EMDR and Childhood Traumas

This monthly newsletter was created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing (EMDR) who work with military, veterans, and their families. The purpose of EMDR and the Military-in-Action Newsletter is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

**ATTENTION RESEARCHERS:** If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for the $25,000 EMDR Research Grant Award.

$25,000 EMDR Research Grant Award Details: [https://emdrresearchfoundation.org/research-grants/25000-emdr-research-grant-award/#](https://emdrresearchfoundation.org/research-grants/25000-emdr-research-grant-award/#)

If you need access to expertise for a research project, don’t hesitate to apply for the $1,000 Research Consultation Award.

Research Consultation Award Details: [https://emdrresearchfoundation.org/research-grants/research-consultation-awards](https://emdrresearchfoundation.org/research-grants/research-consultation-awards)
EMDR Study


ABSTRACT:

**Aim:** There is an extensive body of research examining the efficacy of Eye-Movement Desensitization Reprocessing (EMDR) therapy in treatment of Posttraumatic Stress Disorder (PTSD). This systematic narrative review aimed to systematically, and narratively, review robust evidence from Randomized-Controlled Trials examining the efficacy of EMDR therapy.

**Method:** Eight databases were searched to identify studies relevant to the study aim. Two separate systematic searches of published, peer-reviewed evidence were carried out, considering relevant studies published prior to April 2017. After exclusion of all irrelevant, or non-robust, studies, a total of two meta-analyses and four Randomized-Controlled Trials were included for review.

**Results:** Data from meta-analyses and Randomized-Controlled Trials included in this review evidence the efficacy of EMDR therapy as a treatment for PTSD. Specifically, EMDR therapy improved PTSD diagnosis, reduced PTSD symptoms, and reduced other trauma-related symptoms. EMDR therapy was evidenced as being more effective than other trauma treatments, and was shown to be an effective therapy when delivered with different cultures. However, limitations to the current evidence exist, and much current evidence relies on small sample sizes and provides limited follow-up data.

**Conclusions:** This systematic narrative review contributes to the current evidence base, and provides recommendations for practice and future research. This review highlights the need for additional research to further examine the use of EMDR therapy for PTSD in a range of clinical populations and cultural contexts.

The Efficacy of EMDR Therapy and Complex Childhood Trauma

EMDR Study

ABSTRACT:

**Background:** Survivors of complex childhood trauma (CT) such as sexual abuse show poorer outcomes compared to single event trauma survivors. A growing number of studies investigate Eye Movement Desensitization and Reprocessing (EMDR) treatment for posttraumatic stress disorder (PTSD), but no systematic reviews have focused on EMDR treatment for CT as an intervention for both adults and children. This study therefore systematically reviewed all randomized controlled trials (RCTs) evaluating the effect of EMDR on PTSD symptoms in adults and children exposed to CT.

**Methods:** Databases including PubMed, Web of Science, and PsycINFO were searched in October 2017. Randomized controlled trials which recruited adult and children with experience of CT, which compared EMDR to alternative treatments or control conditions, and which measured PTSD symptoms were included. Study methodology quality was evaluated with Platinum Standard scale.

**Results:** Six eligible RCTs of 251 participants were included in this systematic review. The results indicated that EMDR was associated with reductions in PTSD symptoms, and/or anxiety both post-treatment and at follow-up compared with all other alternative therapies (cognitive behavior therapy, individual/group therapy and fluoxetine) and control treatment (pill placebo, active listening, EMDR delayed treatment, and treatment as usual). However, studies suffered from significant heterogeneity in study populations, length of EMDR treatment, length of follow-up, comparison groups, and outcome measures. One study had a high risk of bias.

**Discussion:** This systematic review suggests that there is growing evidence to support the clinical efficacy of EMDR in treating CT in both children and adults. However, conclusions are limited by the small number of heterogeneous trials. Further RCTs with standardized methodologies, as well as studies addressing real world challenges in treating CT are required.

The Impact of Childhood Sexual Abuse on the Outcome of Trauma-focused Treatments for PTSD

**EMDR Study**


**ABSTRACT:**

**Background:** It is assumed that PTSD patients with a history of childhood sexual abuse benefit less from trauma-focused treatment than those without such a history. Objective: To test whether the presence of a history of childhood sexual abuse has a negative effect on the outcome of intensive trauma-focused PTSD treatment.
Method: PTSD patients, 83% of whom suffered from severe PTSD, took part in a therapy programme consisting of 2 x 4 consecutive days of Prolonged Exposure (PE) and EMDR therapy (eight of each). In between sessions, patients participated in sport activities and psycho-education sessions. No prior stabilization phase was implemented. PTSD symptom scores of clinician-administered and self-administered measures were analysed using the data of 165 consecutive patients. Pre-post differences were compared between four trauma groups; patients with a history of childhood sexual abuse before age 12 (CSA), adolescent sexual abuse (ASA; i.e. sexual abuse between 12 and 18 years of age), sexual abuse (SA) at age 18 and over, or no history of sexual abuse (NSA). Results: Large effect sizes were achieved for PTSD symptom reduction for all trauma groups (Cohen's d = 1.52-2.09). For the Clinical Administered PTSD Scale (CAPS) and the Impact of Event Scale (IES), no differences in treatment outcome were found between the trauma (age) groups. For the PTSD Symptom Scale Self Report (PSS-SR), there were no differences except for one small effect between CSA and NSA.

Conclusions: The results do not support the hypothesis that the presence of a history of childhood sexual abuse has a detrimental impact on the outcome of first-line (intensive) trauma-focused treatments for PTSD.

Childhood Maltreatment and PTSD symptoms in Marines in the Republic of Korea

EMDR Study

ABSTRACT:
Although it is known that post-traumatic stress symptoms (PTSS) can result from military service, the variance in PTSS unexplained by military service warrants further investigation, and no researchers have investigated South Korean Marines’ vulnerability during their 2-year conscripted service as the first line of national defense against threats from North Korea. This study was designed to examine whether resilience mediated the relationship between childhood maltreatment and PTSS in 169 Korean conscripts into the Marine Corps. In a cross-sectional study design, the Childhood Trauma Questionnaire-Short Form was used to measure childhood maltreatment, including abuse and neglect. The Impact of Event Scale-Revised and the Connor-Davidson Resilience Scale were used to measure PTSS and resilience. Structural equation modeling was used for data analysis. Half the conscripts reported at least one type of childhood maltreatment, and 22.3% had high PTSS, even in a short period of service. Childhood abuse was significantly associated with PTSS during military service, a relationship that was not mediated by resilience. However, resilience mediated the relationship between childhood neglect and PTSS during military service. Assessment of childhood maltreatment and resilience prior to military service is crucial for identifying conscripts at increased risk for PTSS during even brief military service. In addition to direct interventions for abuse effects among all Marines, interventions enhancing resilience may benefit conscripts who experienced childhood neglect.

In the News?

Newly Released International Society for
Traumatic Stress Studies' PTSD guidelines. EMDR therapy was given a strong recommendation for the treatment of PTSD in adults and children.

The new International Society for Traumatic Stress Studies' guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD), and position papers on complex PTSD, have recently been published. An international committee of experts was established in 2015 to update guidelines published in 2009 by reviewing the latest evidence from clinical research trials. The guidelines and position papers are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, developing PTSD and Complex PTSD. Professor Julian Ford, ISTSS President, said, "The excellent work of the ISTSS Treatment Guidelines Committee will make a real difference to people affected by traumatic events" The new guidelines and position papers are available to download from the ISTSS website.

Click Here For More Information

What's New?

NEW for Clinicians, Consultants, and Researchers!

EMDR Fidelity Rating Scale (Version 2)

Deborah L. Korn, Psy.D.
Louise Maxfield, Ph.D.
Robert Stickgold, Ph.D. Medi
Nancy J. Smyth, Ph.D.

See the new EMDR Fidelity Rating Scale

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