

Recent Articles on EMDR Therapy

The listings below offer citations, abstracts, and preprint/reprint information on all EMDR therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy, including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals.

Recent Articles

Alves-Costa, F., Hamilton-Giachritsis, C., Christie, H., van Denderen, M., & Halligan, S. (2019). Psychological Interventions for Individuals Bereaved by Homicide: A Systematic Review. *Trauma Violence Abuse*, 1524838019881716. doi:10.1177/1524838019881716

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Abstract

Research has demonstrated that approximately 45-50% of individuals show healthy levels of psychological and physical functioning in the first 12 months post-loss. Homicidal bereavement (loss due to murder or manslaughter) does not appear to follow this pattern. Homicide-related mental health difficulties are a serious problem worldwide, displaying high rates of lifetime incidence, high chronicity, and role impairment. Individuals are at increased risk to develop symptoms of post-traumatic stress disorder (PTSD), complicated grief (CG), and depression. Nevertheless, a systematic review specifically on the efficacy of psychological interventions following homicidal loss has not yet been conducted. The current systematic review (registered via PROSPERO) aimed to review the psychological interventions available and report their effectiveness. Of 77 records, 7 met predefined inclusion criteria. Studies presented different methodologies, tested different clinical models, and treatment conditions. Thus, a narrative systematic review was conducted. Studies included manualized

interventions to deliver 1:1 and group sessions. Cognitive behavioral therapy, restorative retelling, and eye movement desensitization and reprocessing were the main models used together with psychoeducational elements about trauma and grief responses. Overall, symptoms of PTSD, CG, and depression decreased significantly postintervention. Sustained improvements were reported for PTSD and depressive symptoms at the follow-up measurements. Mixed results were found regarding how individual (age, gender) and external factors (time since loss, relationship with the deceased) impact on symptom progression. As a result of differences in methodologies, categorization of therapies, methodological differences, and small sample sizes, important questions remain unanswered. Further randomized controlled trials and expert consensus could be considered.

Barron, I. G., Bourgaize, C., Lempertz, D., Swinden, C., & Darker-Smith, S. (2019). Eye Movement Desensitization Reprocessing for Children and Adolescents With Posttraumatic Stress Disorder: A Systematic Narrative Review. *Journal of EMDR Practice and Research*, 13(4), 270-283. doi:10.1891/1933-3196.13.4.270

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Abstract

There is currently a limited number of studies into the efficacy of eye movement desensitization reprocessing (EMDR) therapy with children and adolescents with posttraumatic stress disorder (PTSD). The current study utilizes a systematic narrative review of methodologies and findings of previous literature reviews and meta-analyses as well as analyzing randomized control trials (RCTs) conducted from 2002 to 2018.

Following initial scoping of the extent of studies, two systematic literature searches were conducted, firstly for literature reviews and secondly for recent RCTs. Nine databases were utilized. Eight reviews and seven RCTs were identified and analyzed for quality of methodology and outcome as measured by impact on PTSD symptoms. EMDR was found to be efficacious in reducing children's PTSD symptoms compared to waitlist conditions, with similar outcomes to cognitive behavior therapy (CBT). EMDR was effective with both single-event trauma as well as cumulative trauma such as sexual abuse. EMDR was equally effective with girls and boys as well as children from different cultures. EMDR achieved medium to large effect sizes. Reductions in PTSD were maintained at 2-, 3-, 6-, and 12-month follow-up. In conclusion, EMDR was consistently found to be an efficacious treatment for children with PTSD. Recommendations are made for future practice and research.

Brennstuhl, M.-J., Bassan, F., & Tarquinio, C. (2019). Analysis and comparison of speech of chronic pain patients during therapy as usual versus use of an Eye Movement Desensitization and Reprocessing (EMDR) therapy. [Analyse et comparaison de discours de patients douloureux chroniques durant une thérapie de soutien par opposition à l'utilisation de la thérapie Eye Movement Desensitization and Reprocessing (EMDR).] *Pratiques Psychologiques*, 25(4), 441-451. doi:10.1016/j.prps.2018.06.003

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Abstract

Introduction: The use of EMDR therapy - Eye Movement Desensitization and Reprocessing - is innovative in the field of chronic pain. If its effectiveness tends to be

demonstrated in the literature, its mode of operation differs from conventional psychotherapy.

Goal: The main objective of this work was therefore to compare the speech of patients during the use of EMDR therapy in comparison with supportive therapy, in a hospital unit for chronic pain management.

Method: Forty-five patients, divided into three groups, then received treatment with EMDR therapy (standard protocol), with EMDR therapy (pain protocol), as well as supportive therapy. All the interviews were transcribed and analyzed using ALCESTE software.

Results: The results show that the semantic classes differ between the three forms of therapy, as well as the passive or active posture of the patient during therapy.

Conclusion: These results give us additional indications on what ultimately happens in different types of psychotherapy.

Chamberlin, D. E. (2019). The Predictive Processing Model of EMDR. *Front Psychol*, 10, 2267. doi:10.3389/fpsyg.2019.02267

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Open Access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.02267/full>

Abstract

Eye Movement Desensitization and Reprocessing Therapy (EMDR) is an effective treatment for Post-traumatic Stress Disorder (PTSD). The Adaptive Information Processing Model (AIP) guides the development and practice of EMDR. The AIP

postulates inadequately processed memory as the foundation of PTSD pathology. Predictive Processing postulates that the primary function of the brain is prediction that serves to anticipate the next moment of experience in order to resist the dissipative force of entropy thus facilitating continued survival. Memory is the primary substrate of prediction, and is optimized by an ongoing process of precision weighted prediction error minimization that refines prediction by updating the memories on which it is based. The Predictive Processing model of EMDR postulates that EMDR facilitates the predictive processing of traumatic memory by overcoming the bias against exploration and evidence accumulation. The EMDR protocol brings the traumatic memory into an active state of re-experiencing. Defensive responding and/or low sensory precision preclude evidence accumulation to test the predictions of the traumatic memory in the present. Sets of therapist guided eye movements repeatedly challenge the bias against evidence accumulation and compel sensory sampling of the benign present. Eye movements reset the theta rhythm organizing the flow of information through the brain, facilitating the deployment of both overt and covert attention, and the mnemonic search for associations. Sampling of sensation does not support the predictions of the traumatic memory resulting in prediction error that the brain then attempts to minimize. The net result is a restoration of the integrity of the rhythmic deployment of attention, a recalibration of sensory precision, and the updating (reconsolidation) of the traumatic memory. Thus one prediction of the model is a decrease in Attention Bias Variability, a core dysfunction in PTSD, following successful treatment with EMDR.

Chiorino, V., Cattaneo, M. C., Macchi, E. A., Salerno, R., Roveraro, S., Bertolucci, G., . . . Fernandez, I. (2019). The EMDR Recent Birth Trauma Protocol: a pilot randomised clinical trial after traumatic childbirth. *Psychol Health*, 1-16.
doi:10.1080/08870446.2019.1699088

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Abstract

Objective: This pilot study investigated the effectiveness of brief EMDR intervention as compared to treatment-as-usual (TAU) in women with post-partum PTSD symptoms.

Design: A pilot randomised controlled trial was conducted to evaluate possible differences between one EMDR session (n = 19) and one TAU session (n = 18) delivered in a maternity ward in the aftermath of childbirth.

Main Outcome Measures: The primary outcome measure was the rate of remission of post-partum post-traumatic stress symptoms (i.e. IES-R score <23) in both groups at 6-weeks (T1) and 12-weeks' post-partum (T2). Secondary outcome measures were mother-to-infant bonding, post-partum depressive symptoms, the presence of flashbacks and level of distress.

Results: Most of the women improved their post-partum post-traumatic stress symptoms after only one treatment session. EMDR resulted more effective than TAU in reducing the proportion of women with post-partum post-traumatic stress symptoms at 6-weeks' post-partum (78.9% EMDR vs. 39.9% TAU; p = .020). Moreover, women treated with EMDR experienced less flashbacks and distress as compared to TAU. No significant difference was found between treatments on mother-to-infant bonding and post-partum depressive symptoms.

Conclusions: These findings, although preliminary, suggest that a brief EMDR intervention could be a viable and promising tool in the early treatment of post-traumatic stress related to traumatic childbirth.

Corsetti, M. T., Rossi, E., Bonvino, S., & Randazzo, P. (2019). Psychological distress and quality of life are improved in autoimmune patients through Tandem-Psychotherapy, combining individual hypnosis and eye movement desensitization and reprocessing (EMDR) treatment for trauma, followed by supportive-expressive group therapy. *Clinical Rheumatology*, 1-9.

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Abstract

Objective: Autoimmune diseases are associated with psychological distress, resulting in greatly impaired quality of life. Tandem-Psychotherapy comprises trauma-focused psychotherapy with hypnosis and eye movement desensitization and reprocessing (EMDR), followed by supportive-expressive group therapy. The objective was to evaluate whether Tandem-Psychotherapy could reduce psychological distress and improve quality of life.

Methods: In a case-control study, 45 patients were divided into two groups: 24 patients in the therapy group (TG) and 21 in the control group (CG). The autoimmune diagnoses were undifferentiated connective tissue disease (9 patients in TG and 12 in CG), Behçet's syndrome (4/TG, 5/CG), mixed connective tissue disease (3/TG, 1/CG), and other diagnoses (8/TG and 3/CG). At start of treatment point, the patients were evaluated with SCL-90-R for distress and psychological symptoms, Life Stressor Checklist-Revised for relevant trauma, and SF-36 for quality of life. SF36 and SCL-90 were repeated at the end of treatment and at 6-month follow-up.

Results: Relevant trauma was found in 24/24 TG patients and in 17/21 CG. Eighteen out of twenty-four TG patients exhibited psychiatric comorbidity with 18/21 in the CG. At start of treatment, all patients exhibited high level of distress (GSI > 0.5) and high Depression and Anxiety scores in SCL-90-R. At end of therapy, the TG exhibited greatly

improved GSI ($p < 0.001$), Depression ($p < 0.001$), and Anxiety ($p < 0.001$) compared with the GC; SF-36 scores were also much better in the TG, with significant differences ranging from $p = 0.002$ to $p = 0.0004$ at end of therapy. These results persisted at the 6-month follow-up.

Conclusions: Tandem-Psychotherapy is effective for improving psychological symptoms and quality of life in autoimmune patients with high levels of distress and relevant psychiatric comorbidity.

de Jongh, A., Amann, B. L., Hofmann, A., Farrell, D., & Lee, C. W. (2019). The Status of EMDR Therapy in the Treatment of Posttraumatic Stress Disorder 30 Years After Its Introduction. *Journal of EMDR Practice and Research*, 13(4), 261-269. doi:10.1891/1933-3196.13.4.261

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Abstract

Given that 2019 marks the 30th anniversary of eye movement desensitization and reprocessing (EMDR) therapy, the purpose of this article is to summarize the current empirical evidence in support of EMDR therapy as an effective treatment intervention for posttraumatic stress disorder (PTSD). Currently, there are more than 30 randomized controlled trials (RCT) demonstrating the effectiveness in patients with this debilitating mental health condition, thus providing a robust evidence base for EMDR therapy as a first-choice treatment for PTSD. Results from several meta-analyses further suggest that EMDR therapy is equally effective as its most important trauma-focused comparator, that is, trauma-focused cognitive behavioral therapy, albeit there are indications from

some studies that EMDR therapy might be more efficient and cost-effective. There is emerging evidence showing that EMDR treatment of patients with psychiatric disorders, such as psychosis, in which PTSD is comorbid, is also safe, effective, and efficacious. In addition to future well-crafted RCTs in areas such as combat-related PTSD and psychiatric disorders with comorbid PTSD, RCTs with PTSD as the primary diagnosis remain pivotal in further demonstrating EMDR therapy as a robust treatment intervention.

de Jongh, A., Bicanic, I., Matthijssen, S., Amann, B. L., Hofmann, A., Farrell, D., . . . Maxfield, L. (2019). The Current Status of EMDR Therapy Involving the Treatment of Complex Posttraumatic Stress Disorder. *Journal of EMDR Practice and Research*, 13(4), 284-290. doi:10.1891/1933-3196.13.4.284

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Abstract

Complex posttraumatic stress disorder (CPTSD) is a diagnostic entity that will be included in the forthcoming edition of the International Classification of Diseases, 11th Revision (ICD-11). It denotes a severe form of PTSD, comprising not only the symptom clusters of PTSD (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition [DSM-IV-TR]), but also clusters reflecting difficulties in regulating emotions, disturbances in relational capacities, and adversely affected belief systems about oneself, others, or the world. Evidence is mounting suggesting that first-line trauma-focused treatments, including eye movement desensitization and reprocessing (EMDR) therapy, are effective not only for the treatment of PTSD, but also for the treatment of patients with a history

of early childhood interpersonal trauma who are suffering from symptoms characteristic of CPTSD. However, controversy exists as to when EMDR therapy should be offered to people with CPTSD. This article reviews the evidence in support of EMDR therapy as a first-line treatment for CPTSD and addresses the fact that there appears to be little empirical evidence supporting the view that there should be a stabilization phase prior to trauma processing in working with CPTSD.

de Bont, P., de Jongh, A., & van den Berg, D. (2019). Psychosis: An Emerging Field for EMDR Research and Therapy. *Journal of EMDR Practice and Research*, 13(4), 313-324. doi:10.1891/1933-3196.13.4.313

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Abstract

It has only been in this last decade that trauma-focused treatments (TFT) have been studied in patients with psychotic disorders. Before, the paradigm stated that TFT was contraindicated in these patients because clinicians and researchers assumed the risk of exacerbation of symptoms was too high. The purpose of this article is to examine the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy in the treatment of psychosis. To this end, we will present a brief narrative review of the current state of research in this particular field. The results suggest that, contrary to the “no-TFT- in-psychosis” paradigm, TFTs such as EMDR therapy can successfully be used to reduce trauma-related symptoms in patients with psychosis. Moreover, there are now

provisional indications that psychotic symptoms such as delusions and hallucinations can be targeted directly and indirectly using EMDR therapy.

Dominguez, S., & Lee, C. W. (2019). Differences in International Guidelines Regarding EMDR for Posttraumatic Stress Disorder: Why They Diverge and Suggestions for Future Research. *Journal of EMDR Practice and Research*, 13(4), 247-260. doi:10.1891/1933-3196.13.4.247

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Abstract

In the last 24 months, three separate practice guidelines for posttraumatic stress disorder (PTSD) have emerged from well-respected organizations that differed in the degree to which they recommend eye movement desensitization and reprocessing (EMDR) as a treatment. An international guideline was published by the International Society for Traumatic Stress Studies (ISTSS), and national guidelines were published by the American Psychological Association (APA) and the National Institute for Health Care Excellence (NICE). ISTSS reported that EMDR was effective and as potent as the best available therapies we can currently provide. NICE was more circumspect, and APA suggested other treatments had a stronger evidence base. In this review we focus on how these differences emerged and highlight the role of the time when the analysis was conducted, differences in inclusion criteria, and errors in determining appropriate measures. The 2017 APA guidelines were found to have the least validity when all these factors were considered. However, the fact that evaluating EMDR research is

susceptible to such variations in methodology highlights certain research priorities that are then discussed.

Every-Palmer, S., Flewett, T., Dean, S., Hansby, O., Colman, A., Weatherall, M., & Bell, E. (2019). Eye movement desensitization and reprocessing (EMDR) therapy for posttraumatic stress disorder in adults with serious mental illness within forensic and rehabilitation services: a study protocol for a randomized controlled trial. *Trials*, *20*(1), 642. doi:10.1186/s13063-019-3760-2

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Open Access: <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-019-3760-2>

Abstract

BACKGROUND: Eye movement desensitization and reprocessing (EMDR) is an evidenced-based treatment for posttraumatic stress disorder (PTSD). Forensic mental health services provide assessment and treatment of people with mental illness and a history of criminal offending, or those who are at risk of offending. Forensic mental health services include high, medium, and low-security inpatient settings as well as prison in-reach and community outpatient services. There is a high prevalence of PTSD in forensic settings and posttraumatic experiences can arise in people who violently offend in the context of serious mental illness (SMI). Successful treatment of PTSD may reduce the risk of relapse and improve clinical outcomes for this population. This study aims to assess the efficacy, risk of harm, and acceptability of EMDR within forensic and rehabilitation mental health services, as compared to treatment as usual (routine care).

METHODS: This is a single-blind, randomized controlled trial comparing EMDR therapy to the waiting list (routine care). Adult forensic mental health service users (n = 46) with SMI and meeting the criteria for PTSD will be included in the study. Participants will be randomized after baseline assessment to either treatment as usual plus waiting list for EMDR or to treatment as usual plus EMDR. The EMDR condition comprises nine sessions, around 60 min in length delivered weekly, the first of which is a case conceptualization session. The primary outcomes are clinician and participant-rated symptoms of PTSD, and adverse events. Secondary outcomes include psychotic symptoms, social functioning, level of disability, self-esteem, depressive symptoms, post-trauma cognitions, and broad domains of complex posttraumatic difficulties. A trained assessor blinded to the treatment condition will assess outcomes at baseline, 10 weeks, and 6 months. Additionally, grounded theory qualitative methods will be used to explore participant experience of EMDR for a subset of participants.

DISCUSSION: This study will contribute to the currently limited evidence base for EMDR for PTSD in forensic settings. It is the first randomized clinical trial to assess the efficacy, risk of harm, and acceptability of EMDR for PTSD in people with SMI in either forensic, mental health inpatient, or custodial settings.

TRIAL REGISTRATION: Australia and New Zealand Clinical Trials Network, ACTRN12618000683235. Registered prospectively on 24 April 2018.

Faretta, E., & Dal Farra, M. (2019). Efficacy of EMDR Therapy for Anxiety Disorders. *Journal of EMDR Practice and Research*, 13(4), 325-332. doi:10.1891/1933-3196.13.4.325

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Abstract

Six randomized controlled trials (RCTs) investigated the efficacy of eye movement desensitization and reprocessing (EMDR) therapy for adults with anxiety disorders over a span of 20 years (1997–2017). Three RCTs focused on panic disorder, with or without agoraphobia (PDA); two studies targeted specific phobias, whereas the dependent variable of another RCT was “self-esteem,” considered as a mediator factor for anxiety disorders. In four RCTs, EMDR therapy demonstrated a positive effect on panic and phobic symptoms, whereas one RCT on PDA was partly negative and one study failed in improving self-esteem in patients with anxiety disorders. Considered as a whole, these preliminary data suggest EMDR therapy may be effective not only for PD but also for specific phobias. Further controlled studies are needed to corroborate these findings and also to systematically evaluate the efficacy of EMDR therapy for generalized anxiety disorder, social anxiety, and agoraphobia. Because cognitive behavioral therapy (CBT) is presently considered a first-line treatment for anxiety disorders, controlled comparisons between EMDR therapy and CBT would be especially useful in future investigations of EMDR treatment of anxiety disorders.

Fernandez, I., & Callerame, C. (2019). EMDR intervention after a disaster: The Morandi Bridge collapse. *Emergency Care Journal*, 15(3). doi:10.4081/ecj.2019.8634

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Open access: <https://pagepressjournals.org/index.php/ecj/article/view/8634>

Abstract

Survivors involved in natural or man-made disasters can develop a range of psychological problems including Post-Traumatic Stress Disorder (PTSD), depression, other forms of psychological distress, and a poor quality of life. Therefore, the principal focus of early psychological interventions, according to World Health Organization, is to provide a rapid and effective therapeutical approach like EMDR therapy. The EMDR approach enables the assimilation and integration of the various aspects of a traumatic experience at a somatic, sensorial, cognitive, behavioral and emotional level. In this article will be presented data of 47 patients collected after the partial collapse of Morandi bridge, in Genoa, in August 2018. Survivors were treated applying the Recent Traumatic Episode Protocol (R-TEP); in order to evaluate the effect of the traumatic event and to monitor the intervention outcome, the Impact of Event Scale- Revised (IES-R) was administered to each person pre and after EMDR treatment. Results show that regardless the number of sessions and the time elapsed after the disaster in which they were performed, EMDR significantly reduced participants' IES-R scores from pre-treatment to posttreatment. Clinical implications and limits of the study will be discussed.

Gonzalez-Vazquez, A. I., Mosquera-Barral, D., Leeds, A. M., & Santed-German, M. A. (2019). Initial validation of an instrument to evaluate early trauma: The EARLY Scale. *European Journal of Trauma & Dissociation*. doi:10.1016/j.ejtd.2019.04.003

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Abstract

Introduction. – Identification of traumatic events in childhood and adolescence are truly relevant to understand how these situations affects to adult's psychopathology.

Objective. – This study presents a scale to identify both continuous and discrete traumatic events happening in family, school, or between equals, below the age of 18.

Method. – An initial questionnaire was designed and then submitted to a process of analysis, which led to a reformulation of the items. The instrument was applied in a sample of 522 psychiatric outpatients from different populations of Galicia.

Results. – The results show a high reliability of the instrument, which is divided into three sections. The first part of the test (EARLY-G) is related to traumatic events happening in different contexts. The second part (EARLY-FP) includes indicators of healthy care by the main caretakers, which is structured as a single factor. The third (EARLY-FN), includes adverse relational situations within the family. In this third section 7 factors have been identified: Emotional neglect, Overprotection, Physical abuse, Witnessing problems at home, Role reversal, High demand and Emotional abuse.

Conclusions. – The questionnaire seems to be reliable and valid.

Haerizadeh, M., Sumner, J. A., Birk, J. L., Gonzalez, C., Heyman-Kantor, R., Falzon, L., . . . Kronish, I. M. (2019). Interventions for posttraumatic stress disorder symptoms induced by medical events: A systematic review. *Journal of Psychosomatic Research*, 109908. doi:10.1016/j.jpsychores.2019.109908

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Abstract

Objective: Medical events such as myocardial infarction and cancer diagnosis can induce symptoms of posttraumatic stress disorder (PTSD). The optimal treatment of PTSD symptoms in this context is unknown.

Methods: A literature search of 6 biomedical electronic databases was conducted from database inception to November 2018. Studies were eligible if they used a randomized design and evaluated the effect of treatments on medical event-induced PTSD symptoms in adults. A random effects model was used to pool data when two or more comparable studies were available.

Results: Six trials met full inclusion criteria. Studies ranged in size from 21 to 81 patients, and included patients with PTSD induced by cardiac events, cancer, HIV, multiple sclerosis, and stem cell transplantation. All trials assessed psychological interventions. Two trials comparing a form of exposure-based cognitive behavioral therapy (CBT) with assessment-only control found that CBT resulted in lower PTSD symptoms [Hedges's $g = -0.47$, (95% CI $-0.82 - -0.12$), $p = .009$]. A third trial compared imaginal exposure (another form of exposure-based CBT) with an attention control and found a trend toward reduced PTSD symptoms. Three trials compared eye movement desensitization and reprocessing (EMDR) with active psychological treatments (imaginal exposure, conventional CBT, and relaxation therapy), and found that EMDR was more effective.

Conclusion: CBT and EMDR may be promising approaches to reducing PTSD symptoms due to medical events. However, additional trials are needed in this patient population.

Hamid, A., Patel, N., & Williams, A. C. D. C. (2019). Psychological, social, and welfare interventions for torture survivors: A systematic review and meta-analysis of randomised controlled trials. *PLoS medicine*, *16*(9). doi:10.1371/journal.pmed.1002919

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Open access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6759153/>

Abstract

Background: Torture and other forms of ill treatment have been reported in at least 141 countries, exposing a global crisis. Survivors face multiple physical, psychological, and social difficulties. Psychological consequences for survivors are varied, and evidence on treatment is mixed. We conducted a systematic review and meta-analysis to estimate the benefits and harms of psychological, social, and welfare interventions for torture survivors.

Methods and findings: We updated a 2014 review with published randomised controlled trials (RCTs) for adult survivors of torture comparing any psychological, social, or welfare intervention against treatment as usual or active control from 1 January 2014 through 22 June 2019. Primary outcome was post-traumatic stress disorder (PTSD) symptoms or caseness, and secondary outcomes were depression symptoms, functioning, quality of life, and adverse effects, after treatment and at follow-up of at least 3 months.

Standardised mean differences (SMDs) and odds ratios were estimated using meta-

analysis with random effects. The Cochrane tool was used to derive risk of bias. Fifteen RCTs were included, with data from 1,373 participants (589 females and 784 males) in 10 countries (7 trials in Europe, 5 in Asia, and 3 in Africa). No trials of social or welfare interventions were found. Compared to mostly inactive (waiting list) controls, psychological interventions reduced PTSD symptoms by the end of treatment (SMD -0.31 , 95% confidence interval [CI] -0.52 to -0.09 , $p = 0.005$), but PTSD symptoms at follow-up were not significantly reduced (SMD -0.34 , 95% CI -0.74 to 0.06 , $p = 0.09$). No significant improvement was found for PTSD caseness at the end of treatment, and there was possible worsening at follow-up from one study ($n = 28$). Interventions showed no benefits for depression symptoms at end of treatment (SMD -0.23 , 95% CI -0.50 to 0.03 , $p = 0.09$) or follow-up (SMD -0.23 , 95% CI -0.70 to 0.24 , $p = 0.34$). A significant improvement in functioning for psychological interventions compared to control was found at end of treatment (SMD -0.38 , 95% CI -0.58 to -0.18 , $p = 0.0002$) but not at follow-up from only one study. No significant improvement emerged for quality of life at end of treatment (SMD 0.38 , 95% CI -0.28 to 1.05 , $p = 0.26$) with no data available at follow-up. The main study limitations were the difficulty in this field of being certain of capturing all eligible studies, the lack of modelling of maintenance of treatment gains, and the low precision of most SMDs making findings liable to change with the addition of further studies as they are published.

Conclusions: Our findings show evidence that psychological interventions improve PTSD symptoms and functioning at the end of treatment, but it is unknown whether this is maintained at follow-up, with a possible worsening of PTSD caseness at follow-up from one study. Further interventions in this population should address broader psychological needs beyond PTSD while taking into account the effect of multiple daily stressors. Additional studies, including social and welfare interventions, will improve precision of estimates of effect, particularly over the longer term.

Houben, S. T. L., Otgaar, H., Roelofs, J., Wessel, I., Patihis, L., & Merckelbach, H. (2019). Eye movement desensitization and reprocessing (EMDR) practitioners' beliefs about memory. *Psychology of Consciousness: Theory, Research, and Practice*. doi:10.1037/cns0000211

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Abstract

Eye movement desensitization and reprocessing (EMDR) is a widely used treatment for posttraumatic stress disorder. The idea behind EMDR is that lateral eye movements may mitigate the emotional impact of traumatic memories. Given the focus on changing patients' memories, it is important that EMDR practitioners have detailed knowledge about human memory. We explored beliefs and ideas about memory in samples of EMDR practitioners (Study 1: n = 12; Study 2: n = 41), students (Study 1: n = 35; Study 2: n = 24), and researchers (Study 2: n = 30). All groups seemed to be aware of the fallibility of memory. However, a majority of the surveyed EMDR practitioners (70 – 90%), students (around 90%), and researchers (66.7%) endorsed the controversial idea of repressed memories. Skepticism and endorsement of problematic ideas about memory-related topics may coexist within the same group. In clinical settings, this might be problematic, because a strong belief in repressed memories might lead therapists to suggestively seek for such memories in patients.

Karadag, M., Gokcen, C., & Sarp, A. S. (2019). EMDR therapy in children and adolescents

who have post-traumatic stress disorder: a six-week follow-up study. *Int J Psychiatry Clin Pract*, 1-6. doi:10.1080/13651501.2019.1682171

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Abstract

Objectives: The purpose of this study is to explore whether eye movement desensitisation and reprocessing (EMDR) is an effective therapy and to investigate whether EMDR affects anxiety levels for children and adolescents.

Methods: We conducted this study with 30 clients. The clients completed self-administered questionnaires Child Post-Traumatic Stress Reaction Index Scale and The State-Trait Anxiety Inventory. The questionnaires were conducted before the therapy and 6 weeks after the completion of the therapy.

Results: Nineteen clients (63%) had only one traumatic event, but 11 clients (37%) had more than one traumatic event. While the mean score on the PTSD symptom scale was 60 (± 8.7), this rate decreased to 24 (± 10.1), whereas the mean STAI-T scale was 59 (± 8.9) before treatment and 41 (± 11.5) after treatment. We found a statistically significant difference between symptom scores as quantified by both questionnaires before and after EMDR therapy ($p < .05$).

Conclusions: As a result, we have shown that EMDR is an effective method for children and adolescents with PTSD in terms of both post-traumatic and anxiety symptom levels; however, we recommend a larger sample size with a control group to further establish the effectiveness of EMDR therapy in children.

Key points: PTSD is a common disorder in children and adolescents. Additional psychiatric disorders such as anxiety and depression are common in children and adolescents with PTSD. In PTSD cases applying for psychiatric treatment, trauma associated with sexual abuse is more pronounced and complex. EMDR is an effective

therapy in children and adolescents as well as in adults. There is a statistically significant decrease at anxiety and PTSD symptom scores as quantified by questionnaires in patients with PTSD after EMDR therapy.

Khalifa, S. (2019). The management of psychological trauma through EMDR therapy and the cerebral mechanisms involved. *Revue de neuropsychologie*, 2(4).

doi:10.1684/nrp.2019.0522.

Abstract

Post-traumatic stress disorder (PTSD) is a common disorder, affecting nearly 8% of the general population. This psychiatric pathology is characterized at the symptomatic level by repetition, avoidance, neurovegetative hyperactivation, and negative alteration of cognitions and mood. One of the most effective treatments for this pathology is EMDR (eye movement desensitization and reprocessing) therapy. Although this therapy is no longer required to prove its effectiveness, its mechanisms remain unknown to this day. The objective of our work was to explore the mechanisms of EMDR therapy through different paradigms in EEGs, PET scans, and fMRIs, by comparing brain activity before and after treatment or during alternating bilateral stimuli. We were able to demonstrate that EMDR therapy altered the brain activity of a brain network involved in emotional processing and memory and one particular structure, the precuneus. The alternating bilateral stimuli that underlie EMDR action also activate part of this network, explaining the impact of EMDR on traumatic memory. EMDR action also seems to require synchronization/desynchronization modifications of the activity of the structures of the

emotional network to be effective. EMDR therapy has often been related to REM in sleep. We found that the duration of REM sleep before treatment can predict the number of sessions required to achieve remission.

Through the action of alternating bilateral stimuli, EMDR seems to activate a network of structures capable of modifying traumatic memory. The activation of this network could be based on the stochastic resonance phenomenon allowing the extension and modification of the traumatic memory network through neural synchronization.

Kitchiner, N. J., Lewis, C., Roberts, N. P., & Bisson, J. I. (2019). Active duty and ex-serving military personnel with post-traumatic stress disorder treated with psychological therapies: systematic review and meta-analysis. *Eur J Psychotraumatol*, *10*(1), 1684226. doi:10.1080/20008198.2019.1684226

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Open Access: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6853217/>

Abstract

Background: Post-traumatic stress disorder (PTSD) is a major cause of morbidity amongst active duty and ex-serving military personnel. In recent years increasing efforts have been made to develop more effective treatments.

Objective: To determine which psychological therapies are efficacious in treating active duty and ex-serving military personnel with post-traumatic stress disorder (PTSD).

Method: A systematic review was undertaken according to Cochrane Collaboration Guidelines. The primary outcome measure was reduction in PTSD symptoms and the secondary outcome dropout.

Results: Twenty-four studies with 2386 participants were included. Evidence demonstrated that CBT with a trauma focus (CBT-TF) was associated with the largest evidence of effect when compared to waitlist/usual care in reducing PTSD symptoms post treatment (10 studies; n = 524; SMD -1.22, -1.78 to -0.66). Group CBT-TF was less effective when compared to individual CBT-TF at reducing PTSD symptoms post treatment (1 study; n = 268; SMD -0.35, -0.11 to -0.59). Eye Movement Desensitization and Reprocessing (EMDR) therapy was not effective when compared to waitlist/usual care at reducing PTSD symptoms post treatment (4 studies; n = 92; SMD -0.83, -1.75 to 0.10). There was evidence of greater dropout from CBT-TF therapies compared to waitlist and Present Centered Therapy.

Conclusions: The evidence, albeit limited, supports individual CBT-TF as the first-line psychological treatment of PTSD in active duty and ex-serving personnel. There is evidence for Group CBT-TF, but this is not as strong as for individual CBT-TF. EMDR cannot be recommended as a first line therapy at present and urgently requires further evaluation. Lower effect sizes than for other populations with PTSD and high levels of drop-out suggest that CBT-TF in its current formats is not optimally acceptable and further research is required to develop and evaluate more effective treatments for PTSD and complex PTSD in active duty and ex-serving military personnel.

Krupnik, V. (2018). Trauma or adversity. *Traumatology*, 256-261.

doi:10.1037/trm0000169

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Abstract

Cochrane Database of Systematic Reviews recognizes several trauma-focused therapies as evidence-based and thus recommended treatments for posttraumatic stress disorder (Bisson, Roberts, Andrew, Cooper, & Lewis, 2013). However, there is no consensus on the definition of trauma, and controversy persists about its meaning, which brings into question the specificity and the target of trauma-focused treatments. The construct of trauma is often linked to posttraumatic stress disorder and Criterion A of trauma-related disorders defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013). In other instances, it is understood as a broader phenomenon covering much if not most of human suffering. In this report, I address the dichotomy between the narrow and broad views of trauma and review considerations for a tighter definition of trauma on the grounds of clinical philosophy, methodology, and practice. I suggest that the construct of trauma should be grounded in the general theory of stress, where trauma is considered a particular kind of stress response alongside with adversity and normative stress. Following such conceptualization, I formulate a working definition of what trauma is and, more importantly, is not.

Macfarlane, C., Masthoff, E., & Hakvoort, L. (2019). Short-Term Music Therapy Attention and Arousal Regulation Treatment (SMAART) for Prisoners with Posttraumatic Stress Disorder: A Feasibility Study. *Journal of Forensic Psychology Research and Practice*, 19(5), 376-392. doi:10.1080/24732850.2019.1670023

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Abstract

Hyperarousal and attention problems as a result of posttraumatic stress disorder (PTSD) are being recognized as a risk for offense recidivism. Short-term Music therapy Attention and Arousal Regulation Treatment (SMAART) was designed as a first step intervention to address responsivity and treatment needs of prisoners who were not eligible for or unwilling to undergo eye movement desensitization and reprocessing (EMDR) therapy. This article describes a pilot study of the manualized SMAART protocol in a Penitentiary Psychiatric Center (PPC) and whether there is an increase of focused and sustained attention and a decline of arousal symptoms in prisoners suffering from PTSD, attributable to SMAART. A single case baseline-treatment-design with pre- and post-assessment (N = 13) was used. PTSD prevalence and severity were assessed using the Primary Care-PTSD screen and the PTSD Symptom Scale Interview. Selective and sustained attention was assessed using the Bourdon–Wiersma dot cancellation test. The results show a promising decline of arousal symptoms as well as improved selective and sustained attention levels in the subjects. Also, after the SMAART intervention, five participants no longer met the threshold for a PTSD diagnosis. The results show that the SMAART protocol could be implemented in the PPC-setting. Although the clinical results of the manualized SMAART protocol suggest improvement, this is a small feasibility study so the results must be interpreted with care. Suggestions for future research are offered.

Markus, W., Hornsveld, H. K., Burk, W. J., de Weert-van Oene, G. H., Becker, E. S., & DeJong, C. A. J. (2019). Addiction-Focused Eye Movement Desensitization and

Reprocessing Therapy as an Adjunct to Regular Outpatient Treatment for Alcohol Use Disorder: Results From a Randomized Clinical Trial. *Alcohol Clin Exp Res*.

doi:10.1111/acer.14249

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Abstract

BACKGROUND: This study examined the feasibility, safety, and efficacy of addiction-focused eye movement desensitization and reprocessing (AF-EMDR) treatment, as an add-on intervention to treatment as usual (TAU).

METHODS: Adult outpatients with alcohol use disorder (AUD) (N = 109) who already received or had just started with TAU (Community Reinforcement Approach) were recruited at 6 outpatient addiction care facilities. They were randomly assigned to either TAU + 7 weekly 90-minute sessions of AF-EMDR (N = 55) or TAU-only (N = 54).

Assessments were made at baseline, after AF-EMDR therapy (+ 8 weeks in the TAU-only group), and at 1- and 6-month follow-up. The primary outcomes were changes in drinking behavior as reported by the participant and biomarker indices.

RESULTS: Data were analyzed as intent-to-treat with linear mixed models. Additionally, sensitivity analyses were performed. No group or interaction effects were found for any of the outcome variables. Only limited change over time was seen with regard to indices of personal and societal recovery and in some secondary indices of clinical recovery (craving, desire thinking, and rumination). Reliable Change Index calculations showed that more TAU-only participants showed clinical improvement with regard to alcohol consumption while a somewhat higher proportion of participants in the TAU + AF-EMDR group experienced less craving. The acceptability, safety, and feasibility of the treatments received in both groups were comparable.

CONCLUSIONS: There was no add-on effect of AF-EMDR on TAU with regard to drinking behavior in outpatients with an AUD. Possible explanation are discussed. Future studies

should first establish proof of principle regarding the potential of AF-EMDR therapy to disrupt operant learning and habits relevant in addiction.

Mavranouzouli, I., Megnin-Viggars, O., Trickey, D., Meiser-Stedman, R., Daly, C., Dias, S., . . . Pilling, S. (2019). Cost-effectiveness of psychological interventions for children and young people with post-traumatic stress disorder. *J Child Psychol Psychiatry*. doi:10.1111/jcpp.13142

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Abstract

BACKGROUND: PTSD in youth may lead to long-lasting psychological implications, educational difficulties and increased healthcare costs. Psychological interventions have been shown to be effective in its management. The objective of this study was to assess the cost-effectiveness of a range of psychological interventions for children and young people with PTSD.

METHODS: A decision-analytic model was constructed to compare costs and quality-adjusted life years (QALYs) of 10 psychological interventions and no treatment for children and young people with PTSD, from the perspective of the National Health Service and personal social services in England. Effectiveness data were derived from a systematic review and network meta-analysis. Other model input parameters were based on published sources, supplemented by expert opinion.

RESULTS: Cognitive therapy for PTSD, a form of individual trauma-focused cognitive behavioural therapy (TF-CBT), appeared to be the most cost-effective intervention for

children and young people with PTSD (with a probability of .78 amongst the 11 evaluated options at a cost-effectiveness threshold of £20,000/QALY), followed by narrative exposure (another form of individual TF-CBT), play therapy, and other forms of individual TF-CBT. After excluding cognitive therapy from the analysis, narrative exposure appeared to be the most cost-effective option with a .40 probability of being cost-effective amongst the remaining 10 options. EMDR, parent training and group TF-CBT occupied middle cost-effectiveness rankings. Family therapy and supportive counselling were less cost-effective than other active interventions. There was limited evidence for some interventions, in particular cognitive therapy for PTSD and parent training.

CONCLUSIONS: Individual forms of TF-CBT and, to a lesser degree, play therapy appear to be cost-effective in the treatment of children and young people with PTSD. Family therapy and supportive counselling are unlikely to be cost-effective relative to other interventions. There is a need for well-conducted studies that examine the long-term clinical and cost-effectiveness of a range of psychological treatments for children and young people with PTSD.

Mertens, G., Bouwman, V., Asmervik, J. F., & Engelhard, I. M. (2019). Changing emotional visual and auditory memories: are modality-matched dual-tasks more effective. *Cogn Emot*, 1-14. doi:10.1080/02699931.2019.1666800

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Abstract

Clinical and laboratory studies have demonstrated that executing a demanding dual-task while recollecting emotional memories weakens the emotional intensity and vividness of these memories. While this approach is generally effective, there is room for improvement. According to multi-component working memory theories, the effectiveness of dual-tasks may be improved by loading specifically the same sensory modality of the emotional memories. So far, however, the evidence for this idea is mixed. In the current report, this idea was tested in a pilot study (N = 36) and a pre-registered experiment (N = 60) by exposing participants to pictures of the International Affective Picture System database and to sounds of the International Affective Digital Sounds database, thus creating single-modality emotional memories. Using a within-subjects design, participants had to recollect their memories of the sounds and pictures while executing a visually-demanding task (i.e. identifying visual letters), an auditory-demanding task (i.e. identifying auditory letters), or no task. Across both studies, we only found limited evidence for modality-specific effects of dual-tasks on single-modality emotional memories. We discuss the relevance of our findings for working memory theories of memory change and therapeutic practices.

Ojardias, E., Perrot, C., Chalencon, C., Lafaie, L., Castro-Lionard, K., Bertoletti, G., . . . Celarier, T. (2019). Post-traumatic stress disorder among the elderly: From stressful abdominal pain to mentalized suffering [État de stress post-traumatique du sujet âgé: d'une douleur abdominale stressante à une souffrance mentalisable]. *NPG Neurologie-Psychiatrie-Gériatrie*, 19(111), 169-173. doi:10.1016/j.npg.2018.11.003

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Abstract

Post-traumatic stress disorder (PTSD) remains a common pathology among the elderly. However, atypical clinical presentations among patients with multiple pathologies and the late resurgence of PTSD sometimes make diagnosis complex. We report here on the clinical case of an 82-year-old patient suffering from a resurgence of an infantile PTSD, manifesting itself as an abdominal pain syndrome, leading to a loss of autonomy. Paraclinical exams with blood sample analysis and abdominal X-ray exploration eliminated a somatic cause. PTSD was finally diagnosed by way of a psychological evaluation. Psychotropic drug treatment and non-medication therapies enabled a favorable outcome. This unusual case should help practitioners to envisage the diagnosis of a somatic presentation of a late resurgence of PTSD in an elderly patient.

Oosterbaan, V., Covers, M. L. V., Bicanic, I. A. E., Huntjens, R. J. C., & de Jongh, A. (2019). Do early interventions prevent PTSD? A systematic review and meta-analysis of the safety and efficacy of early interventions after sexual assault. *Eur J Psychotraumatol*, *10*(1), 1682932. doi:10.1080/20008198.2019.1682932

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Open access: <https://www.ncbi.nlm.nih.gov/pubmed/31762949>

Abstract

Objective: To review the safety and efficacy of early interventions after sexual assault in reducing or preventing posttraumatic stress disorder (PTSD).

Method: Systematic searches were performed on studies (1980-2018) that examined the efficacy of interventions for PTSD within 3 months after sexual assault.

Results: The review identified 7 studies (n = 350) with high risk of bias that investigated 5 interventions. Only two studies reported on safety. Contact with the authors of six studies provided no indications for the occurrence of adverse events. Two studies reported the efficacy using PTSD diagnosis as dependent variable but found no difference between groups. All studies reported on efficacy using PTSD severity as dependent variable. For the meta-analysis, 4 studies (n = 293) were included yielding significantly greater reductions of PTSD severity than standard care at 2 to 12 months follow-up ($g = -0.23$, 95% CI [-0.46, 0.00]), but not at 1 to 6 weeks post-intervention ($g = -0.28$, 95% CI [-0.57, 0.02]). The heterogeneity of the interventions precluded further analyses.

Discussion: Findings suggest that early interventions can lead to durable effects on PTSD severity after sexual assault. However, due to limited availability of data, it is impossible to draw definite conclusions about safety and efficacy of early interventions, and their potential to prevent PTSD.

Paauw, C., de Roos, C., Tummers, J., de Jongh, A., & Dingemans, A. (2019). Effectiveness of trauma-focused treatment for adolescents with major depressive disorder. *Eur J Psychotraumatol*, 10(1), 1682931. doi:10.1080/20008198.2019.1682931

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Open access: <https://www.ncbi.nlm.nih.gov/pubmed/31762948>

Abstract

Background: Major Depressive Disorder (MDD) in adolescence has a high prevalence and risk of disability, but current treatments show limited effectiveness and high drop-out and relapse rates. Although the role of distressing experiences that relate to the development and maintenance of MDD has been recognized for decades, the efficacy of a trauma-focused treatment approach for MDD has hardly been studied.

Objective: To determine the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy as a stand-alone intervention in adolescents diagnosed with MDD. We hypothesized that reprocessing core memories related to the onset and maintenance of MDD using EMDR therapy would be associated with a significant decrease in depressive and comorbid symptoms.

Method: We recruited 32 adolescents (12-18 years) fulfilling DSM-IV criteria for mild to moderate-severe MDD from an outpatient youth mental health care unit. Treatment consisted of six weekly 60-min individual sessions. Presence or absence of MDD classification (ADIS-C), symptoms of depression (CDI), symptoms of posttraumatic stress (UCLA), anxiety (SCARED), somatic complaints (CSI), and overall social-emotional functioning (SDQ) were assessed pre and post-treatment and 3 months after treatment.

Results: 60.9% of the adolescents completing treatment no longer met DSM-IV criteria for MDD after treatment anymore, and 69.8% at follow-up. Multilevel analyses demonstrated significant posttreatment reductions of depressive symptoms (CDI: Cohen's $d = 0.72$), comorbid posttraumatic stress, anxiety and somatic complaints, while overall social-emotional functioning improved. These gains were maintained at 3-month follow-up (Cohen's $d = 1.11$). Severity of posttraumatic stress reactions significantly predicted the posttreatment outcome; however, duration of MDD, number of comorbid

disorders, or having a history of emotional abuse, emotional neglect or physical neglect were not predictive for outcome.

Conclusions: This is the first study suggesting that EMDR therapy is associated with a significant reduction of depressive symptoms and comorbid psychiatric problems in adolescents with mild to moderate-severe MDD.

Richter, A.-K. (2019). Case report: EMDR in the treatment of a deaf PTSD Patient — Advantages of a not entirely verbal psychotherapeutic intervention. [EMDR in der Behandlung eines gehörlosen PTBS-Patienten]. *Trauma & Gewalt, 13(2)*, 170-182. doi:10.21706/tg-13-2-170

Abstract

The aim of Germany's Federal Law an Equal Treatment for Disabled Persons is to assure equal participation for handicapped individuals. Barrier-freedom for various groups of persons is the declared objective, notably for the deaf EMDR is a psychotherapeutic approach with relatively little dependence on verbal interventions. It centers mainly around the encouragement of patients to work through distressing memories (so-called reprocessing). With this in mind, a deaf trauma patient was transferred to EMDR therapists for treatment of his posttraumatic disorders. He was transferred by the psychotherapist who had treated him up to that point and who had a command of sign language but no specialization in traumatology. The case report describes how this long-term treatment developed over time and provides important indications for colleagues embarking an similar courses of therapy. It also serves to provide psychotherapy researchers with material for a potential pilot study.

Roberts, N. P., Kitchiner, N. J., Kenardy, J., Lewis, C. E., & Bisson, J. I. (2019). Early psychological intervention following recent trauma: A systematic review and meta-analysis. *Eur J Psychotraumatol*, *10*(1), 1695486. doi:10.1080/20008198.2019.1695486

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Open access: <https://www.ncbi.nlm.nih.gov/pubmed/31853332>

Abstract

Background: Post-traumatic stress disorder (PTSD) is a common and debilitating disorder which has a significant impact on the lives of sufferers. A number of early psychological interventions have been developed to try to prevent chronic difficulties.

Objective: The objective of this study was to establish the current evidence for the effectiveness of multiple session early psychological interventions aimed at preventing or treating traumatic stress symptoms beginning within three months of trauma exposure.

Methods: Randomized controlled trials of early multiple session psychological interventions aimed at preventing or reducing traumatic stress symptoms of individuals exposed to a traumatic event, fulfilling trauma criteria for an ICD or DSM diagnosis of PTSD were identified through a search of the Cochrane Common Mental Disorders Group Clinical Trials Registers database, the Cochrane Central Register of Controlled Trials, MEDLINE, Embase, PsycINFO and PILOTS. Two authors independently extracted study details and data and completed risk of bias assessments. Analyses were undertaken using Review Manager software. Quality of findings were rated according to 'Grades of Recommendation, Assessment, Development, and Evaluation' (GRADE) and appraised for clinical importance.

Results: Sixty-one studies evaluating a variety of interventions were identified. For individuals exposed to a trauma who were not pre-screened for traumatic stress symptoms there were no clinically important differences between any intervention and usual care. For individuals reporting traumatic stress symptoms we found clinically important evidence of benefits for trauma-focused cognitive-behavioural therapy (CBT-T), cognitive therapy without exposure and eye movement desensitization and reprocessing (EMDR). Differences were greatest for those diagnosed with acute stress disorder (ASD) and PTSD.

Conclusions: There is evidence for the effectiveness of several early psychological interventions for individuals with traumatic stress symptoms following trauma exposure, especially for those meeting the diagnostic threshold for ASD or PTSD. Evidence is strongest for trauma-focused CBT.

Sagaltici, E., & Demirci, O. O. (2019). Eye Movement Desensitization and Reprocessing (EMDR) Treatment in Social Anxiety Disorder: A Case Report. *Psychiatr Danub*, 31(3), 358-359. doi:10.24869/psyd.2019.358

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Open access: <https://www.ncbi.nlm.nih.gov/pubmed/31596830>

Abstract

[From the Discussion section of the paper.] We report the successful application of EMDR therapy standard procedure, in a person with social phobia that had lasted eight years despite previous pharmacotherapy and cognitive behavioral therapy. Although only proven treatment field of EMDR is posttraumatic stress disorder, there are articles

and case reports that EMDR is working on other psychiatric disorders such as anxiety disorders and depression (Banerjee & Argaez 2017). According the literature single or combined usage of medical agents and cognitive behavioral therapies is the most common and effective method in treatment of SAD (Wild & Clark 2011). Recent research has shown that negative, intrusive mental imagery plays a prevalent and causal role in SAD (Homer & Deepröse 2018). In a study conducted in Turkey found average LSAS scores associated with childhood trauma experience among patients with SAD (Belli et al. 2017). The results of these studies and in this case result suggest that the use of EMDR may be effective in SAD patients.

Schubbe, O. (2019). [Treatment of Psychosomatic Disorders - Psychotherapy with Eye-Movement Desensitization and Reprocessing - Article in German]. *Ther Umsch*, 76(5), 247-251. doi:10.1024/0040-5930/a001092

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Abstract

Dysfunctional stored memory information is a possible cause of psychosomatic disorders. EMDR (Eye-Movement Desensitization and Reprocessing) is based on the Adaptive Information Processing Model. This psychotherapeutic approach can be used to treat psychosomatic disorders to activate the pathogenic information and convert it from a dysfunctional to an adaptive state. EMDR has been scientifically proven for the treatment of posttraumatic stress disorders, while the treatment of psychosomatic disorders is a new field of application. Recently, studies have documented the

effectiveness of EMDR with migraine headaches, skin diseases, gastrointestinal diseases, chronic fatigue syndrome, chronic pain syndrome, and phantom limb pain.

Shapiro, E., & Maxfield, L. (2019). The Efficacy of EMDR Early Interventions. *Journal of EMDR Practice and Research*, 13(4), 291-301. doi:10.1891/1933-3196.13.4.291

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Abstract

This brief narrative review begins with an overview of posttraumatic response and explains the value of early treatment in reducing/eliminating symptoms of distress and possibly preventing the development of posttraumatic stress disorder (PTSD) or other disorders. The article then summarizes the efficacy of eye movement desensitization and reprocessing (EMDR) therapy as an early intervention treatment. It outlines the historical context of EMDR early interventions and describes the three protocols which have research support from randomized controlled trials (RCTs), elaborating on their supportive evidence in seven RCTs conducted within 3 months of the traumatic event. These studies showed that EMDR early interventions significantly reduced symptoms of traumatic stress and prevented any exacerbation of symptoms. EMDR was superior to wait-list and to control conditions of critical incident stress debriefing, reassurance therapy, and supportive counseling. The article also examines the disparate evaluations of EMDR early interventions in the PTSD treatment guidelines, from the International

Society for Traumatic Stress Studies, the World Health Organization, and the National Institute for Health and Clinical Excellence. Despite promising clinical experience and initial controlled studies, there are still substantive gaps in the evidence base for EMDR early interventions. The article concludes with recommendations for future research, emphasizing that future trials adhere to the highest standards for clinical research and that they investigate whether EMDR early intervention prevents the development of PTSD or increases resilience.

Shapiro, F. (2019). Future Research: Global Implications. *Journal of EMDR Practice and Research*, 13(4), 354-360. doi:10.1891/1933-3196.13.4.354

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Abstract

Therapists trained to provide eye movement desensitization and reprocessing (EMDR) therapy have a global responsibility. This article summarizes the multiple impacts of high stress events, and their long-term effects on individuals, families, communities, and nations. While it is well documented that EMDR treatment will remediate the individual symptoms of posttraumatic stress, research is still needed to determine how far-reaching such outcomes are. Future studies should determine whether treatment reverses the neurobiological changes, cognitive deficits, and affective dysregulation, which are associated with exposure to traumatic events. Research should also investigate whether successful treatment decreases high-risk and/or perpetrator behavior, and whether these effects are translated into behavioral and attitudinal changes sufficient to bring an end to intergenerational trauma and ethnopolitical

conflicts. It seems self-evident that the ideal way to address pressing societal needs, on both local and global levels, is by the integration of science and practice. The article also discusses the development of nonprofit EMDR humanitarian assistance programs, and their essential work in the alleviation of suffering around the world. In addition to recommending the examination of EMDR's efficacy in treating traumatization from direct, natural, structural, and cultural causes, this article advocates that research resources be dedicated for testing interventions in the areas of the world with the greatest needs. The alleviation of suffering is the duty of our profession.

Smyth-Dent, K. L., Fitzgerald, J., & Hagos, Y. (2019). A Field Study on the EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress Provided to Adolescent Eritrean Refugees Living in Ethiopia. *Psychology and Behavioral Science International Journal*, 12(4), 1-12. doi:10.19080/PBSIJ.2019.12.555842

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Open Access: <https://juniperpublishers.com/pbsij/pdf/PBSIJ.MS.ID.555842.pdf>

Abstract

The main objective of this study was to evaluate the effectiveness of the EMDR-integrative group treatment protocol for ongoing traumatic stress (EMDR-IGTP-OTS) in reducing posttraumatic stress disorder (PTSD), depression, and anxiety symptoms in adolescent refugees living inside the Shimelba refugee camp in Shiraro, Ethiopia. A secondary objective was to present one clinical case of a male Eritrean refugee adolescent with characteristics of selective mutism and with symptoms of PTSD, anxiety and depression. A total of 48 Eritrean refugee adolescents were treated simultaneously

with intensive EMDR therapy using the EMDR-IGTP-OTS. Each of the treatment group participants received an average of five hours of treatment, provided during six group-treatment sessions, over two consecutive days in a setting inside the refugee camp. EMDR-IGTP-OTS treatment focused only on the distressing memories related to their life as refugees and did not address any other memories. No adverse effects were reported during treatment or at one-month post-treatment assessment.

The Hospital Anxiety and Depression Scale (HADS) and the Post-traumatic Stress Disorder Checklist for DSM-5 (PCL5) were used as pre and post-treatment assessments measuring each client's anxiety, depression, and PTSD symptoms, respectively. Statistical analysis showed a significant difference between pre-test (M=42.63, SD=14.69) and post-test (M=27.46, SD=16.83); $t(47) = 4.43$, $p < 0.0001$ in PTSD symptoms, depression symptoms pre-test (M=9.31, SD=3.71) and post-test (M=5.88, SD=4.88); $t(47) = 4.43$, $p < 0.0001$, and in anxiety symptoms pre-test (M=10.65, SD=4.03) and post-test (M=6.73, SD=4.89); $t(47) = 3.99$, $p < 0.001$. The study results show that the EMDR-IGTP-OTS could be an important component of a multidisciplinary approach to reducing or eliminating PTSD, depression and anxiety symptoms in adolescent refugees living in refugee camps.

Sonis, J., & Cook, J. M. (2019). Medication versus trauma-focused psychotherapy for adults with posttraumatic stress disorder: A systematic review and meta-analysis. *Psychiatry Res*, 282, 112637. doi:10.1016/j.psychres.2019.112637

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Abstract

The goal of this study was to summarize evidence from head-to-head randomized trials for treatment of posttraumatic stress disorder (PTSD) in adults comparing trauma-focused psychotherapies and selective serotonin reuptake inhibitors (SSRIs) or serotonin/norepinephrine reuptake inhibitors (SNRIs) in a systematic review and meta-analysis. We conducted a search of multiple databases to identify trials comparing a trauma-focused psychotherapy (cognitive behavioral therapy, prolonged exposure, cognitive therapy, cognitive processing therapy or eye movement desensitization and reprocessing) to an SSRI or SNRI. Cochrane Risk of Bias 2.0 was used to assess risk of bias; high risk of bias trials were included only in sensitivity analyses. PTSD symptom reduction was the primary outcome. Four trials met inclusion criteria. Random effects meta-analysis of the two trials that were not high risk of bias showed no difference in PTSD symptom reduction, but a wide confidence interval, including effects favoring psychotherapy and effects favoring medication. Heterogeneity was high. Inclusion of the two high risk of bias trials did not change substantive conclusions. There is insufficient evidence to determine whether SSRIs or trauma-focused psychotherapies are more effective for PTSD symptom reduction among adults with PTSD.

[Editor's note: Only four studies were analyzed. Two were reported to have high risk of bias. Of the two at low risk of bias, the van der Kolk et al. (2007) study – EMDR versus Fluoxetine – was found to favor psychotherapy, while the Rauch et al. (2018) study – Prolonged Exposure versus sertraline hydrochloride – was found to favor medication as shown in Figure 2. Thus, the high heterogeneity led to discounting in the study abstract and conclusions the one study that currently favors EMDR therapy over medication.]

Tapia, G. (2019). Review of EMDR Interventions for Individuals With Substance Use Disorder With/Without Comorbid Posttraumatic Stress Disorder. *Journal of EMDR*

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Abstract

A large proportion (11%–60%) of people with posttraumatic stress disorder (PTSD) also suffer from substance use disorder (SUD). As the high cooccurrence of PTSD and SUD leads to a worsening of psychopathological severity, development and evaluation of integrated treatments become highly valuable for individuals presenting with both diagnoses. Eye movement desensitization and reprocessing (EMDR) therapy may fit these needs. This article summarized all studies that investigated EMDR treatment for SUD, to clarify whether EMDR might be a useful approach. A comprehensive Title/Abstract/Keyword search was conducted on PsycInfo, PsychArticle, PubMed, and Scopus databases. A total of 135 articles were retrieved, and 8 articles met inclusion/exclusion criteria. One RCT and one case study evaluated trauma-focused EMDR; one clinical RCT, one non-clinical RCT, one cross-over study, and one case study evaluated addiction-focused EMDR; and one quasi-experimental and one multiphase case study evaluated the combination of addiction-focused and trauma-focused EMDR. Results show that EMDR treatment consistently reduces posttraumatic symptoms, but that its effects on SUD symptoms are less evident. Although EMDR should be considered as a promising tool for this population due to its possible potential to improve SUD outcomes, further research is needed to see whether EMDR therapy, either trauma-focused or addiction-focused, is effective for SUD. We conclude with suggestions for future research and clinical practice in this area.

Tesarz, J., Wicking, M., Bernardy, K., & Seidler, G. H. (2019). EMDR Therapy's Efficacy in the Treatment of Pain. *Journal of EMDR Practice and Research*, 13(4), 337-344.

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Abstract

Chronic pain is the most common global cause of functional and quality of life limitations. Although there are many effective therapies for the treatment of acute pain, chronic pain is often unsatisfactory. Against this background, there is currently an urgent need to develop innovative therapies that enable more efficient pain relief. Psychosocial factors play an important role in the development and persistence of chronic pain. Especially in patients with high levels of emotional stress, significant anxiety, or relevant psychological comorbidity, classical pain therapy approaches often fail. This is in line with the results of recent pain research, which has shown that dysfunctions in emotion processing have a significant influence on the persistence of pain symptoms. The recognition that pain can become chronic through maladaptive emotional processing forms the pathophysiological basis for the application of eye movement desensitization and reprocessing (EMDR) in the treatment of chronic pain. In this sense, EMDR can be used as an established method for desensitizing and processing of emotional distress from trauma therapy specifically for processing emotional stress in patients with chronic pain. Against this background, it is not surprising that the implementation of EMDR for patients with chronic pain is expanding. However, the increasing clinical use of EMDR in the treatment of chronic pain has also led to a reputation to test the efficacy of EMDR in pain management through randomized

clinical trials. In addition to numerous case control studies, there are now also six randomized controlled clinical trials available that demonstrate the efficacy and safety of EMDR in the treatment of different pain conditions. However, in order to overcome several methodological limitations, large multicenter studies are needed to confirm the results.

Vaillant-Ciszewicz, A. J., Quaderi, A., Palazzolo, J., Robert, P., & Guérin, O. (2019). [Techniques from EMDR Psychotherapy: a tool against disruptive psycho-behavioural disorders?]. *Soins Gerontol*, 24(140), 36-40. doi:10.1016/j.sger.2019.09.009

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Abstract

Behavioural disorders in residential care facilities for dependent seniors are particularly common in residents with Alzheimer's and related diseases. Verbal agitation is one of the most disruptive behavioural disorders. The use of techniques from Eye Movement Desensitisation and Reprocessing therapy in gerontology, its applications and research perspectives may be illustrated.

van Schie, K., & Leer, A. (2019). Lateral eye movements do not increase false-memory rates: A failed direct-replication study. *Clinical Psychological Science*, 7(5), 1159-1167. doi:10.1177/2167702619859335

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Open access: <https://journals.sagepub.com/doi/full/10.1177/2167702619859335>

Abstract

In this direct replication of Houben, Otgaar, Roelofs, and Merckelbach (*Clinical Psychological Science*, 6, 610–616, 2018), we tested whether making eye movements during memory recall increases susceptibility to creating false memories. Undergraduates ($N = 206$) watched a video of a car crash, after which they recalled the video with or without simultaneously making eye movements. Next, participants received misinformation about the video. Finally, during the critical test, they were questioned about video details. The results showed that making eye movements did not increase endorsement of misinformation (i.e., false memory), nor did it reduce (correct) memory details or memory vividness and emotionality. Random variation in sampling or measurement, low reliability of the test instrument, and observer-expectancy effects may explain discrepancies between study effects. Only multiple direct replications by different (independent) laboratories with standardized instruments will allow for assessing whether the effect is robust and largely independent of random variation and moderators.

Vinkers, C. H., Geuze, E., van Rooij, S. J. H., Kennis, M., Schür, R. R., Nispeling, D. M., . . . Boks, M. P. (2019). Successful treatment of post-traumatic stress disorder reverses DNA methylation marks. *Mol Psychiatry*. doi:10.1038/s41380-019-0549-3

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Abstract

Epigenetic mechanisms play a role in the detrimental effects of traumatic stress and the development of post-traumatic stress disorder (PTSD). However, it is unknown whether successful treatment of PTSD restores these epigenetic marks. This study investigated longitudinal changes of blood-based genome-wide DNA methylation levels in relation to trauma-focused psychotherapy for PTSD in soldiers that obtained remission (N = 21), non-remitted PTSD patients (N = 23), and trauma-exposed military controls (N = 23). In an independent prospective cohort, we then examined whether these DMRs were also relevant for the development of deployment-related PTSD (N = 85). Successful treatment of PTSD was accompanied by significant changes in DNA methylation at 12 differentially methylated regions (DMRs) in the genes: APOB, MUC4, EDN2, ZFP57, GPX6, CFAP45, AFF3, TP73, UBCLP1, RPL13P, and two intergenic regions (p values < 0.0001 were confirmed using permutation and sensitivity analyses). Of the 12 DMRs related to PTSD symptom reduction, consistent prospective evidence was found for ZFP57 methylation changes related to changing PTSD symptoms ($B = -0.84$, $t = -2.49$, $p = 0.014$). Increasing ZFP57 methylation related to PTSD symptom reduction was present over and above the relation with symptoms, suggesting that psychological treatments exert biological effects independent of symptom reduction. Together, these data provide longitudinal evidence that ZFP57 methylation is involved in both the development and successful treatment of deployment-related PTSD. This study is a first step to disentangle the interaction between psychological and biological systems to identify genomic regions relevant for the etiology and treatment of stress-related disorders such as PTSD.

Yaşar, A. B., Abamor, A. E., Usta, F. D., Taycan, S. E., & Kaya, B. (2019). Two cases with avoidant/restrictive food intake disorder (ARFID): Effectiveness of EMDR and CBT combination on eating disorders (ED). *Klinik Psikiyatri Dergisi*, 22(4).
doi:10.5505/kpd.2019.04127

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Open access: <http://www.klinikpsikiyatri.org/jvi.aspx?pdir=kpd&plng=tur&un=KPD-04127>

Abstract

Traumatic life events are among the etiological factors that may trigger eating disorders (ED). In the present study, we examined the effects of Eye Movement Desensitization and Reprocessing (EMDR) therapy and Cognitive Behavioral Therapy (CBT) therapies combined on two young girls, who had symptoms of ED as a consequence of their traumatic experiences.

Two Caucasian female patients arrived at the clinic with highly similar complaints about eating. They both were mutually holding the fear that food would get stuck in their throat, breathing would be impeded and their heart rate would increase; creating an inability to swallow while eating. This culminated in a fear of death through asphyxiation while eating. In the initial interviews, the clients revealed past traumatic events in which a food blockage in the throat led to a temporary inability to breathe. Therefore, we conducted EMDR therapy combined with CBT. Both were treated with seven sessions of EMDR therapy and nine sessions of CBT, after which symptoms were reduced to minimum. In this case study, EMDR therapy combined with CBT proved to be effective by neutralizing the impact of previous trauma on ED symptomatology.

Zhutovsky, P., Thomas, R. M., Olf, M., van Rooij, S. J. H., Kennis, M., van Wingen, G. A., & Geuze, E. (2019). Individual prediction of psychotherapy outcome in posttraumatic stress disorder using neuroimaging data. *Transl Psychiatry, 9*(1), 326.

doi:10.1038/s41398-019-0663-7

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Open access: <https://www.ncbi.nlm.nih.gov/pubmed/31792202>

Abstract

Trauma-focused psychotherapy is the first-line treatment for posttraumatic stress disorder (PTSD) but 30-50% of patients do not benefit sufficiently. We investigated whether structural and resting-state functional magnetic resonance imaging (MRI/rs-fMRI) data could distinguish between treatment responders and non-responders on the group and individual level. Forty-four male veterans with PTSD underwent baseline scanning followed by trauma-focused psychotherapy. Voxel-wise gray matter volumes were extracted from the structural MRI data and resting-state networks (RSNs) were calculated from rs-fMRI data using independent component analysis. Data were used to detect differences between responders and non-responders on the group level using permutation testing, and the single-subject level using Gaussian process classification with cross-validation. A RSN centered on the bilateral superior frontal gyrus differed between responders and non-responder groups ($P_{FWE} < 0.05$) while a RSN centered on the pre-supplementary motor area distinguished between responders and non-

responders on an individual-level with 81.4% accuracy ($P < 0.001$, 84.8% sensitivity, 78% specificity and AUC of 0.93). No significant single-subject classification or group differences were observed for gray matter volume. This proof-of-concept study demonstrates the feasibility of using rs-fMRI to develop neuroimaging biomarkers for treatment response, which could enable personalized treatment of patients with PTSD.
