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EMDR upgraded in the revised DoD Guideline

Annals of Internal Medicine

CLINICAL GUIDELINE

The Management of Posttraumatic Stress Disorder and Acute Stress Disorder: Synopsis of the 2023 U.S. Department of Veterans Affairs and U.S. Department of Defense Clinical Practice Guideline

Paula P. Schnurr, PhD; Jessica L. Hamblen, PhD; Jonathan Wolf, MD; Rachael Collier, PharmD; Claire Collie, PhD; Matthew A. Fuller, PharmD; Paul E. Holtzheimer, MD, MS; Ursula Kelly, PhD, APRN; Ariel J. Lang, PhD, MPH; Kate McGraw, PhD; Joshua C. Morganstein, MD; Sonya B. Norman, PhD; Katie Papke, LMSW; Ismene Petrakis, MD; David Riggs, PhD; James A. Sall, PhD; Brian Shiner, MD, MPH; Ilse Wiechers, MD, MPP, MHS; and Marija S. Kelber, PhD

Strong recommendation for CPT, EMDR or PE

This Issue Views 3,969 Citations 0 Altmetric 3 Comments 1

Viewpoint

January 10, 2024

US Veterans Affairs and Department of Defense 2023 Clinical Guideline for PTSD—Devolving Not Evolving

Charles W. Hoge, MD¹; Kathleen M. Chard, PhD²; Rachel Yehuda, PhD³

[Author Affiliations](#)

JAMA Psychiatry. 2024;81(3):223-224. doi:10.1001/jamapsychiatry.2023.4920

New Online Views 1,267 Citations 0 Altmetric 10

Viewpoint

May 29, 2024

ONLINE FIRST

VA/Department of Defense Clinical Practice Guideline for PTSD and ASD

A Tool to Optimize Patient Care for Trauma Survivors

Paula P. Schnurr, PhD^{1,2}; James A. Sall, PhD³; David Riggs, PhD⁴

[Author Affiliations](#)

JAMA Psychiatry. Published online May 29, 2024. doi:10.1001/jamapsychiatry.2024.1238

And hopefully there will be a revision of the APA Guideline

Efeitos adversos na psicoterapia

- Worsening of symptoms
- Problems with the therapeutic alliance
- Treatment dependency and erosion of patient self-efficacy
- Problems with other people, work, and family
- and ...

Several EMDR studies have looked into side effects

Klatte et al 2023 DOI: 10.1037/pst0000359

However, it is not a regular feature of the studies that this is reported.

Talking about side effects can improve the therapeutic alliance

Muschalla et al 2023 DOI: 10.1111/acps.13543

Reações adversas

TABLE 8. Subjects' Comparison of EMDR to Other Procedures (in %)

"Compared to other treatment procedures you have used, how often have EMDR sessions led to . . ."	N	More often	As often	Less often	NA
Suicidal ideation	363	6	36	39	20
Suicidal ideation and activity	324	2	38	49	12
Extreme agitation or panic	341	31	31	34	4
Emergence of repressed material	357	86	10	3	2
In-session dissociation	353	29	41	20	10
Postsession dissociation	330	14	46	32	9
Eye damage	329	4	42	23	31
Physical illness	330	8	41	31	21
Violence	322	1	42	36	21
Cancellation of next appointment	326	12	43	33	12
Premature termination of treatment	326	10	49	33	8
General negative side effects					
First mailing	326	8	39	46	7
Licensed psychologists	169	11	43	39	8
Second mailing	23	4	48	30	17

How to interpret Howard Lipke's statement?

In comparing the "general negative side effects" of EMDR with other methods the responding therapists used, of 326 respondents, 46% reported these less often with EMDR, and 8% reported the negative effects more often with EMDR. In a magnitude of results seldom seen in behavioral sciences, 86% of 357 respondents reported "emergence of repressed material" was more common with EMDR than other treatments, and 3% reported it was less common with EMDR.

Journal of EMDR Practice and Research, Volume 6, Number 2,
2012 <http://dx.doi.org/10.1891/1933-3196.6.2.82>

Lipke's survey in: Shapiro EMDR 1995 but not in the 2nd and 3rd edition

Reações adversas

Temporary PTSD symptom exacerbation during trauma focused therapy was relatively common. Early PTSD symptom exacerbation occurred in 32 participants (32.3%; PE: n = 15, EMDR: n = 17). Between-session PTSD symptom exacerbation occurred in 46 participants (46.5%) at least once over the course of treatment (PE: n = 20, EMDR: n = 26). However, the findings also confirm that **exacerbation during treatment is not related to poor treatment response or dropout** and demonstrate that TFT is burdensome but tolerable and effective for people with psychosis.

Burger et al 2023 The bumpy road of trauma-focused treatment: Posttraumatic stress disorder symptom exacerbation in people with psychosis. *Journal of Traumatic Stress*, 1–11. DOI: 10.1002/jts.22907

Reações adversas





Received: 16 December 2020 | Accepted: 19 December 2020

DOI: 10.1002/cpp.2549

COMPREHENSIVE REVIEW

WILEY

Group eye movement desensitization and reprocessing interventions in adults and children: A systematic review of randomized and nonrandomized trials

Safa Kemal Kaptan¹  | Busra Ozen Dursun¹  | Mark Knowles² |
Nusrat Husain^{1,3}  | Filippo Varese^{1,3,4} 

In this review, 11 out of 22 studies did not mention adverse outcomes at all. Six studies reported no adverse outcomes, whereas the remaining five studies reported different levels of outcomes. In three studies (Adúriz et al., 2009; Allon, 2015; Harris et al., 2018), **some participants needed extra individual EMDR sessions**, whereas in two studies, **some participants reported an increase in depression** (Jarero et al., 2018) or **in distress and anger** (Trentini et al., 2018).

Reações adversas



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Epilepsy & Behavior 7 (2005) 715–718

Epilepsy
&
Behavior

www.elsevier.com/locate/yebeh

Case Report

Eye movement desensitization and reprocessing in the treatment of posttraumatic stress disorder in a patient with comorbid epilepsy

Gudrun Schneider ^{a,*}, Darius Nabavi ^b, Gereon Heuft ^a

No other documented case with epilepsy

Schäfflein et al. *BMC Psychiatry* (2024) 24:368
<https://doi.org/10.1186/s12888-024-05756-6>

BMC Psychiatry

CASE REPORT

Open Access

Exacerbation of central serous chorioretinopathy during trauma-confronting psychotherapy– a case report



Eva Schäfflein ^{1,2*}, Christian Mardin ³, Eva Morawa ¹, Sophia Rudolf ¹, Yesim Erim ¹ and Cosima Rhein ¹

SEM EBL, apenas fixar os olhos

Suicidality

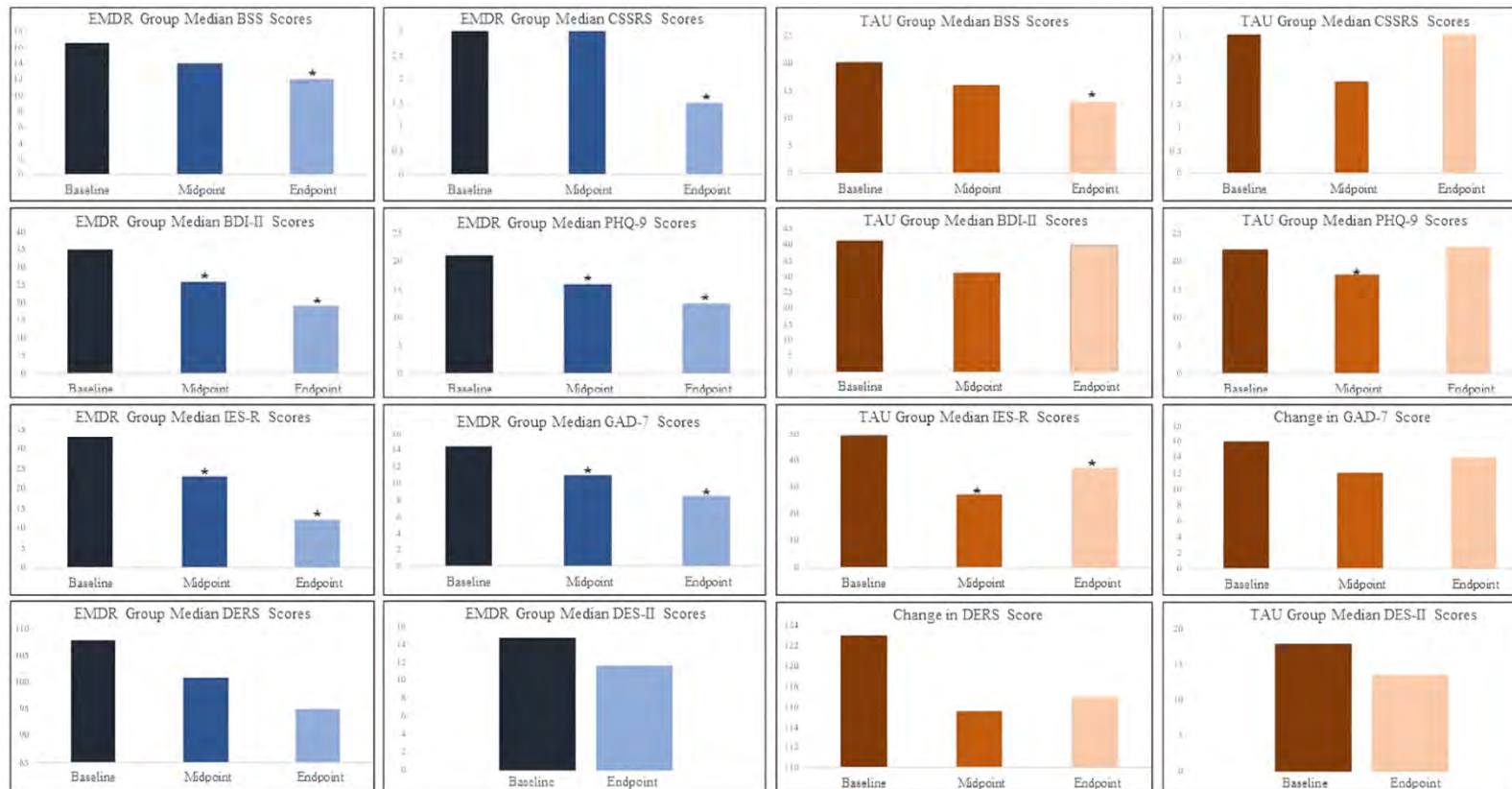
- Burback et al. 2024 42 Px. 4-month follow-up.
EMDR Group 1 Suicide attempt TAU 5

Front. Psychiatry, 16 February 2024
Sec. Anxiety and Stress Disorders
Volume 15 - 2024 | <https://doi.org/10.3389/fpsyg.2024.1361086>

This article is part of the Research Topic
EMDR and the AIP Model: Healing the Scars of Trauma
[View all 9 articles >](#)

Randomized controlled trial investigating web-based, therapist delivered eye movement desensitization and reprocessing for adults with suicidal ideation

Lisa Burback^{1,2,3*} Sidney Yap¹ Scot E. Purdon¹ Adam Abba-Aji^{1,2} Katie O'Shea⁴
Suzette Brémault-Phillips^{3,5} Andrew J. Greenshaw¹ Olga Winkler^{1,2,3}



Traumatização Secundária

Research Article  Access

Is a Personal Trauma History a Risk Factor for the Development of Secondary Traumatization in EMDR Therapists?

Daniels, Judith K. | Fereidooni, Fatemeh

Journal of EMDR Practice and Research, May 2024, DOI: 10.1891/JEMDR-2022-0044



Journal of
EMDR
Practice and
Research
Early View

However, the **therapist's personal trauma history might still remain a relevant issue to address in trauma training** as trauma severity exhibited a moderate association with current exposure levels, suggesting that therapists with a more severe history of exposure tend to work with a higher percentage of traumatized clients or elicit a greater degree of graphic details in their therapeutic work. Hence, it might be useful to address these preferences and the potential risk they might carry for the development of ST symptoms...**Psychotherapy training**, such as provided by EMDR institutes, should therefore **entail a focus on such intrapsychic aspects of the therapist** in addition to teaching treatment techniques. Especially **establishing targeted routines to engage in active emotion regulation to prevent automatic dissociative processing** might be a fruitful addition to the syllabus.

Mecanismo de ação



The hypothesis that **changes in vividness are a mechanism of change in EMDR was not supported**. However, faster changes during treatment were observed for EMDR. It remains puzzling why, despite faster changes in hypothesized mechanisms, we failed to detect any evidence for these mechanisms within the EMDR treatment arm in terms of Granger causality.



Liebermann EMDR Trainer Cooperation 2024



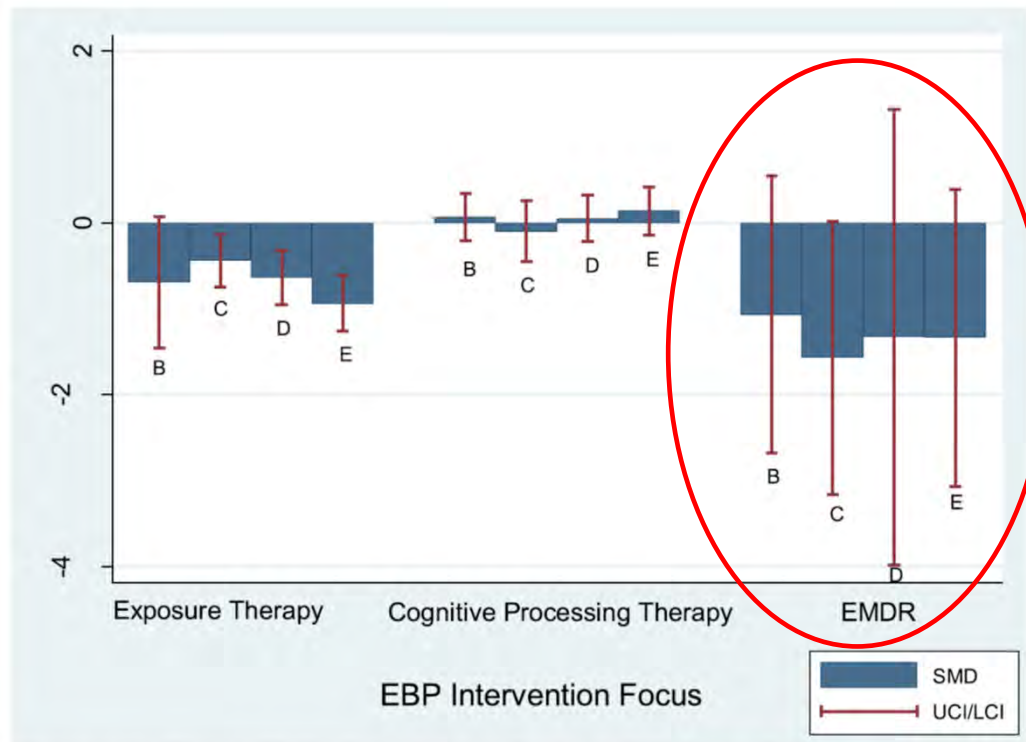
Cerebral Cortex, 2024, 34, bhae190
<https://doi.org/10.1093/cercor/bhae190>
Advance access publication date 9 May 2024
Original Article

Eye movement intervention facilitates concurrent perception and memory processing

Sinuo Wang¹, Yang He², Jie Hu¹, Jianan Xia¹, Ke Fang¹, Junna Yu³, Yingying Wang^{1,*}

While the dual-task nature of the EM intervention in EMDR determines that it will impair certain cognitive processes, we find consistent evidence that **bilateral EM also broadly facilitates information processing and enhances neural activities in the brain**. The increased neural representation occurs not only to visually perceived information but also to simultaneously retrieved long-term memory content. This suggests that the processing of the trauma memory being retrieved in EMDR maybe facilitated as well.

Há diferenças entre EMDR e TCC?



EBP treatment effect considering both symptom clusters and EBP intervention focus.

REVIEW ARTICLE

Are There Differences Among Evidence-Based Psychotherapies for Treating Different *DSM-5* PTSD Symptom Clusters? A Systematic Review and Meta-analysis of Controlled Clinical Trials

Marina S. Melani, MSc,* Jéssica M. Paiva, MSc,* Mauro V. Mendlowicz, PhD,*† Liliane Vilete, PhD,*
Mariana P. Luz, PhD,* Paula Rui Ventura, PhD,*
Roberta Benitez Freitas Passos, PhD,‡ and William Berger, PhD*

EMDR pode mudar a biologia 1

Molecular Psychiatry
<https://doi.org/10.1038/s41380-019-0549-3>

ARTICLE

Successful treatment of post-traumatic stress disorder reverses DNA methylation marks

Christiaan H. Vinkers^{1,2} · Elbert Geuze^{3,4} · Sanne J. H. van Rooij⁵ · Mitzy Kennis⁶ · Remmelt R. Schür³ · Danny M. Nispeling³ · Alicia K. Smith^{5,7} · Caroline M. Nievergelt^{8,9} · Monica Uddin¹⁰ · Bart P. F. Rutten⁹ · Eric Vermetten^{4,11} · Marco P. Boks³

www.nature.com/scientificreports

scientific reports

OPEN Epigenetic impact of a 1-week intensive multimodal group program for adolescents with multiple adverse childhood experiences

Perla Kaliman^{1,2,3}, Marta Cosin-Tomás^{1,4,5,6}, Andy Madrid^{6,9}, Susana Roque López⁷, Elkin Llano-Anaya⁸, Ligia A. Papale⁸, Reid S. Alisch⁸ & Richard J. Davidson¹

Compared with no treatment, the effects of PTSD treatment on increased ZFP57 methylation were over and above the effect of symptom reduction alone ($B = 0.623$, $t = -2.298$, $p = 0.025$). Of the two treatment modalities, this effect was **stronger for EMDR** ($B = -0.61$, $t = -2.19$, $p = 0.033$) than for tf-CBT ($B = -0.67$, $t = -1.70$, $p = 0.095$), even though the effects of tf-CBT and EMDR were not different in a direct comparison ($p = 0.836$).

Methylation changes in SIRT5 and TRAPPC2L genes showed associations with changes in trauma-related psychological measures. Results suggest that this multimodal group program for adolescents (including 4 sessions EMDR group therapy) with multiple victimization modulates the DNA methylome at sites of potential relevance for health and behavioral disorders associated with ACEs.

EMDR pode mudar a biologia 2

EUROPEAN JOURNAL OF PSYCHOTRAUMATOLOGY
2024, VOL. 15, NO. 1, 2314913
<https://doi.org/10.1080/20088066.2024.2314913>




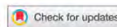
EUROPEAN JOURNAL OF
**PSYCHO-
TRAUMATOLOGY**
THE OFFICIAL JOURNAL OF THE EUROPEAN SOCIETY FOR TRAUMATIC STRESS STUDIES



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BASIC RESEARCH ARTICLE

 OPEN ACCESS



DNA methylation changes in association with trauma-focused psychotherapy efficacy in treatment-resistant depression patients: a prospective longitudinal study


Rosana Carvalho Silva^{a,*}, Paolo Martini^{a,*}, Christa Hohoff^b, Stefania Mattevi^a, Marco Bortolomasi^c,
Valentina Menesello^d, Massimo Gennarelli^{a,d}, Bernhard T. Baune^{b,e,f} and Alessandra Minelli^{a,d} 

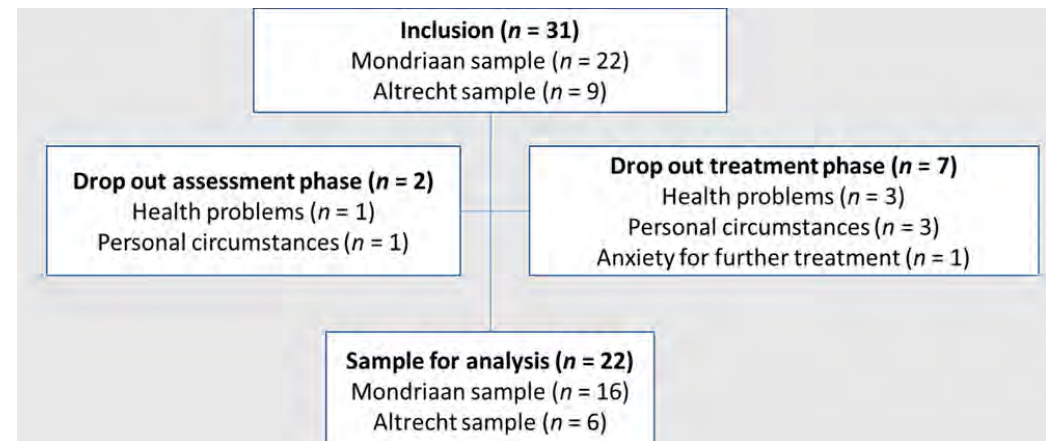
Thirty TRD patients assessed for Early Life Stress underwent trauma-focused psychotherapy, of those, 12 received trauma-focused CBT, and 18 EMDR. DNA methylation was profiled with Illumina Infinium EPIC array at T0 (baseline), after 8 weeks (T8, end of psychotherapy) and after 12 weeks (T12 – follow-up).

Stratified analyses by type of trauma-focused psychotherapy showed statistically significant adjusted p-value area in 141 DMRs only for the group of patients receiving EMDR, with annotated genes related to inflammation and psychiatric disorders, including LTA, GFI1, and S100A8. Gene set enrichment analyses in the EMDR group indicated biological processes related to inflammatory response, particularly the TNF signaling pathway

A First Exploration: Can Eye Movement Desensitization and Reprocessing Improve Cognition in Older Adults With Posttraumatic Stress Disorder?

Ellen M. J. Gielkens, PhD^{1,2} , Gina Rossi, PhD² ,
Sebastiaan P. J. van Alphen, PhD^{1,2,3} , and Sjacko Sobczak, MD, PhD^{1,4,5}

Journal of Geriatric Psychiatry
and Neurology
2023, Vol. 0(0) 1–16
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DOI: 10.1177/08919887231207639
journals.sagepub.com/home/jgp




- Cognitive functioning on memory and attention possible increased in older adults with PTSD after EMDR treatment.
- Further research is needed with a larger sample and a control condition to corroborate these findings and to identify the possible mediating role of modifiable risk factors.







Psicose

DOI: 10.1111/papt.12499

INVITED ARTICLE



Trauma therapies for psychosis: A state-of-the-art review

Amy Hardy^{1,2}  | Nadine Keen² | David van den Berg^{3,4}  |
Filippo Varese^{5,6}  | Eleanor Longden^{5,6,7}  | Thomas Ward¹  |
Rachel M Brand⁸ 



Original

EMDR therapy vs. supportive therapy as adjunctive treatment in trauma-exposed bipolar patients: A randomised controlled trial

Bridget Hogg^{a,b,c,d}, Joaquim Radua^{d,e,f,g,h}, Itxaso Gardoki-Souto^{a,c},
Marta Fontana-McNally^{a,b}, Walter Lupo^a, María Reinares^{d,h,i,j,k}, Esther Jiménez^{d,h,i,j},
Mercè Madre^{l,m,n}, Laura Blanco-Presas^{m,n,o}, Romina Cortizo^{p,q}, Anna Massó-Rodriguez^r,
Juan Castaño^q, Isabel Argila^{m,n}, José Ignacio Castro-Rodriguez^q, Mercè Comesⁱ,
Cristina Macías^{a,q,s}, Roberto Sánchez-González^{b,d,q,t}, Estanislao Mur-Mila^{b,q},
Patricia Novo^{r,u}, Adriane R. Rosa^{v,w,x}, Eduard Vieta^{d,h,i,j}, Frank Padberg^y,
Victor Pérez-Solà^{b,d,q,t}, Alicia Valiente-Gómez^{a,b,d,*}, Ana Moreno-Alcázar^{a,b,d},
Benedikt L. Amann^{a,b,d,t,y}






This multicentre randomised controlled trial included 77 patients with Bipolar Disorder and current trauma-related symptoms. Participants were randomised to either 20 sessions of trauma-focused EMDR therapy for BD, or 20 sessions of supportive therapy (ST). The primary outcome was relapse rates over 24-months, and secondary outcomes were improvements in affective and trauma symptoms, general functioning, and cognitive impairment, assessed at baseline, post-treatment, and at 12- and 24-month follow-up.

Results: There was no significant difference between treatment conditions in terms of relapse rates either with or without hospitalisation. **EMDR was significantly superior to ST at the 12-month follow up in terms of reducing depressive symptoms ($p = 0.0006$, $d = 0.969$), manic symptoms ($p = 0.027$, $d = 0.513$), and improving functioning ($p = 0.038$, $d = 0.486$).** There was no significant difference in dropout between treatment arms.

Conclusions: Although the primary efficacy criterion was not met in the current study, trauma-focused EMDR was superior to ST in reducing of affective symptoms and improvement of functioning, with benefits maintained at six months following the end of treatment. Both EMDR and ST reduced trauma symptoms as compared to baseline, possibly due to a shared benefit of psychotherapy. Importantly, focusing on traumatic events did not increase relapses or dropouts, suggesting psychological trauma can safely be addressed in a BD population using this protocol



Eye Movement Desensitization and Reprocessing (EMDR) treatment in the medical setting: a systematic review

Helen P.A. Driessen , Sid Morsink , Jan J.V. Busschbach , Witte J.G. Hoogendijk  and Leonieke W. Kranenburg 

89 studies were included. Nearly all of them found beneficial effects for EMDR

- Pain
 - Phantom limb pain 7 studies
 - Chronic pain 9 studies
- Neurology 15 studies
- Oncology 14 studies
- Obstetrics 8 studies
- Otorhinolaryngology 6 studies
- Rheumatology 5 studies
- Pulmonary medicine 5 studies
- Cardiology 4 studies
- Gynecology 4 studies
- Dentistry 3 studies
- Dermatology 2 studies
- Persistent physical complaints 3 studies
- Internal medicine 1 study
- Nephrology 1 study
- Intensive Care 1 study

Group eye movement desensitization and reprocessing (EMDR) in chronic pain patients

Stephanie Vock¹, Anna Delker¹, Janna Rinderknecht¹, Felicitas Engel¹, Sebastian Wieland¹, Eva Beiner¹, Hans-Christoph Friederich¹, Ignacio Nacho Jarero², Günter H. Seidler^{3*} and Jonas Tesarz^{1*}

TYPE Conceptual Analysis
PUBLISHED 22 February 2024
DOI 10.3389/fpsyg.2024.1264807

TABLE 1 Treatment program overview.

Preliminary interviews	Day 1 1:00 p.m. to 6:30 p.m.	Day 2 1:00 p.m. to 6:00 p.m.	Day 3 1:00 p.m. to 6:00 p.m.	Day 4 1:00 p.m. to 6:00 p.m.
Phone screening	Welcome Getting to know each other	Arrival	Arrival	Arrival
Individual preliminary interviews	Education I (Pain)			
	Education II (EMDR and protocols) PT-OTS pain episodes	G-TEP-pain episodes	G-TEP-pain episodes	G-TEP-pain episodes
	Active walking	Active walking	Active walking	Active walking
	PT-OTS	PT-OTS- Pain episodes	PT-OTS-pain visualization	Pain absorption exercise
	Short physical activation	Short physical activation	Short physical activation	
	Break	Break	Break	Break
	Conclusion	Education III (pain and pain memory)	Education IV (pain and stress)	Conclusion and feedback

IGTP-OTS, EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress; G-TEP, Group Traumatic Episode Protocol.

Fibromialgia


NEUROPSYCHOLOGICAL REHABILITATION
<https://doi.org/10.1080/09602011.2024.2314883>

 **Routledge**
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CASE REPORT

 OPEN ACCESS  Check for updates



The effect of eye movement desensitization and reprocessing on fibromyalgia: A multiple-baseline experimental case study across ten participants

Michiel Borst^a, Mariola Moeyaert^b and Yanda van Rood ^c

The primary outcome was pain. Secondary outcomes included post-traumatic stress symptoms, other FM symptoms (fatigue, stiffness in muscles and joints), and the impact of FM on daily activities and sleep. **Post-traumatic stress symptoms improved significantly** in seven participants. **Pain severity decreased significantly in six participants**, with three of them maintaining significant improvement three months later. One participant showed clinically relevant change one month later. Furthermore, **improvements were observed in secondary outcome measures. The findings support the efficacy of EMDR in reducing FM symptoms.**



Exploration of eye movement desensitization and reprocessing in treating posttraumatic stress-disorder in patients with acquired brain injury: a retrospective case series

E.P.J. Janssen ^{a,b,c}, P.J.J. Spauwen^{a,d}, S.J.M. Rijnen ^{a,b} and R.W.H.M. Ponds ^{b,c,e}

Results: Sixteen ABI patients (median age 46 years, 50% males), with predominantly moderate or severe TBI (50%) or stroke (25%) were included. Treatment duration was a median of seven sessions. Post-treatment IES scores were significantly lower than pre-treatment scores ($p < .001$). In 81% of the cases there was an individual statistically and clinically relevant change in IES score. Mean SUD scores of the first target were significantly lower at the end of treatment compared to scores at the start of treatment ($p < .001$). In 88% of the patient's full desensitization to a SUD of 0–1 of the first target was accomplished.



Contents lists available at ScienceDirect

Journal of Psychiatric Research

journal homepage: www.elsevier.com/locate/jpsychires



Efficacy of EMDR for early intervention after a traumatic event: A systematic review and meta-analysis



Anna Torres-Giménez^{a,b,c,*}, Cristina Garcia-Gibert^a, Estel Gelabert^d, Aïda Mallorquí^e,
Xavier Seguí^e, Alba Roca-Lecumberri^{a,b}, Amparo Martínez^f, Yolanda Giménez^f,
Bàrbara Sureda^{a,c}

Results: A total of 11 RCTs were found. Studies showed **beneficial effects of early EMDR interventions** on post-traumatic symptoms **at post-treatment and at 3-month follow-up. No differences** were found between EMDR and no intervention or another intervention **in the remaining analyses.**

Limitations: The main limitations are the **low quality of the studies**, the **small number of studies** per outcome assessed, and the **small sample sizes.**

Anorexia Nervosa

Eye movement desensitisation and reprocessing as add-on treatment to enhanced cognitive behaviour therapy for patients with anorexia nervosa reporting childhood maltreatment: A quasi-experimental multicenter study

Eleonora Rossi¹ | Emanuele Cassioli¹ | Lucia Cecci¹ | Francesca Arganini¹ |
Michela Martelli¹ | Carolina Alberta Redaelli¹ | Simona Anselmetti³ |
Sara Bertelli² | Isabel Fernandez⁴ | Valdo Ricca¹  | Giovanni Castellini¹ 

Method

A total of 75 patients with AN reporting moderate/severe childhood maltreatment were initially assessed regarding body mass index (BMI), general and eating disorder (ED)-specific psychopathology, and dissociative symptoms, and re-evaluated after 40 CBT-E sessions (T1). Then, 18 patients received EMDR, whereas the others were placed on a waiting list and continued CBT-E. T2 assessment was performed after 20–25 sessions of EMDR or CBT-E. A control group of 67 patients without CM was also enrolled and treated with CBT-E.

Results

Contrary to patients without CM, neither of the traumatised groups improved in BMI, general and ED psychopathology, or dissociation at T1. However, at T2, both traumatised groups improved in BMI and ED-specific psychopathology, with the **CBT + EMDR group demonstrating greater improvements**. Moreover, **only the CBT + EMDR group improved in general psychopathology and dissociative symptoms**. The reduction of ED symptoms in traumatised patients was mediated by the amelioration of dissociation.

Tratamento Intensivo

Research Article

Making Sense of Change after Intensive Trauma Treatment; a Mixed- Method Study into Adolescents Experience of Efficacy

Elisa van Ee, Dani de Beijer, Desirée Florisson, Fenna Geuskens

This is a preprint; it has not been peer reviewed by a journal.








<https://doi.org/10.21203/rs.3.rs-3981761/v1>

The experience of **negative thoughts and emotions** at the outset and during treatment. These narratives illustrated the fear of handling or benefiting from ITT, potentially hindering treatment success. Intense and sometimes confusing emotions during and after treatment were reported, providing insight into why certain PTSD symptoms (e.g. arousal or restlessness) may persist post-treatment, but as confidence in recovery increases, continue to decline over time. **Social support** emerged as a significant theme in understanding how adolescents experience and benefit from ITT. Indeed, the study results highlight the positive impact of sharing narratives, demonstrating its potential to alleviate feelings of loneliness.

Identity confusion constituted a third significant theme within youths narratives. Recognizing the relevance and potential impact of identity issues during adolescence, particularly among traumatized youth, ITT programs designed for adolescents could benefit from incorporating trauma-informed interventions that specifically reinforce developmental milestones

Desastres

A Scoping Review of Trauma-Informed Pediatric Interventions in Response to Natural and Biologic Disasters

by Kimberly Burkhart ^{1,*} , Neel Agarwal ²  , Sehyun Kim ² , Mandy Neudecker ³  and Carolyn E. levers-Landis ¹  

¹ Rainbow Babies and Children's Hospital, Case Western Reserve University School of Medicine, 10524 Euclid Ave., Cleveland, OH 44106, USA

² Case Western Reserve University, 10900 Euclid Ave., Cleveland, OH 44106, USA

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Children **2023**, *10*(6), 1017; <https://doi.org/10.3390/children10061017>

Methodological rigor was varied, with 60% randomized, controlled trials. Overall, there was a significant decrease in posttraumatic stress symptoms, distress, anxiety, and depression regardless of whether the participant received CBT, TF-CBT, or EMDR.

This review provides compelling evidence for the use of CBT, TF-CBT, and **EMDR** for youth in response to natural/biologic disasters.

EMDR treatment for people with intellectual disabilities: a systematic review about difficulties and adaptations

Simone M. Schipper-Eindhoven^{1,2*}, Nanda C. de Knecht¹,
Liesbeth Mevissen³, Jos van Loon⁴, Ralph de Vries⁵,
Majlinda Zhuniq⁶ and Marrie H. J. Bekker²
DOI 10.3389/fpsy.2023.1328310

Received: 3 April 2023 | Revised: 29 November 2023 | Accepted: 16 January 2024
DOI: 10.1111/jar.13206

SPECIAL ISSUE

JARID Journal of Applied Research in Intellectual Disabilities WILEY

Clinicians' experiences of learning to use eye movement desensitisation and reprocessing therapy with people with intellectual disabilities: A qualitative study

Eleanor McKillop | Alison Spencer | Cathryn Marrington

Clinician treatment choices for post-traumatic stress disorder: ambassadors survey of psychiatrists in 39 European countries

European Psychiatry, **67**(1), e24, 1–11
<https://doi.org/10.1192/j.eurpsy.2024.19>.

	CE Europe (n = 279)	Southern (n = 92)	Northern (n = 92)	Western (n = 148)	Total (n = 611)
Certified psychotherapists	108 (38.7)	46 (50.0)	37 (40.2)	67 (45.3)	258 (42.2)
Certified psychotherapists' main area					
Cognitive behavioral therapy	54 (49.1)	17 (37.8)	7 (21.2)	20 (30.8)	98 (38.7)
Psychodynamic oriented	10 (9.1)	9 (20.0)	3 (9.1)	13 (20.0)	35 (13.8)
Integrative psychotherapy	11 (10.0)	4 (8.9)	7 (21.2)	12 (18.5)	34 (13.4)
Systemic family therapy	11 (10.0)	3 (6.7)	4 (12.1)	7 (10.8)	25 (9.9)
Psychoanalytic psychotherapy	2 (1.8)	4 (8.9)	6 (18.2)	4 (6.2)	16 (6.3)
EMDR	4 (3.6)	3 (6.7)	3 (9.1)	4 (6.2)	14 (5.5)
Other	18 (16.4)	5 (11.1)	3 (9.1)	5 (7.7)	31 (12.3)
Psychotraumatologists	52 (18.6)	11 (12.0)	8 (8.7)	36 (24.3)	107 (17.5)
PTSD patients monthly, mean (SD)	6 (9)	7 (14)	5 (9)	10 (13)	7 (11)
Availability of trauma-focused therapies					
Trauma-focused CBT	116 (41.6)	38 (41.3)	44 (47.8)	84 (56.8)	282 (46.2)
EMDR	44 (15.8)	23 (25.0)	39 (42.4)	84 (56.8)	190 (31.1)
Psychodynamic oriented	75 (26.9)	23 (25.0)	32 (34.8)	46 (31.1)	176 (28.8)
Cognitive processing therapy	70 (25.1)	19 (20.7)	21 (22.8)	22 (14.9)	132 (21.6)
Narrative exposure therapy	18 (6.5)	13 (14.1)	4 (4.3)	26 (17.6)	61 (10.0)
Prolonged exposure	19 (6.8)	3 (3.3)	11 (12.0)	19 (12.8)	52 (8.5)
Other trauma-focused psychotherapy	51 (18.3)	4 (4.3)	24 (26.1)	46 (31.1)	125 (20.5)
No trauma-focused therapy	73 (26.2)	23 (25.0)	22 (23.9)	24 (16.2)	142 (23.2)

Table 2. Treatment choices; weighted data (*n* = 611)

	CE Europe (<i>n</i> = 279)	Southern (<i>n</i> = 92)	Northern (<i>n</i> = 92)	Western (<i>n</i> = 148)	Total (<i>n</i> = 611)
Pharmacotherapy					
Any antidepressant	89 (82–94)	92 (82–96)	58 (41–73)	77 (66–85)	82 (76–86)
Other drugs					
Benzodiazepines	33 (24–42)	23 (14–37)	11 (4–27)	9 (7–11)	18 (15–21)
Anticonvulsants	3 (1–7)	3 (0–18)	0 (0–0)	0 (0–0)	1 (1–3)
Antipsychotics	4 (2–7)	2 (1–6)	0 (0–0)	3 (1–13)	3 (1–6)
Psychotherapy					
Trauma-focused CBT	46 (36–56)	43 (32–55)	63 (42–80)	57 (46–67)	52 (45–58)
Psychoeducation about trauma	31 (23–41)	24 (15–37)	40 (23–61)	41 (30–52)	35 (29–42)
Cognitive behavioral therapy	42 (32–52)	30 (19–45)	13 (9–17)	18 (12–28)	26 (21–32)
Cognitive processing therapy	33 (24–42)	23 (14–37)	11 (4–27)	9 (7–11)	18 (15–21)
EMDR	9 (6–13)	17 (9–31)	17 (9–31)	14 (8–23)	14 (10–19)
Prolonged exposure	13 (8–20)	13 (7–22)	5 (3–9)	11 (7–16)	11 (9–15)
Psychodynamic psychotherapy	9 (5–17)	7 (3–17)	5 (3–10)	11 (6–19)	9 (6–14)
Narrative exposure therapy	1 (0–5)	1 (0–4)	1 (0–3)	3 (0–13)	2 (1–6)
Systemic therapy	4 (1–11)	0 (0–0)	0 (0–2)	0 (0–0)	1 (0–3)
Other trauma-focused psychotherapy	3 (1–7)	3 (0–18)	0 (0–0)	0 (0–0)	1 (1–3)
Other therapy	2 (1–3)	1 (0–4)	1 (0–3)	12 (6–22)	7 (4–12)