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ABSTRACT Chronic spontaneous urticaria (CSU) is a very common skin condition that causes considerable suffering and is often poorly responsive to drug treatment regimens. Most clinicians accept that multiple factors play a role in the aetiology of CSU, but there is a widespread reluctance to accept a significant role for ‘mindbody’ factors, despite a large number of clinical reports and studies over many decades suggesting their relevance. This reluctance has multiple origins. A primary influence is the flawed dualistic model of mind and body relatedness underpinning much of modern medical care. In this view, if a pathophysiological mechanism can be discerned, then ‘mind’ factors can be largely ignored. Recent evidence demonstrating intimate structural and functional relations between peripheral nerves and mast cells, and local skin secretion of mast cell-influencing neuropeptides by nerves, provides an argument for discarding old ‘organic’ and dualistic conceptualisations of CSU. A sound, integrative, multifactorial approach requires a unitive ‘mindbody’ model in which physical and subjective dimensions of personhood are seen as coexisting and equally deserving of exploration and management. Another influence is the tendency for ‘psychosomatic’ research studies in CSU to focus on patient experience using broad group-based diagnostic categories, such as anxiety and depressive disorders, and generic measures of stress. Two case examples are given, illustrating that CSU arises in relation to highly individual and relevant ‘stories’, which would not usually be picked up by these generic measures. It is suggested that an appropriate ‘mindbody’ management programme leading to good clinical outcomes for CSU is dependent on clinicians discerning unique patient ‘stories’. Finally, a lack of formal studies comparing drug and ‘mindbody’ treatment outcomes will continue to negatively influence the adoption of ‘mindbody’ approaches in CSU. There is an urgent need for properly structured comparative studies, and the essential elements of a suitable ‘mindbody’ approach appropriate to such research are briefly outlined.


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ABSTRACT Torture is widely practiced throughout the world. Recent studies indicate that 50% of all countries, including 79% of the G-20 countries, continue to practice systematic torture despite a universal ban. It is well known that torture has numerous physical, psychological, and pain-related sequelae that can inflict a devastating and enduring burden on its victims. Health care professionals, particularly those who specialize in the treatment of chronic pain, have an obligation to better understand the physical and psychological effects of torture. This review highlights the epidemiology, classification, pain sequelae, and clinical treatment guidelines of torture victims. In addition, the role of pharmacologic and psychologic interventions is explored in the context of rehabilitation.


ABSTRACT Post-traumatic stress disorder (PTSD) and acute stress disorder (ASD) differ from almost every other psychiatric diagnosis in that they may only be diagnosed with reference to an aetiological event - an external traumatic stressor. ASD occurs immediately after the stressor and is comparatively short-lived, while PTSD is a prolonged abnormal response that may take months to develop. According to the DSM-IV, the stressor leading to PTSD or ASD may be (1) experienced directly, (2) witnessed, or (3) experienced by others and subsequently learned about. There are several replicated neuroimaging findings in PTSD. Probably most consistently, bilateral hippocampal volume in adults, but not children, is reduced. The first line treatment of PTSD, according to the National Institute for Clinical Excellence (NICE), is psychological therapy. Trauma-focused CBT (TF-CBT) and eye movement desensitization and reprocessing (EMDR) were the treatments
of choice in these guidelines. It should be noted the proposed revision of diagnostic criteria for the DSM-V does not indicate any fundamental alterations to the diagnosis, other, arguably, than the removal of criterion A2, removing the requirement for "fear, helplessness or horror", facilitating healing from trauma with IDD clients.


Full text available at: http://www.aacap.org/galleries/PracticeParameters/JAACAP_PTSD_2010.pdf

ABSTRACT This Practice Parameter reviews the evidence from research and clinical experience and highlights significant advances in the assessment and treatment of posttraumatic stress disorder since the previous Parameter was published in 1998. It highlights the importance of early identification of posttraumatic stress disorder, the importance of gathering information from parents and children, and the assessment and treatment of comorbid disorders. It presents evidence to support trauma-focused psychotherapy, medications, and a combination of interventions in a multimodal approach.


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ABSTRACT This paper provides a current review of existing evidence-based treatments for posttraumatic stress disorder (PTSD), with a description of psychopharmacologic options, prolonged exposure therapy, cognitive processing therapy, and eye movement desensitization and reprocessing, especially as they pertain to military populations. It further offers a brief summary of promising treatments with a developing evidence base, encompassing both psychotherapy and pharmacotherapy. Finally, challenges to the treatment of PTSD are summarized and future directions suggested.


Full text available at: http://www.eurojnlofpsychotraumatol.net/index.php/ejpt/article/view/5623/pdf_68

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ABSTRACT Background: Earlier studies have shown that horizontal eye movement (EM) during retrieval of a negative memory reduces its vividness and emotionality. This may be due to both tasks competing for working memory (WM) resources. This study examined whether playing the computer game “Tetris” also blurs memory. Method: Participants recalled negative and positive memories in three conditions: recall only, recall with concurrent EM, and recall with playing Tetris. Before and after these conditions, vividness, emotionality, and physiological startle responses during recall were measured. Results: A reaction time task showed that EM and Tetris both draw on WM, compared to no dual-task. Compared to recall only, EM and Tetris decreased reported emotionality and startle responses. Conclusions: The effects of EM and Tetris did not differ, even though the tasks differed in the degree of taxing WM. This suggests that taxing WM and its effects on emotional memories may not be linearly related. Potential clinical implications are discussed.


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ABSTRACT Eye movements during exposure to distressing mental images reduce their vividness and emotional intensity, which may be due to both tasks competing for working memory (WM) resources. WM theory predicts an inverted U-shaped relationship between degree of taxing and beneficial effects: greater taxing of WM will more greatly reduce vividness/emotionality, but extremely taxing tasks prevent holding the image in mind, thereby reducing benefits. This study examined whether mental arithmetic (subtraction) tasks during visual imagery reduce image vividness/emotionality ratings, and taxing WM and reduced vividness/emotionality show the predicted quadratic relationship. A non-clinical sample retrieved a distressing image of the Queen’s Day tragedy (which occurred 1-3 months earlier in the Netherlands), and rated it for vividness and emotionality. Participants were assigned to one of four conditions: exposure alone or exposure with concurrent ‘simple’ subtraction, ‘intermediate’ subtraction, or ‘complex’ subtraction. Afterwards, vividness and emotionality were rated again. A reaction time task showed that the subtraction tasks increasingly taxed WM. Consistent with WM theory, exposure with subtraction reduced image vividness and emotionality compared to exposure alone. The expected inverse U-curve relationship was found for emotionality, but not for vividness: simple or intermediate subtraction had more beneficial effects than no dual-task or complex subtraction. Clinical implications are discussed.


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ABSTRACT Objective: This study aims to investigate the effectiveness of the “pain provocation technique” (PPT)—a focused treatment strategy incorporating interoceptive exposure (i.e., imagining increases in pain intensity), bilateral stimulation (tactile stimulation), and implementation of pain-related coping to decrease pain intensity—for adolescents suffering from chronic pain. Design: Prospective observational comparative study. Methods: Adolescents utilizing PPT (19 boys and 21 girls) within multimodal inpatient treatment were compared with adolescents in standard multimodal inpatient treatment matched for age, gender, and diagnosis. Core outcome variables (pain intensity, disability, emotional distress) were assessed at admission and 3 months posttreatment. Results: Adolescents in the PPT group demonstrated a sharper decrease in pain intensity and school aversion. Both groups demonstrated significant reductions in disability and emotional distress. Conclusions: Results are discussed in terms of the importance of focused treatment strategies such as interoceptive exposure for adolescents suffering from disabling chronic pain. Future studies are warranted to carefully investigate the effectiveness and possible process of change during the PPT such as sensory, cognitive, emotional, and memory aspects.


ABSTRACT Objectives: To evaluate short and long-term treatment outcome of children (7–10 years) in comparison to adolescents (11–18 years) with disabling chronic pain following multimodal inpatient pain treatment. Patients and methods: Thirty-three children and 167 adolescents underwent multimodal inpatient pain treatment. Standardized assessment of pain-related variables, disability, coping, and use of analgesics was performed at admission, 3- and 12-month follow-up. Results: Children and adolescents displayed similar pain-characteristics at admission. Adolescents demonstrated significantly higher disability and passive pain coping. Children relied more on others when in pain. All core variables (i.e., pain intensity, pain-related disability, school absence and pain-related coping) decreased significantly in both children and adolescents after 3 months. Both groups maintained this decline 12 months later. More than half of the children and adolescents demonstrated a 50%-reduction in pain intensity after 3 months, and almost 60% after 12 months. Use of analgesics was significantly reduced at 3-month follow-up with no additional changes after 12 months. While age did not exert any impact on results, there were significant gender differences in pain intensity and school absence. Girls demonstrated higher pain intensity and higher school absence 1 year following treatment. Conclusions: Children display similar pain-characteristics to adolescents when entering inpatient treatment. A multimodal inpatient program appears to stop the the long-term vicious cycle of disability and pain for both children and adolescents. The demonstrated gender differences raise issues for further research and the possibility of additional pain management strategies for girls.
symptoms of all patients decreased substantially and the effect sizes were large (Cohen’s d resp. 1.5 [pre-post], 2.4 [pre-FU1 month], and 2.3 [pre-FU3 months]). Also, none of the patients showed symptom worsening or dropped out. The evaluation of these four pilot cases suggests that it is possible to intensify exposure treatment, even for multiple traumatized PTSD patients with high comorbidity. We concluded that the first results of this new, intensive exposure program for PTSD patients with childhood sexual abuse are promising.}

creates a moral dilemma: Is it ethical for therapists to mislead patients to help them? Pragmatic justification of a successful practice is a way out of this dilemma. Therapies should be evaluated that deal with expectations directly by promoting positive thinking or by fostering non-expectancy.

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**ABSTRACT** Explanations for the effects of the rapid eye movements induced during Eye Movement Desensitization Reprocessing (EMDR; Shapiro, 2001) have drawn upon an analogy with the eye movements of REM sleep (Kuiken, Bears, Miall, and Smith, 2002). An extension of that analogy posits two orienting systems, one involving threat-fear related mnemonic contextualization and another involving loss-pain related monitoring of conflicting response alternatives. In a study involving individuals who had recently experienced significant loss or trauma, we found that experimentally induced saccadic eye movements decreased reaction times to unexpected stimuli among those reporting traumatic distress (characterized by hyperarousal and intrusive thoughts) and increased reaction times among those reporting separation distress (characterized by vivid reminiscences and the sense of a foreshortened future). Also, we found that saccadic eye movements increased the perceived strikingness of metaphor sentence endings among those reporting amnesia for events related to either loss or trauma. The eye movements of both EMDR and REM sleep may differently affect the attentional and cognitive reorienting activity of those living with the consequences of loss or trauma. These differences may be evident in their waking reflections and in their dreams.

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**ABSTRACT** Objectives: Body dysmorphic disorder (BDD) is characterized by an excessive preoccupation with an imagined or minor appearance flaw. Many aspects of BDD remain unknown, such as rates of treatment utilization, types of treatment sought, and barriers to treatment. The present study sought to examine rates and patterns of treatment utilization as well as barriers to treatment among individuals with body dysmorphic symptoms. Methods: The present study consists of 401 individuals with symptoms consistent with a diagnosis of BDD who completed self-reported measures of treatment utilization and barriers to treatment in an internet survey. Results: Consistent with past research, results showed that individuals with probable BDD reported seeking non-mental health treatments for BDD (e.g., plastic surgery). Additionally, an examination of treatment barriers demonstrated significant barriers for the sample for the three domains examined: logistic and financial; stigma, shame, and discrimination; and treatment skepticism. Secondary analyses revealed a differential endorsement of treatment barriers across ethnic groups for all three barrier domains. Conclusion: These data suggest that BDD is still an underrecognized disorder with marked barriers to treatment. Increased education and dissemination efforts are warranted.

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**ABSTRACT** Impulse-control disorders such as pathological gambling, sexual addiction, and compulsive shopping cause enormous suffering in people’s lives. The feeling-state theory of

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ABSTRACT There is converging evidence of gray matter (GM) structural alterations in different limbic structures in Post-Traumatic Stress Disorder (PTSD) patients. The aim of this study was to evaluate GM density in PTSD in relation to trauma load, and to assess the GM differences between responders (R) and non-responders (NR) to EMDR therapy. Magnetic Resonance Imaging (MRI) scans of 21 subjects exposed to occupational trauma, who developed PTSD (S), and of 22 who did not (NS), were compared by means of an optimized Voxel-Based Morphometry (VBM) analysis as implemented in SPM. Within S, further comparisons were made between 10 R and 5 NR. A regression analysis between GM density and the Traumatic Antecedents Questionnaire (TAQ) was also performed on all 43 subjects. Results showed a significantly lower GM density in S as compared to NS in the left posterior cingulate and the left posterior parahippocampal gyrus. Moreover, NR showed a significantly lower GM density as compared to R in bilateral posterior cingulate, left anterior insula, and right anterior parahippocampal gyrus. In conclusion, a GM lower density in limbic and paralimbic cortices were found to be associated with PTSD diagnosis, trauma load, and EMDR treatment outcome, suggesting a view of PTSD characterized by memory and dissociative disturbances.


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ABSTRACT By means of a meta-analytic review, the current study investigated the efficacy of the psychological treatment of children and adolescents that have suffered sexual abuse. Thirty-three articles met our selection criteria and, using the group as the analysis unit, the meta-analytic database was composed of 44 treatment groups and 7 control groups. The effect size index was the standardized mean change between the pretest and the posttest means, and it was separately applied for different outcome measures (sexualised behaviours, anxiety, depression, self-esteem, behaviour problems, and other outcomes) and assessment methods (child self-reports, parent reports, and clinician assessments). For all of the outcome measures, the mean effect size for the treatment groups was statistically and clinically significant, whereas the control groups did not achieve a significant improvement. Significant differences among the various psychological treatment approaches were found for the global outcome measure, sexualised behaviours, and behaviour problems. In general, trauma-focused cognitive-behavioural treatments combined with supportive therapy and a psychodynamic element (e.g., play therapy) showed the best results. Finally, the implications for clinical practice and for future research of the results in this field are discussed.


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ABSTRACT This study aimed to investigate the psychophysiological correlates and the effectiveness of different dual-attention tasks used during eye movement desensitization and reprocessing (EMDR). Sixty-two non-clinical participants with negative autobiographical memories received a single session of EMDR without eye movements, or EMDR that included eye movements of either varied or fixed rate of speed. Subjective units of distress and vividness of the memory were recorded at pre-treatment, post-treatment, and 1 week follow-up. EMDR-with eye movements led to greater reduction in distress than EMDR-without eye movements. Heart rate decreased significantly when eye movements began; skin conductance decreased during eye movement sets; heart rate variability and respiration rate increased significantly as eye movements continued; and orienting responses were more frequent in the eye movement than no-eye movement condition at the start of exposure. Findings indicate that the eye movement component in EMDR is beneficial, and is coupled with distinct psychophysiological changes that may aid in processing negative memories.


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ABSTRACT EMDR is a comprehensive psychotherapy approach that is compatible with all contemporary theoretical orientations. Internationally recognized as a frontline trauma treatment, it is also applicable to a broad range of clinical issues. As a distinct form of psychotherapy, the treatment emphasis is placed on directly processing the neurophysiologically stored memories of events that set the foundation for pathology and health. The adaptive information processing model that governs EMDR practice invites the therapist to address the overall clinical picture that includes the past experiences that contribute to a client’s current difficulties, the present events that trigger maladaptive responses, and to develop more adaptive neural networks of memory in order to enhance positive responses in the future. The clinical application of EMDR is elaborated through a description of the eight phases of treatment with a case example that illustrates the convergences with psychodynamic, cognitive-behavioral, and systemic practice.


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ABSTRACT Posttraumatic stress disorder (PTSD) is effectively treated with eye movement desensitization and reprocessing (EMDR) with patients making eye movements during recall of traumatic memories. Many therapists have replaced eye movements with bilateral beeps, but there are no data on the effects of beeps. Experimental studies suggest that eye movements may be beneficial because they tax working memory, especially the central executive component, but the presence/degree of taxation has not been assessed directly. Using discrimination Reaction Time (RT) tasks, we found that eye movements slow down RTs to auditory cues (experiment I), but binaural beeps do not slow down RTs to visual cues (experiment II). In an arguably more sensitive "Random Interval Repetition" task using tactile stimulation, working memory taxation of beeps and eye movements were directly compared. RTs slowed down during beeps, but the effects were much stronger for eye movements (experiment III). The same pattern was observed in a memory experiment with healthy volunteers (experiment IV): vividness of negative memories was reduced after both beeps and eye movements, but effects were larger for eye movements. Findings support a working memory account of EMDR and suggest that effects of beeps on negative memories are inferior to those of eye movements.


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ABSTRACT This paper presents a plea for a more flexible therapeutic approach which focuses not only on the underlying cognitions, behaviours and emotions related to the eating disorder, but an approach that adapts its focus depending also on the psychopathological pathway which has led to the development of the eating disorder.©