



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/#>

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>

Neurocognitive Deficits in PTSD

might improve with trauma-focused psychotherapy

EMDR Study

Nijdam, M. J., Martens, I. J. M., Reitsma, J. B., Gersons, B. P. R., & Olff, M. (2018). [Neurocognitive functioning over the course of trauma-focused psychotherapy for PTSD: Changes in verbal memory and executive functioning](#). *British Journal of Clinical Psychology* 57(4). doi: 10.1111/bjc.12183.



ABSTRACT:

Objectives: Individuals with posttraumatic stress disorder (PTSD) have neurocognitive deficits in verbal memory and executive functioning. In this study, we examined whether memory and executive functioning changed over the course of treatment and which clinical variables were associated with change.

Design: Neuropsychological assessments were administered at baseline and end-point of a randomized controlled trial as secondary outcome.

Methods: Trauma survivors (n = 88) diagnosed with PTSD received trauma-focused psychotherapy within a 17-week randomized controlled trial. Neuropsychological tests were the California Verbal Learning Test, Rivermead Behavioural Memory Test, Stroop Color Word Test, and Trail Making Test.

Results: Significant, small- to medium- sized improvements in verbal memory, information processing speed, and executive functioning were found after trauma-focused psychotherapy (Cohen's d 0.16-0.68). Greater PTSD symptom decrease was significantly related to better post-treatment neurocognitive performance (all $p < .005$). Patients with comorbid depression improved more than patients with PTSD alone on interference tasks ($p < .01$). No differences emerged between treatment conditions and between patients on serotonergic antidepressants and those who were not.

Conclusions: This study suggests that neurocognitive deficits in PTSD can improve over the course of trauma-focused psychotherapy and are therefore at least partly reversible. Improvements over treatment are in line with previous neuropsychological and neuroimaging studies and effect sizes exceed those of practice effects. Future research should determine whether these changes translate into improved functioning in the daily lives of the patients.

Practitioner Points: Patients with PTSD have difficulties performing verbal memory tasks (e.g., remembering a grocery list, recall of a story) and executive functioning tasks (e.g., shifting attention between two tasks, ignoring irrelevant information to complete a task). Verbal memory, information processing speed, and executive functioning significantly improved in patients with posttraumatic stress disorder over the course of trauma-focused psychotherapy. Improvements were equal in size for two different trauma-focused psychotherapies (Eye movement desensitization and reprocessing therapy and brief eclectic psychotherapy for PTSD). Medium-sized effects were found for recall of a story, whereas effects in other aspects of verbal memory, information processing speed, and executive functioning were small-sized. No causal attributions can be made because we could not include a control group without treatment for ethical reasons. Findings may be more reflective of patients who completed treatment than patients who prematurely dropped out as completers were overrepresented in our sample.

EMDR Therapy and Post Concussion-like symptoms



EMDR Study

Gil-Jardiné, C., Evrard, G., Al Joboory, S., Tortes Saint Jammes, J., Masson, F., Ribéreau-Gayon, R., et al. (2018). [Emergency room intervention to prevent post concussion-like symptoms and post-traumatic stress disorder. A pilot randomized controlled study of a brief eye movement desensitization and reprocessing intervention versus reassurance or usual care.](#)

Journal of Psychiatric Research, 103, 229-236. doi:10.1016/j.jpsychires.2018.05.024.

ABSTRACT:

Up to 20% of patients presenting at an emergency room (ER) after a stressful event will for several months suffer from very diverse long-lasting symptoms and a potentially significant decline in quality of life, often described as post concussion-like symptoms (PCLS). The objectives of our randomized open-label single-center study were to assess the feasibility of psychologist-led interventions in the context of the ER and to compare the effect of eye movement desensitization and reprocessing (EMDR) with reassurance and usual care. Conducted in the ER of Bordeaux University Hospital, the study included patients with a high risk of PCLS randomized in three groups: a 15-min reassurance session, a 60-min session of EMDR, and usual care. Main outcomes were the proportion of interventions that could be carried out and the prevalence of PCLS and post-traumatic stress disorder (PTSD) three months after the ER visit. One hundred and thirty patients with a high risk of PCLS were randomized. No logistic problem or patient refusal was observed. In the EMDR, reassurance and control groups, proportions of patients with PCLS at three months were 18%, 37% and 65% and those with PTSD were 3%, 16% and 19% respectively. The risk ratio for PCLS adjusted for the type of event (injury, non-injury) for the comparison between EMDR and control was 0.36 [95% CI 0.20-0.66]. This is the first randomized controlled trial that shows that a short EMDR intervention is feasible and potentially effective in the context of the ER. The study was registered at ClinicalTrials.gov (NCT03194386).

EMDR Study

McInnes, K., Friesen, C., MacKenzie, D. E., Westwood, D. A., & Boe, S. G. (2017). [Mild Traumatic Brain Injury \(mTBI\) and chronic cognitive impairment: A scoping review.](#) PLOS one. doi:10.1371/journal.pone.0174847.



ABSTRACT:

Mild traumatic brain injury (mTBI), or concussion, is the most common type of traumatic brain injury. With mTBI comes symptoms that include headaches, fatigue, depression, anxiety and irritability, as well as impaired cognitive function. Symptom resolution is thought to occur within 3 months post-injury, with the exception of a small percentage of individuals who are said to experience persistent post-concussion syndrome. The number of individuals who experience persistent symptoms appears to be low despite clear evidence of longer-term pathophysiological changes resulting from mTBI. In light of the incongruity between these longer-term changes in brain pathology and the number of individuals with longer-term mTBI-related symptoms, particularly impaired cognitive function, we performed a scoping review of the literature that behaviourally assessed short- and long-term cognitive function in individuals with a single mTBI, with the goal of identifying the impact of a single concussion on cognitive function in the chronic stage post-injury. CINAHL, Embase, and Medline/Ovid were searched July 2015 for studies related to concussion and cognitive impairment. Data relating to the presence/absence of cognitive impairment were extracted from 45 studies meeting our inclusion criteria. Results indicate that, in contrast to the prevailing view that most symptoms of concussion are resolved within 3 months post-

injury, approximately half of individuals with a single mTBI demonstrate long-term cognitive impairment. Study limitations notwithstanding, these findings highlight the need to carefully examine the long-term implications of a single mTBI.

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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[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](#)



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