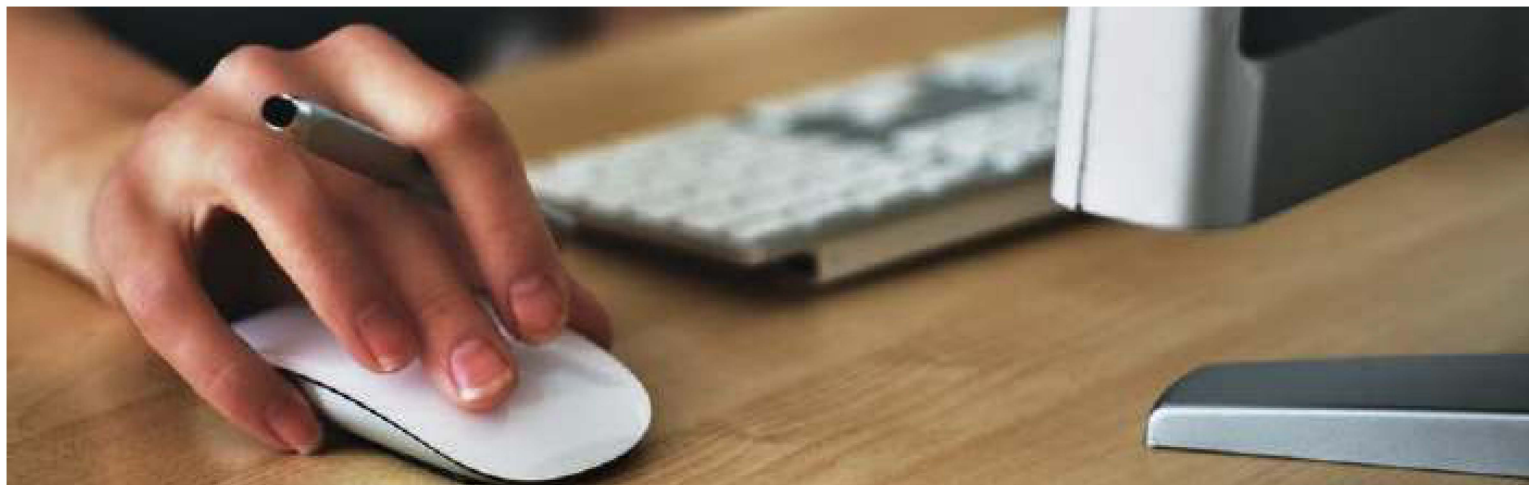


Recent Articles On EMDR

ANDREW M. LEEDS, PH.D.



This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit prepress 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>

Bae, H., Kim, D., Cho, Y., Kim, D., & Kim, S. H. (2018). Add-on Eye Movement Desensitization and Reprocessing (EMDR) Therapy for Adults with Post-traumatic Stress Disorder Who Failed to Respond to Initial Antidepressant Pharmacotherapy. *J Korean Med Sci*, 33(48), e306.

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ABSTRACT

This study examined the add-on efficacy of eye movement desensitization and reprocessing (EMDR) therapy

among adult civilians with post-traumatic stress disorder (PTSD) who continued to be symptomatic after more than 12 weeks of initial antidepressant treatment. Scores for the Clinician Administered PTSD Scale (CAPS) were rated pre- and post-EMDR and at a 6-month follow-up. After an average of six sessions of EMDR treatment, seven of 14 patients (50%) showed more than a 30% decrease in CAPS score and eight (57%) no longer met the criteria for PTSD. Our results indicate that EMDR could be successfully added after failure of initial pharmacotherapy for PTSD.

Beer, R. (2018). Efficacy of EMDR Therapy for Children With PTSD: A Review of the Literature. *Journal of EMDR Practice and Research*, 12(4), 177-195. doi:10.1891/1933-3196.12.4.177

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ABSTRACT

The rationale is synthesized for the urgency of empirical studies demonstrating the efficacy of eye movement desensitization and reprocessing (EMDR) therapy for children and adolescents

with posttraumatic stress disorder (PTSD), symptoms of PTSD, or other trauma-related symptoms. This literature review examined 15 studies (including nine randomized clinical trials) that tested the efficacy of EMDR therapy for the treatment of children and adolescents with these symptoms. All studies found that EMDR therapy produced significant reductions in PTSD symptoms at posttreatment and also in other trauma-related symptoms, when measured. A methodological analysis identified limitations in most studies, reducing the value of these findings. Despite these shortcomings, the methodological strength of the identified studies has increased over time. The review also summarized three meta-analyses. The need for additional rigorous research is apparent, and in order to profit from experiences of the past, the article provides some guidelines for clinicians seeking to conduct future research in their agencies.

Brewerton, T. D. (2018). An Overview of Trauma-Informed Care and Practice for Eating Disorders. *Journal of Aggression, Maltreatment & Trauma*, 1-18. doi:10.1080/10926771.2018.1532940

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ABSTRACT

This article reviews concepts and principles of trauma-informed care and trauma-informed practice for those with eating disorders (EDs). EDs are not universally recognized to be associated with traumatic events, despite substantial research evidence indicating that individuals with EDs report very high rates of childhood maltreatment, other lifetime traumatic events, as well as adverse consequences from trauma. Using national representative samples, higher prevalence rates of PTSD and other trauma-related

comorbidities have been reported in those with EDs, particularly those with bulimic symptoms (binge eating and/or purging). Evidence suggests that those prone to develop EDs appear to be especially sensitive to the effects of stress/adversity and have high rates of premorbid anxiety disorders, personality traits, and neuropsychological features that predispose them to PTSD and its symptoms. This article also reviews some of the important principles for treating individuals with EDs comorbid for PTSD and other trauma-related disorders, including the necessity of moving beyond sequential treatment to the development of integrated treatment protocols. Integration of existing evidence-based treatments, including family therapy, cognitive behavioral therapy, dialectical behavior therapy, cognitive processing therapy, prolonged exposure, and eye movement desensitization reprocessing are recommended. Recent research suggests that ED clinicians view integrated treatment for individuals with ED and PTSD as a top priority, yet they have several concerns about administering such a treatment. As trauma-informed care is embraced by all clinicians and treatment programs that assess and treat eating and related disorders, better outcomes are anticipated.

Cusimano, A. (2018). EMDR in the Treatment of Adolescent Obsessive-Compulsive Disorder: A Case Study. *Journal of EMDR Practice and Research*, 12(4), 242-254. doi:10.1891/1933-3196.12.4.242

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ABSTRACT

Most of the empirical evidence supporting the efficacy of eye movement desensitization and reprocessing (EMDR) has been with individuals suffering from posttraumatic stress disorder

(PTSD). This case study reports on the successful treatment of obsessive-compulsive disorder (OCD) in a 13-year-old male using the standard three-pronged approach of EMDR in a private practice setting. The current protocol addressed the initial touchstone event, the current level of distress related to that event, as well as anticipation and planning for future feared events. The participant received 15 sessions of EMDR. At 90-day posttreatment follow-up, there was a substantial decrease in OCD symptoms (from moderate to sub-clinical) as measured by the Children's Yale-Brown Obsessive-Compulsive Scale, indicating a large effect size ($d = 0.81$). The current study provides insight into treating OCD in adolescence and how using the three-pronged approach (past, present, and future) of EMDR can be an effective tool. Study limitations and suggestions for future clinical research are discussed.

de Bont, P. A. J. M., van der Vleugel, B. M., van den Berg, D. P. G., de Roos, C., Lokkerbol, J., Smit, F., . . . van Minnen, A. (2019). Health-economic benefits of treating trauma in psychosis. *European Journal of Psychotraumatology*, 10(1), 1565032. doi:10.1080/20008198.2018.1565032

Open access: <http://dx.doi.org/10.1080/20008198.2018.1565032>

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ABSTRACT

Background: Co-occurrence of post-traumatic stress disorder (PTSD) in psychosis (estimated as 12%) raises personal suffering and societal costs. Health-economic studies on PTSD treatments in patients with a diagnosis of a psychotic disorder have not yet been conducted, but are needed for guideline development and implementation. This study aims to analyse the cost-effectiveness of guideline PTSD

therapies in patients with a psychotic disorder.

Methods: This health-economic evaluation alongside a randomized controlled trial included 155 patients with a psychotic disorder in care as usual (CAU), with comorbid PTSD. Participants received eye movement desensitization and reprocessing (EMDR) ($n = 55$), prolonged exposure (PE) ($n = 53$) or waiting list (WL) ($n = 47$) with masked assessments at baseline (T0) and at the two-month (post-treatment, T2) and six-month follow-up (T6). Costs were calculated using the TiC-P interview for assessing healthcare consumption and productivity losses. Incremental cost-effectiveness ratios and economic acceptability were calculated for quality-adjusted life years (EQ-5D-3L-based QALYs) and PTSD 'Loss of diagnosis' (LoD, CAPS).

Results: Compared to WL, costs were lower in EMDR (€1410) and PE (€501) per patient per six months. In addition, EMDR (robust SE 0.024, $t = 2.14$, $p = .035$) and PE (robust SE 0.024, $t = 2.14$, $p = .035$) yielded a 0.052 and 0.051 incremental QALY gain, respectively, as well as 26% greater probability for LoD following EMDR (robust SE = 0.096, $z = 2.66$, $p = .008$) and 22% following PE (robust SE 0.098, $z = 2.28$, $p = .023$). Acceptability curves indicate high probabilities of PTSD treatments being the better economic choice. Sensitivity analyses corroborated these outcomes.

Conclusion: Adding PTSD treatment to CAU for individuals with psychosis and PTSD seem to yield better health and less PTSD at lower costs, which argues for implementation.

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Furuta, M., Horsch, A., Ng, E. S. W., Bick, D., Spain, D., & Sin, J. (2018). Effectiveness of Trauma-Focused Psychological Therapies for Treating Post-traumatic Stress Disorder Symptoms in Women Following Childbirth: A Systematic Review and Meta-Analysis. *Front Psychiatry*, 9, 591.

Open access:

<https://www.frontiersin.org/articles/10.3389/fpsy.2018.00591/full>

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ABSTRACT

Background: Approximately 3% of women in community samples develop posttraumatic stress disorder (PTSD) after childbirth. Higher prevalence rates are reported for high risk samples. Postpartum PTSD can adversely affect women's wellbeing, mother-infant relationships and child development. This study aims to examine the effectiveness of trauma-focused psychological interventions (TFPT), for postnatal women.

Methods: We conducted a systematic review and meta-analysis including all clinical trials which reported post-traumatic stress symptoms for both the intervention and control groups or at least two time-points, pre- and post-intervention. We searched four databases: CENTRAL, MEDLINE, PsycINFO, and OpenGrey. Screening of search results, data extraction, and risk of bias assessment were undertaken independently by two reviewers.

Results: Eleven studies, reported in 12 papers, involving 2,677 postnatal women were included. All were RCTs, bar one case series. Interventions varied in modality, duration and intensity, and included exposure therapy, trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing and other psychological approaches. Participants had experienced uncomplicated births, emergency cesarean sections and/or preterm births. Results suggest that TFPT are effective for reducing PTSD symptoms in the short term (up to 3 months postpartum [4 RCTs, $n = 301$, SMD = -0.50, 95% CI = -0.73 to -0.27]), and medium term (i.e., 3-6 months postpartum [2 RCTs, $n = 174$, SMD = -1.87, 95% CI =

-2.60 to -1.13]). However, there is no robust evidence to suggest whether TFPT can also improve women's recovery from clinically significant PTSD symptoms.

Conclusion: Further larger studies, distinguishing between low and high risk groups, and with adequate follow-up, are needed to establish which TFPT are most effective and acceptable for treating postnatal PTSD.

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Gielkens, E. M. J., Sobczak, S., Rossi, G., Rosowsky, E., & van Alphen, S. J. P. (2018). EMDR as a treatment approach of PTSD complicated by comorbid psychiatric, somatic, and cognitive disorders: A case report of an older woman with a borderline and avoidant personality disorder. *Clinical Case Studies*, 17(5), 328-347.

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ABSTRACT

Traumatic life events can result in severe psychiatric conditions among which posttraumatic stress disorder (PTSD) is the most prevalent. Due to high comorbidity with other psychiatric diagnoses, PTSD treatment is challenging. In older adults, the presentation of PTSD symptoms is especially complicated because of even higher comorbidity, higher rates with other mental disorders, and cognitive and somatic conditions. Eye movement desensitization and reprocessing (EMDR) is an evidence-based treatment for trauma in younger adults. There is limited empirical research on the treatment effects of EMDR in older adults. Moreover, the impact of successful EMDR treatment on the comorbid disorders, especially personality and cognitive dysfunctions, is unclear. In this case report, EMDR treatment effects for late-onset PTSD with comorbid borderline and avoidant personality disorders, as well as cog-

nitive disorders and multiple somatic problems, will be presented in an older woman.

Hurn, R., & Barron, I. (2018). The EMDR Integrative Group Treatment Protocol in a Psychosocial Program for Refugee Children: A Qualitative Pilot Study. *Journal of EMDR Practice and Research*, 12(4), 208-223. doi:10.1891/1933-3196.12.4.208

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ABSTRACT

The current study evaluated the eye movement desensitization and reprocessing integrative group treatment protocol (EMDR-IGTP) delivered within a novel psychosocial program for child refugees. One Libyan and seven Syrian children, aged 6 to 11 years 10 months (five boys), received four 3-hour sessions, with IGTP in the second session. The study investigated whether IGTP would be valuable for child refugees whose trauma symptoms failed to reach Child and Adolescent Mental Health Service thresholds. In addition, the project aimed to identify cultural hurdles that may hinder access to Western psychological approaches. Qualitative data were collected from eight children, two therapists (an eye movement desensitization and reprocessing [EMDR] practitioner and a family care worker), and a focus group of four Arab interpreters. The qualitative design involved children completing rating scales at the beginning and end of each session and the Subjective Units of Disturbance (SUD) scale for traumatic memories before and after EMDR-IGTP. Therapists reflected on outcomes in a postintervention report, and the interpreters discussed cultural challenges in a focus group. IGTP appeared to lead to reduced internal distress and perceived increases

in emotional awareness for children. Therapists' reports affirmed reduced disturbance and highlighted the cultural sensitivity of IGTP. The interpreters' focus group emphasized the challenges of language, the stigma of mental illness, and the differing levels of communicative control across cultures. Future studies of IGTP, embedded within psychosocial programs for refugee children, need to utilize experimental research designs including culturally sensitive outcome measures.

Ghanbari Nia, N., Afrasiabifar, A., & Behnammoghadam, M. (2018). Comparing the effect of eye movement desensitization and reprocessing (EMDR) with guided imagery on pain severity in patients with rheumatoid arthritis. *Journal of Pain Research*, Volume 11, 2107-2113.

Open Access: <http://dx.doi.org/10.2147/jpr.s158981>

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ABSTRACT

Objective: Previous studies reported the reduction of pain following eye movement desensitization and reprocessing (EMDR) and guided imagery; however, the effectiveness of these modalities was not compared. The current study aimed to compare the effects of EMDR and guided imagery on pain severity in patients with rheumatoid arthritis.

Material and methods: In this randomized controlled trial, 75 patients were selected using non-random method, and then allocated into two intervention groups and one control group. Interventions were conducted individually in six consecutive sessions for the intervention groups. The Rheumatoid Arthritis Pain Scale was used for data collection before and after the interventions. Collected data were analyzed

with descriptive and inferential statistics in SPSS. Significance level was considered at $P < 0.05$.

Results: The post-intervention mean scores of physiological, affective, sensory-discriminative, and cognitive pain sub-scales for patients in guided imagery group were 16.3 ± 2.2 , 13.9 ± 2.2 , 30.6 ± 3.4 , and 23.2 ± 3 , respectively. The post-intervention mean scores of these sub-scales in the EMDR group were 22 ± 1.5 , 18.1 ± 1.8 , 39.6 ± 2.8 , and 29 ± 1.8 , respectively. A significant difference was observed in the mean pain score between EMDR and guided imagery groups, and also between each intervention group and the control group ($P = 0.001$).

Conclusion: Guided imagery and EMDR could reduce pain in rheumatoid arthritis, but pain reduction was more following the EMDR than guided imagery.

Ibadi, A., Kuntoro, I. A., & Iswardani, T. (2018). The Implementation of Resource Development and Installation (RDI) for an Adolescent with Non-Suicidal Self Injury (NSSI). Proceedings from Proceedings of the 1st International Conference on Intervention and Applied Psychology (ICIAP 2017), Paris, France.

Open access: <http://dx.doi.org/10.2991/iciap-17.2018.10>

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ABSTRACT

This study examines the application of Resource Development and Installation (RDI) for Non-Suicidal Self Injury (NSSI) as applied to the case of a 16-year-old female adolescent using pre- and post-test design. NSSI, negative feelings and positive resources were assessed before and after RDI sessions were provided. RDI is the second phase of Eye Movement Desensitization (EMDR)

therapy provided to a client for psychological stabilization before trauma confrontation sessions. During RDI, the therapist facilitates the client in identifying positive emotions and positive coping strategies to be used when facing problematic or challenging situations that trigger negative emotions. In this study, we applied two RDI techniques to activate and strengthen the client's positive resources: Point of Power and Absorption Technique. The purpose of the RDI application is to reduce the NSSI by increasing positive resources and decreasing negative feelings, especially anxiety. After the RDI session, the client reported an increase in positive resources and a decrease in negative feelings as evidenced by a decline in scores of the Harvard Trauma Questionnaire (HTQ), the Hopkins Symptom Checklist (HSCL), and the Child Behavior Checklist for Age 4-18 (CBCL/4-18). The client also reported a positive change in behavior, as she feels more able to regulate her negative feelings by diverting her mind into a positive direction and perceiving her feelings more positively.

(2018). ISTSS PTSD Prevention and Treatment Guidelines Methodology and Recommendations.

Open Access:

<https://www.istss.org/treating-trauma/new-istss-prevention-and-treatment-guidelines.aspx>

Introduction

1.1. The updated ISTSS PTSD Prevention and Treatment Guidelines Methodology and Recommendations, and Position Papers on Complex PTSD are available to download through the ISTSS website, along with the evidence summaries that generated the recommendations. These documents are key components of the updated Guidelines; the third edition of Effective Treatments for PTSD, is due to be published at the

end of 2019 and will focus on providing practitioners with more detailed guidance on the use of the recommendations and position papers to inform clinical practice.

1.2. This document includes the recommendations and describes the methodology used to develop them. Important issues that should be considered when interpreting the recommendations, and translating them into practice, are highlighted. It was decided to publish the recommendations and position papers in advance of the book as they represent a comprehensive and up-to-date synthesis of high-quality research evidence that is likely to help practitioners in their work. It is, however, important to highlight that the Effective Treatments for PTSD book will provide the detailed narrative required to assist practitioners to make fully informed decisions about the applicability of the recommendations to specific clinical situations.

Jaberghaderi, N., Rezaei, M., Kolivand, M., & Shokoohi, A. (2019). Effectiveness of Cognitive Behavioral Therapy and Eye Movement Desensitization and Reprocessing in Child Victims of Domestic Violence. *Iranian Journal of Psychiatry*, 14(1), 67-75.

Online access: <http://ijps.tums.ac.ir/index.php/ijps/article/view/1129/836>

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ABSTRACT

Objective: This study was conducted to examine and compare the effectiveness of cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) in child victims of domestic violence (child physical abuse and/or witnessing parents' conflicts).

Method: A total of 139 girls and boys, aged 8-12 years, were randomly assigned into CBT (n = 40), EMDR (n = 40), or control groups (n=59). All children received up to 12 individual treatment sessions over 4-12 weeks. Blind assessment was done before and 2 weeks after the treatment and on a variety of teacher-parent-rated and self-report measures of posttraumatic symptomatology, depression, anxiety, and behavior problems.

Results: CBT and EMDR were effective in ameliorating psychological sequelae of victims of domestic violence on the measured variables ($p = .001$). Comparison of the treatment and control groups suggested moderate to high practical significance in treatment groups vs controls.

Conclusion: Both CBT and EMDR can help children to greatly recover from the outcomes of domestic violence in comparison with control group. Moreover, structured trauma treatments are strongly recommended and can be used for children.

Keenan, P., Farrell, D., Keenan, L., & Ingham, C. (2018). Treating Obsessive Compulsive Disorder (OCD) using Eye Movement Desensitisation and Reprocessing (EMDR) Therapy: An Ethno-Phenomenological Case Series. *International Journal of Psychotherapy*, 22(3), 74-91.

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ABSTRACT

Obsessive Compulsive Disorder (OCD) is a bio-psycho-socio-cultural disorder that includes genetic, neural brain anomalies, traumatic experiences, and development of dysfunctional beliefs frequently learnt from others and from the environment.

Current empirical research supports Cognitive Behavioural Therapy (Exposure and Response Prevention)

as the 'gold-standard' psychological treatment intervention. However, clients with OCD often describe their anxieties as the result of an exposure to earlier adverse life experiences (past), or as a worst fear (future) related to their symptomatology, by onset or maintenance features.

This case-series design study explored the impact of EMDR Therapy with eight clients diagnosed with OCD, yet despite having received previous treatment – CBT (ERP) – were still OCD symptomatic.

The research methodology was that of Ethno-Phenomenology. Psychometric results highlighted a promising treatment effect of EMDR Therapy by reducing anxiety, depression, obsessions, compulsions and subjective levels of disturbance. Despite promising initial results with a small survey, more conducted research with this important clinical population is essential.

Lewey, J. H., Smith, C. L., Burcham, B., Saunders, N. L., Elfallal, D., & O'Toole, S. K. (2018). Comparing the Effectiveness of EMDR and TF-CBT for Children and Adolescents: a Meta-Analysis. *Journal of Child & Adolescent Trauma*, 11(4), 457-472. doi:10.1007/s40653-018-0212-1

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ABSTRACT

Efficacy of EMDR and TF-CBT for post-traumatic stress symptoms (PTSS) was explored through meta-analysis. A comprehensive search yielded 494 studies of children and adolescents with PTSS who received treatment with these evidence-based therapeutic modalities. Thirty total studies were included in the meta-analysis. The overall Cohen's d was small (-0.359) and statistically significant ($p < 0.05$), indicating EMDR and TF-CBT are effective in treating PTSS. Major findings posit TF-CBT is marginally more effective than EMDR; those with sub-clinical PTSS responded more favorably in treatment

than those with PTSD; and greater reductions in PTSS were observed with presence of comorbidity in diagnosis. Assessment of publication bias with Classic fail-safe N revealed it would take 457 nonsignificant studies to nullify these findings.

Mattheß, C., Farrell, D., Mattheß, M., Bumke, P., Sodemann, U., & Mattheß, H. (2018). The therapeutic value of trauma stabilisation in the treatment of post-traumatic stress disorder - A Southeast Asian Study. *Asian J Psychiatr*.

URL: <https://www.ncbi.nlm.nih.gov/pubmed/30340966>

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ABSTRACT

OBJECTIVE: Southeast Asia suffers from various forms of natural disasters and interpersonal violence. This creates a large trauma population, while at the same time mental health services in this area are limited. The humanitarian organisation Trauma Aid Germany established trauma capacity building by training 37 local therapists in psycho-traumatology, including trauma stabilisation, in Cambodia, Indonesia and Thailand. This analysis examines the impact of trauma stabilisation as a sole treatment for traumatized clients.

METHOD: Clients were screened for PTSD using the Harvard Trauma Questionnaire pre- and post-treatment. Analysis only included clients who had received trauma stabilisation, including psychoeducation, but no confrontation with the traumatic event.

RESULTS: Trauma stabilisation was highly effective in reducing PTSD symptoms, with high remission from PTSD post-treatment. Trauma stabilisation affected all subscales of PTSD and was effective in clinical as well as subclinical traumatized clients.

CONCLUSION: The research supports the notion that trauma stabilisation is a treatment effect for PTSD. It was highly effective in its own in reducing PTSD symptoms. Based on the analysis, trauma stabilisation was a safe, language independent treatment for PTSD sufficiently flexible to be sensitive to the client's context. Therapists can adapt the techniques to the individual client and his cultural, spiritual, developmental, cognitive and situational background. Trauma stabilisation is suitable for implementation in crisis areas. The research has also implications to the potential utilisation of paraprofessionals.

Minelli, A., Zampieri, E., Sacco, C., Bazzanella, R., Mezzetti, N., Tessari, E., . . . Bortolomasi, M. (2019). Clinical efficacy of trauma-focused psychotherapies in treatment-resistant depression (TRD) in-patients: A randomized, controlled pilot-study. *Psychiatry Research*, 273, 567-574. doi:10.1016/j.psychres.2019.01.070

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ABSTRACT

In major depressive disorder (MDD) patients, life stress events represent a risk factor for a severe, early-onset, treatment-resistant and chronic endophenotype. Treatment-resistant depression (TRD) patients who have experienced traumatic events could benefit from evidence-based trauma-focused psychotherapies. Because this topic has never been investigated, the aim of this pilot trial was to evaluate whether trauma-focused cognitive-behavioural therapy (TF-CBT) and/or eye movement desensitization and reprocessing (EMDR) can help achieve depressive symptom remission in TRD patients. We carried out a single-blind randomized controlled trial with TRD patients and we compared EMDR (N = 12) with

TF-CBT (N = 10). Patients received 3 individual sessions per week over a period of 8 weeks. The symptomatological assessments were performed at 4 timepoints: baseline (T0), 4 (T4), 8 (T8) and 12 (T12) weeks. After 24 weeks, a clinical interview was carried out by phone. All TRD patients showed a significant improvement in depressive symptomatology; however, post hoc comparisons showed a significant difference between the two treatment groups, with lower depressive symptom scores in the EMDR than in the TF-CBT group at the follow-up (T12). This effect was partly maintained at 24 weeks. This pilot study suggests that evidence-based trauma-focused psychotherapies, particularly EMDR, can represent effective interventions to treat TRD patients.

Negash, S., Carlson, S. H., & Linder, J. N. (2018). Emotionally focused therapy and eye movement desensitization and reprocessing: An integrated treatment to heal the trauma of infidelity. *Couple and Family Psychology: Research and Practice*. doi:10.1037/cfp0000107

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ABSTRACT

Despite the prevalence of infidelity and the serious harm it causes relationships, scarce clinical literature exists about how to use trauma-informed approaches to help couples in conjoint therapy. Emotionally focused therapy (EFT) and eye movement desensitization and reprocessing (EMDR) have been empirically proven in their own right to be effective in the treatment of trauma and couples, respectively, and were utilized conjointly in this article as a means to heal trauma related to infidelity in couple therapy. The combined EFT-EMDR approach consists of using EMDR as an intervention within

specific stages of EFT. A case example is presented to illustrate use of the integrated approach. Suggestions from this article may help couple therapists understand the role that trauma plays in maintaining the attachment injury of infidelity and to adequately attend to the traumatic impact of infidelity on both partners.

Phillips, J. S., Erskine, S., Moore, T., Nunney, I., & Wright, C. (2019). Eye movement desensitization and reprocessing as a treatment for tinnitus. *The Laryngoscope*, 00, 1-7. doi:10.1002/lary.27841

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ABSTRACT

Objectives/Hypothesis: To determine the effectiveness of eye movement desensitization and reprocessing (EMDR) as a treatment for tinnitus.

Study Design: Single-site prospective interventional clinical trial at a university hospital in the United Kingdom.

Methods: Participants were provided with tEMDR. This is a bespoke EMDR protocol that was developed specifically to treat individuals with tinnitus. Participants received a maximum of 10 sessions of tEMDR. Outcome measures including tinnitus questionnaires and mood questionnaires were recorded at baseline, discharge, and at 6 months postdischarge.

Results: Tinnitus Handicap Inventory and Beck Depression Inventory scores demonstrated a statistically significant improvement at discharge after EMDR intervention ($P = .0005$ and $P = .0098$, respectively); this improvement was maintained at 6 months postdischarge. There was also a moderate but not significant ($P = .0625$) improvement in Beck Anxiety Inventory scores.

Conclusions: This study has demonstrated that the provision of tEMDR has

resulted in a clinically and statistically significant improvement in tinnitus symptoms in the majority of those participants who took part. Furthermore, the treatment effect was maintained at 6 months after treatment ceased. This study is of particular interest, as the study protocol was designed to be purposefully inclusive of a diverse range of tinnitus patients. However, as a small uncontrolled study, these results do not consider the significant effects of placebo and therapist interaction. Larger high-quality studies are essential for the verification of these preliminary results.

Rathore, H. E. (2018). Trust and Attunement-Focused EMDR With a Child. *Journal of EMDR Practice and Research*, 12(4), 255-268. doi:10.1891/1933-3196.12.4.255

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ABSTRACT

This qualitative case study explores using eye movement desensitization and reprocessing (EMDR) therapy informed by attachment and neuroscience research about the importance of safety (trust) and relationship (attunement). This was chosen to enable a young child to create vital positive neural networks and process early trauma while remaining within the window of receptivity, despite issues of avoidance and control. A single case study design was used with a 5-year-old child who experienced early traumas. Observable symptoms included separation anxiety, avoidance, compromised motor skills, and compromised speech. Data were obtained from carer, child, and teacher report, notes, observations, case file, ratings of emotions, and behaviors. The data were explored for outcome data points, validity, and protocol adherence. Key findings were that EMDR used with attunement and trust-build-

ing strategies appeared to support developmental progress while facilitating pervasive post-traumatic growth. EMDR appears to offer appropriate opportunities for incorporating neuroscience and attachment research in order to facilitate trauma processing. Future research into EMDR story-telling procedures and possible causative relationships between trust-building and attunement with neurodevelopmental markers would be a possible next step.

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Rousseau, P.-F., El Khoury-Malhame, M., Reynaud, E., Boukezzi, S., Cancel, A., Zendjidian, X., . . . Khalfa, S. (2019). Fear extinction learning improvement in PTSD after EMDR therapy: an fMRI study. *European Journal of Psychotraumatology*, 10(1), 1568132. doi:10.1080/20008198.2019.1568132

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ABSTRACT

Objective: Neurobiological models of Posttraumatic Stress Disorder (PTSD) implicate fear processing impairments in the maintenance of the disorder. Eye Movement Desensitization and Reprocessing (EMDR) is one of the most efficient psychotherapies to treat PTSD. We aimed at exploring the brain mechanisms of the fear circuitry involved in PTSD patients' symptom remission after EMDR therapy.

Method: Thirty-six PTSD participants were randomly assigned to either EMDR group receiving EMDR therapy or Wait-List (WL) group receiving supportive therapy. Participants underwent a behavioural fear conditioning and extinction paradigm during functional magnetic resonance (fMRI). In the EMDR group, patients were scanned at baseline, before EMDR and one week

after remission. In the WL group, patients were scanned at baseline and within the same time interval as the EMDR group.

Results: In the EMDR group after treatment, fear responses in the late extinction were significantly lower than before therapy. In parallel, significant functional activity and connectivity changes were found in the EMDR group versus the WL during the late extinction. These changes involve the fear circuit (amygdalae, left hippocampus), the right inferior frontal gyrus, the right frontal eye field and insula ($p_{FWE} < .05$).

Conclusion: These functional modifications underlie a significant improvement of fear extinction learning in PTSD patients after EMDR therapy.

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Swimm, L. L. (2018). EMDR Intervention for a 17-Month-Old Child to Treat Attachment Trauma: Clinical Case Presentation. *Journal of EMDR Practice and Research*, 12(4), 269-281. doi:10.1891/1933-3196.12.4.269

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ABSTRACT

This article explores the effectiveness of treating a 17-month-old male diagnosed with posttraumatic stress disorder (PTSD) and a disrupted secure attachment utilizing eye movement desensitization reprocessing (EMDR) and an integrative family therapy approach. The child experienced a life-threatening choking incident requiring hospitalization. Pretreatment, the child was inconsolable by his parents when distressed and could not tolerate anything touching his throat. Posttreatment, the child accepts comfort from his parents and allows his mother to kiss his throat. Results demonstrate a reduction or elimination of PTSD symptoms and a return to a secure attachment. This case study underscores Shapiro's Adaptive

Information Processing (AIP) model (2001). Application and customization of the eight phases of EMDR therapy are highlighted along with the Integrative Attachment Trauma Protocol for Children (IATP-C). Treatment consisted of five sessions. Customization included caregiver psychoeducation; EMDR resource development, focused on strengthening attachment and regulating emotion; and facilitating caregiver co-regulation throughout EMDR. The use of EMDR therapy with customization through the IATP-C protocol shows promise as an effective intervention for treating posttraumatic stress symptoms and repairing attachment in very young children.

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van Denderen, M., de Keijser, J., Stewart, R., & Boelen, P. A. (2018). Treating complicated grief and posttraumatic stress in homicidally bereaved individuals: A randomized controlled trial. *Clinical Psychology & Psychotherapy*, 25(4), 497-508.

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ABSTRACT

Homicidally bereaved individuals may experience symptoms of Complicated Grief (CG) and Posttraumatic Stress Disorder (PTSD). This Randomized Controlled Trial examined the effectiveness of an 8-session treatment encompassing Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) to reduce self-rated CG and PTSD symptoms in 85 Dutch adult homicidally bereaved men and women. We compared changes in symptoms of CG (assessed using the Inventory of Complicated Grief) and PTSD (assessed using the Impact of Event Scale) between an intervention group and a waitlist control group. The treatment was effective in reducing CG and

PTSD symptoms, from pretreatment to posttreatment. It can be concluded that EMDR and CBT seem promising treatments for homicidally bereaved individuals for both men and women, and regardless of the time since the loss. Further research is needed to examine whether a combined treatment of EMDR and CBT together is of added value in situations where grief and trauma are intertwined over offering only one of the two treatment modalities.

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Wesselmann, D., Armstrong, S., Schweitzer, C., Davidson, M., & Potter, A. (2018). An Integrative EMDR and Family Therapy Model for Treating Attachment Trauma in Children: A Case Series. *Journal of EMDR Practice and Research*, 12(4), 196-207. doi:10.1891/1933-3196.12.4.196

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ABSTRACT

This case series study investigated the effectiveness of an integrative eye movement desensitization and reprocessing (EMDR) and family therapy model, specifically the Integrative Attachment Trauma Protocol for Children (IATP-C), for improving traumatic stress, attachment relationships, and behaviors in children with a history of attachment trauma; specifically, adopted children with a history of maltreatment and foster or orphanage care. Of the 23 child participants, one family dropped out at 6 months, and 22 completed treatment in 6–24 months. Mean treatment length was

12.7 months. Statistical analysis demonstrated significant improvement in scores on children's traumatic stress symptoms, behaviors, and attachment relationships by the end of treatment. Statistical analysis of secondary measures showed significant improvement in mothers' scores related to symptomology and attitudes toward their child. Gains were maintained for the 15 families who complied with completion and returning of follow-up measures. Limitations of the study include the lack of a control group and small sample size. Future directions include controlled efficacy studies with larger sample sizes as well as exploration of application of the model to a similar population of children in other cultures and to children who are not residing in permanent placements.

