



May is Mental Health Awareness Month

[Mental Health America](#) has led the observance of "May is Mental Health Month" since 1949. They have encouraged awareness of the importance of mental health since that time, focusing on many aspects which are connected to good mental health.

[NAMI \(The National Association for Mental Illness\)](#) says:

Each year we fight stigma, provide support, educate the public and advocate for policies that support people with mental illness and their families. They claim "One in 5 Americans is affected by mental health conditions. Stigma is toxic to their mental health because it creates an environment of shame, fear, and silence that prevents many people from seeking help and treatment. The perception of mental illness won't change unless we act to change it."

Changing the image and reducing the stigma of mental illness goes hand-in-hand with finding viable treatment options for those suffering from mental illness of various kinds.



Studies



EMDR STUDY

In March, 2016, [in this newsletter](#), we presented the following abstract of a research paper Berg, D. P., de Bont, P. A., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2015). Trauma-focused treatment in PTSD patients with psychosis: Symptom exacerbation, adverse events, and revictimization. *Schizophrenia Bulletin*. doi:10.1093/schbul/sbv172

ABSTRACT:

Methods:

Analyses were conducted on data from a single-blind randomized controlled trial comparing TF treatment (N = 108; 8 sessions prolonged exposure or eye movement desensitization) and waiting list (WL; N = 47) among patients with a lifetime psychotic disorder and current chronic PTSD. Symptom exacerbation, adverse events, and revictimization were assessed posttreatment and at 6-month follow-up. Also investigated were symptom exacerbation after initiation of TF treatment and the relationship between symptom exacerbation and dropout. Results: Any symptom exacerbation (PTSD, paranoia, or depression) tended to occur more frequently in the WL condition. After the first TF treatment session, PTSD symptom exacerbation was uncommon. There was no increase of hallucinations, dissociation, or suicidality during the first 2 sessions. Paranoia decreased significantly during this period. Dropout was not associated with symptom exacerbation. Compared with the WL

condition, fewer persons in the TF treatment condition reported an adverse event (OR = 0.48, P = .032). Surprisingly, participants receiving TF treatment were significantly less likely to be revictimized (OR = 0.40, P = .035). Conclusions: In these participants, TF treatment did not result in symptom exacerbation or adverse events. Moreover, TF treatment was associated with significantly less exacerbation, less adverse events, and reduced revictimization compared with the WL condition. This suggests that conventional TF treatment protocols can be safely used in patients with psychosis without negative side effects.

EMDR STUDY

From another article by van den Berg and van der Gaag: [Treating trauma in psychosis with EMDR: a pilot study](#). J Behav Ther Exp Psychiatry. 2012 Mar;43(1):664-71. doi:10.1016/j.jbtep.2011.09.011. Epub 2011 Sep 17.



ABSTRACT:

Background:

Initial studies have shown that posttraumatic stress disorder (PTSD) can be effectively treated in patients with a psychotic disorder. These studies however used adapted treatment protocols, avoided direct exposure to trauma related stimuli or preceded treatment with stabilizing techniques making treatment considerably longer in duration.

Method:

An open trial in which adult subjects with a psychotic disorder and a comorbid PTSD (n = 27) received a maximum of six Eye Movement Desensitization and Reprocessing (EMDR) therapy sessions. PTSD symptoms, psychotic symptoms and additional symptoms were assessed at baseline and end-of-treatment.

Results:

The dropout rate was 18.5 percent (five subjects). Only five of the twenty-two completers (22.7%) still met criteria for PTSD after treatment. PTSD symptoms, auditory verbal hallucinations, delusions, anxiety, depression, and self-esteem all improved significantly. Paranoid ideation and feelings of hopelessness did not improve significantly. Treatment did not lead to symptom exacerbation in subjects. There were no adverse events, such as suicide attempts, self-mutilation, aggressive behavior or admission to a general or psychiatric hospital.

Conclusions:

This pilot study shows that a short EMDR therapy is effective and safe in the treatment of PTSD in subjects with a psychotic disorder. Treatment of PTSD has a positive effect on auditory verbal hallucinations, delusions, anxiety symptoms, depression symptoms, and self-esteem. EMDR can be applied to this group of patients without adapting the treatment protocol or delaying treatment by preceding it with stabilizing interventions.

EMDR STUDY

And in 2018, van den Berg et al published an article in the British Journal of Psychiatry Volume 212, Issue 3, March 2018, pp. 180-182: [Long-term outcomes of trauma-focused](#)

[treatment in psychosis](https://doi.org/10.1192/bjp.2017.30). David van den Berg, Paul A. J. M. de Bont, Berber M. van der Vleugel, Carlijn de Roos, Ad de Jongh, Agnes van Minnen, Mark van der Gaag,
<https://doi.org/10.1192/bjp.2017.30>



ABSTRACT:

Summary

"We present 12-month follow-up results for a randomised controlled trial of prolonged exposure and eye movement desensitisation and reprocessing (EMDR) therapy in 85 (78.8%) participants with psychotic disorder and comorbid post-traumatic stress disorder (PTSD). Positive effects on clinician-rated PTSD, self-rated PTSD, depression, paranoid-referential thinking and remission from schizophrenia were maintained up to 12-month follow-up. Negative post-traumatic cognitions declined in prolonged exposure and were stable in EMDR. A significant decline in social functioning was found, whereas reductions in interference of PTSD symptoms with social functioning were maintained. These results support that current PTSD guidelines apply to individuals with psychosis."

EMDR STUDY

We encourage you to also look at another article: [EMDR beyond PTSD: A Systematic Literature Review](#) by Alicia Valiente-Gómez, Ana Moreno-Alcázar, Devi Treen, Carlos Cedrón, Francesc Colom, Víctor Pérez, and Benedikt L. Amann doi:10.3389/fpsyg.2017.01668



ABSTRACT:

Background

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic approach that has demonstrated efficacy in the treatment of Post-traumatic Stress Disorder (PTSD) through several randomized controlled trials (RCT). Solid evidence shows that traumatic events can contribute to the onset of severe mental disorders and can worsen their prognosis. The aim of this systematic review is to summarize the most important findings from RCT conducted in the treatment of comorbid traumatic events in psychosis, bipolar disorder, unipolar depression, anxiety disorders, substance use disorders, and chronic back pain.

For a summary of each of the different diagnostic categories, please see the article cited above. In general, the position is that EMDR therapy is effective, but larger RCT's are necessary for adequate generalizable conclusions.

Once again, the clear message is that the results are promising, but need further research. Your help in supporting this vital research is important.

What's New?



CREATE A FUNDRAISING PAGE!

You have the opportunity to create a fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding, graduation, or running in a 5K race!

[More Details on Creating a Fundraising Page](#)

SEE OUR UPDATED TOOLKIT!

EMDR Early Intervention and Crisis Response: Researcher's Toolkit
Version 03.2018 © 2014-2018

Rosalie Thomas, Ph.D., R.N. with
formatting/design work by Katy Murray,
MSW, LICSW

[View Our New Researcher's Toolkit](#)



As Seen on our Website



For a complete list of [Clinical Newsletter archives](#), please visit our website.

You, as always, are invaluable in this endeavor!

Donate Today!

EMDR Research Foundation | <https://emdrresearchfoundation.org> | info@emdrresearchfoundation.org
630-296-4399

CONNECT WITH EMDR RESEARCH FOUNDATION ON SOCIAL MEDIA

