternating bilateral activation of the left and right hemispheres exerts its effects on memory by increasing the functional connectivity between the two hemispheres. We also discuss the findings in the context of clinical practice, in which bilateral eye movements (EMDR) and auditory stimulation are used in the treatment of post-traumatic stress disorder.

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Nijdam, M. J., van der Pol, M. M., Dekens, R. E., Olf, M., & Denys, D. (2013). Treatment of sexual trauma dissolves contamination fear: Case report. *European Journal of Psychotraumatology*, 4. doi:10.3402/ejpt.v4i0.19157

Full text available: <http://www.eurojnlpsychotraumatol.net/index.php/ejpt/article/view/19157>

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### ABSTRACT

**Background:** In patients with co-morbid obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD), repetitive behavior patterns, rituals, and compulsions may ward off anxiety and often function as a coping strategy to control reminders of traumatic events. Therefore, addressing the traumatic event may be crucial for successful treatment of these symptoms.

**Objective:** In this case report, we describe a patient with comorbid OCD and PTSD who underwent pharmacotherapy and psychotherapy.

**Methods:** Case Report. A 49-year-old Dutch man was treated for severe PTSD and moderately severe OCD resulting from anal rape in his youth by an unknown adult man.

**Results:** The patient was treated with paroxetine (60 mg), followed by nine psychotherapy sessions in which eye movement desensitization and reprocessing (EMDR) and exposure and response prevention (ERP) techniques were applied. During psychotherapy, remission of the PTSD symptoms preceded remission of the OCD symptoms.

**Conclusions:** This study supports the idea of a functional connection between PTSD and OCD. Successfully processing the trauma results in diminished anxiety associated with trauma reminders and subsequently decreases the need for obsessive-compulsive symptoms.

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Mankuta, D., Aziz-Suleyman, A., Yochai, L., & Allon, M. (2012). Field evaluation and treatment of short-term psycho-medical trauma after sexual assault in the democratic republic of congo. *The Israel Medical Association Journal: IMAJ*, 14(11), 653-7.

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### ABSTRACT

**Background:** During the horrific war in the Democratic Republic of Congo during the years 1996-2007 the number of casualties is estimated to be 5.4 million. In addition, 1.8 million women, children and men were raped, many as a social weapon of war. Many of these women still suffer from post-traumatic stress disorder (PTSD) and mutilated genitals.

**Objectives:** To assess a short-term interventional team for the evaluation and treatment of sexual trauma victims.

**Methods:** The intervention program comprised four components: training the local staff, medical evaluation and treatment of patients, psychological evaluation and treatment of trauma victims, and evacuation and transport of patients with mutilated genitals. A diagnostic tool for posttraumatic stress disorder (PTSD)--the Impact Event Scale (IES)--was used. The psychological treatment was based on EMDR (eye movement desensitization and reprocessing) principles. Using questionnaires, the information was obtained from patients, medical staff and medical records.

**Results:** Three primary care clinics were chosen for intervention. Of the 441 women who attended the clinics over a period of 20 days, 52 women were diagnosed with severe PTSD. Psychological intervention was offered to only 23 women because of transport limitations. The most common medical problems were pelvic inflammatory disease and secondary infertility. Nine patients suffered genital mutilation and were transferred for surgical correction. The 32 local nurses and 2 physicians who participated in the theoretical and practical training course showed improved knowledge as evaluated by a written test.

**Conclusions:** With the short-term interventional team model for sexual assault victims the combined cost of medical and psychological services is low. The emphasis is on training local staff to enhance awareness and providing them with tools to diagnose and treat sexual assault and mutilation.