

# **Eye Movement Desensitization and Reprocessing (EMDR) bei Kindern und Jugendlichen als Methode zur Behandlung der Posttraumatischen Belastungsstörung (PTBS)**

## **Rohliste zur Literaturrecherche**

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Autor*innen	Jahr	Titel	Zeitschrift/ Zeitung	Band	Nr.	Seiten von-bis	Abstract
Aakvaag, Helene Flood; Thoresen, Siri; Strøm, Ida Frugård; Myhre, Mia; Hjemdal, Ole Kristian	2019	Shame predicts revictimization in victims of childhood violence: A prospective study of a general Norwegian population sample	Psychological trauma : theory, research, practice and policy	11	1	43-50	Objective: Victims of childhood violence often experience new victimization in adult life. However, risk factors for such revictimization are poorly understood. In this longitudinal study, we investigated whether violence-related shame and guilt were associated with revictimization. Method: Young adults (age = 17-35) exposed to childhood violence (n = 505) were selected from a (Country) population study of 6,589 persons (Wave 1), and reinterviewed by telephone 12-18 months later (Wave 2). Wave 1 measures included shame, guilt, social support, posttraumatic stress, and binge drinking frequency, as well as childhood violence. Logistic regression was used to estimate associations between Wave 1 risk factors and Wave 2 revictimization (physical or sexual violence, or controlling partner behavior). Results: In total, 31.5% (n = 159) had been revictimized during the period between Wave 1 and 2. Of these, 12.9% (n = 65) had experienced sexual assault, 22% (n = 111) had experienced physical assault and 7.1% (n = 36) had experienced controlling behavior from partner. Both shame and guilt were associated with revictimization, and withstood adjustment for other potentially important risk factors. In mutually adjusted models, guilt was no longer significant, leaving shame and binge drinking frequency as the only factors uniquely associated with revictimization. Conclusions: Violence-prevention aimed at victims of childhood violence should be a goal for practitioners and policymakers. This could be achieved by targeting shame, both on both on the individual level (clinical settings) and the societal level (changing the stigma of violence). (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Aalberse, Maarten	2012	"Graceful Means" - Wege der Anmut. Intentionsbewegungen, achtsame Klopfinterventionen und Beziehungsbewusstsein in einer "choreographischen" Psychotherapie					Der Einsatz von Intentionsbewegungen und Klopfinterventionen in der Psychotherapie wird erörtert. Diese Interventionstechniken sollen den Klienten von alten Einschränkungen und Stereotypen hin zu einer reicheren Umgebung führen, in der neue neuronale Verknüpfungen begünstigt werden. Neben grundlegenden Überlegungen zu sensorischer Bewegung, Achtsamkeit und Authentizität werden Prozesse emotionaler Überflutung und das Ausbalancieren der "Meridiane" beschrieben. In einer Betrachtung der "Eye Movement Desensitization Therapy" (EMDR) und der "Meridian"-Therapien werden Vorteile der Klopfinterventionen gegenüber den EMDR-

							Techniken verdeutlicht und eine Kombination der Methoden beleuchtet. Anschließend werden Anleitungen für das Erkunden und Entwickeln heilender Bewegungssequenzen und die Anpassung des Therapeuten an die Bedürfnisse und Bewegungen des Klienten gegeben. Als mögliche Nebeneffekte eines körperorientierten Behandlungssettings wird das Entstehen einer erotischen Atmosphäre und das Auftreten von Scham thematisiert. In einer Fallbeschreibung wird schließlich die Umsetzung verschiedener Maßnahmen dargestellt und ihr Einsatz kommentiert.
Aalberse, Maarten; Geßner-van Kersbergen, Servatia	2012	Die Lösung liegt in deiner Hand!. Von der Energetischen Psychologie zur bifokalen Achtsamkeit. Emotionsregulation und Neurowissenschaften					
Abaied, Jamie L.; Stanger, Sarah B.; Wagner, Caitlin; Sanders, Wesley; Dyer, W. Justin; Padilla-Walker, Laura	2018	Parasympathetic and sympathetic reactivity moderate maternal contributions to emotional adjustment in adolescence	Developmental psychology	54	9		A burgeoning literature supports the role of autonomic nervous system (ANS) functioning as an index of physiologic sensitivity to the environment, but extant research is limited in its focus on single branches of the ANS, childhood samples, and solely negative environmental factors. This study seeks to address these limitations by exploring whether reactivity in the parasympathetic (PNS) and sympathetic (SNS) nervous systems jointly moderate the prospective contributions of both positive (maternal involvement) and negative (maternal psychological control) aspects of the family environment to developmentally relevant outcomes in adolescence (depressive symptoms and emotion regulation). At Wave 1, adolescents (n = 352, 52% female, M age = 15.27, SD = 1.04; 65% White) and their parents completed a problem-solving discussion task, during which adolescent ANS activation was continuously monitored, and reports of maternal involvement, maternal psychological control, adolescent depressive symptoms, and adolescent emotion regulation were obtained. Adolescent depressive symptoms and emotion regulation were assessed again 1 year later (Wave 2). Results indicated that PNS and SNS reactivity jointly moderated the prospective contributions of maternal involvement and maternal psychological control to depressive symptoms and emotion regulation. Specifically, adolescents who exhibited reciprocal SNS activation appeared to be most sensitive to both positive and negative parenting environments. Adolescents exhibiting coinhibition or coactivation profiles of autonomic reactivity were comparatively unresponsive to parenting. This study corroborates the notion that consideration of multiple physiological systems is critical to our understanding of biological

							processes in the development of emotional functioning in adolescence. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Abdollahi, Abdolhossein; Pyszczyński, Tom; Maxfield, Molly; Luszczynska, Aleksandra	2011	Posttraumatic stress reactions as a disruption in anxiety-buffer functioning: Dissociation and responses to mortality salience as predictors of severity of posttraumatic symptoms	Psychological trauma : theory, research, practice and policy	3	4	329–341	Anxiety-Buffer Disruption Theory (ABDT) posits that posttraumatic stress disorder is associated with a disruption of normal anxiety-buffer functioning produced by traumatic events that produce high levels of dissociation. Two experiments conducted among survivors of the 2005 Zaranj earthquake in Iran supported four hypotheses derived from ABDT: (1) dissociation predicts atypical responses to death- and trauma-related thoughts, (2) dissociation predicts stronger affective responses to death- and trauma-related thoughts, (3) PTSD symptom severity 2 years after the event is associated with continued disruption of anxiety-buffer responses, (4) the relationship between dissociation 1 month posttrauma and posttraumatic symptoms 2 years later is mediated by disrupted anxiety-buffering functioning. The role of anxiety-buffer disruption in both clinically significant and seemingly benign but socially problematic responses to traumatic events was discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Abraham, Eileen H.; Antl, Sheilah M.; McAuley, Tara	2022	Trauma exposure and mental health in a community sample of children and youth	Psychological Trauma: Theory, Research, Practice, and Policy	14	4		Objective: Childhood trauma is common and has implications for mental health. Research conducted retrospectively with clinical samples of adults and prospectively with high-risk samples of children has identified factors that moderate negative mental health sequelae (e.g., age, gender, nature and amount of trauma). Presently, however, there is a paucity of research examining mental health outcomes, and potential moderators of these outcomes, that may be associated with the experience of trauma among children in the general community. Method: To address this knowledge gap, the present study analyzed data from youth aged 8–17 years in the Nathan Kline Institute–Rockland Sample, a publicly available repository of information collected from a nationally representative sample of participants across the life span. We report the frequency and nature of trauma in our sample; bivariate correlations between trauma, demographic variables, and mental health outcomes; and hierarchical regressions in which these outcomes were modeled as a function of multivariate predictors. Results: Anxiety was elevated in older youth and in females who experienced more cumulative trauma, particularly when trauma was accidental in nature. Conversely, increased depressed mood was associated with more cumulative trauma for females regardless of age and for younger boys—findings that were driven by the experience of interpersonal trauma for both genders. Conclusions: Our investigation

							demonstrates that although the prevalence of trauma is lower among children in the general community, the negative impact of trauma experiences on children's anxiety and mood remains significant. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Abrams, David M.	2023	Trauma of the COVID-19 pandemic in a latency child	Psychoanalytic Psychology	40	3	182–189	Article presents the online analytic treatment of Alfred, a 6½-year-old African American boy in whom the outbreak and first 2 years of the COVID-19 pandemic caused a devastating posttraumatic stress disorder and chronic ongoing cumulative trauma. In contrast to concrete attacking life-threatening external objects in the case of collapsing buildings, car accidents, or rape, COVID-19 was represented by this sensitive and imaginative child as a gradually more amorphous and invisible monster that quarantined his mother away from him for 2 months, killed his great uncle, and eventually infected him with frightening asthmatic breathing. The mandated lockdown of the in-person closing of his school, after school activities, church, and neighborhood playground engendered a closed-in prison-like experience within his home, which stimulated animal phobia, agoraphobia, separation anxiety, and occasional claustrophobia. He seemed first to internally experience the COVID-19 pandemic displaced onto a fox, large dogs, and his father as an outer space alien dressed in the body suit, gloves, mask, and face shield required in his health worker military job. Then these displacements gradually changed to the more inconsistently visible bed bugs, vampires, and shape shifting monsters in his fantasies, stories, and dreams. COVID-19 turned Alfred's world from supportive childhood social relations to long periods of lonely isolation in front of his television and computer, where he was further traumatized by watching the entire video of the murder of George Floyd and the powerful metaphor of the COVID-19 pandemic in Carpenter's (1982) horror film "The Thing." (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Adams, Shane W.; Allwood, Maureen A.	2021	Profiles of home violence and posttraumatic stress symptoms among young adults: Distinguishing between trauma and adversity using latent class analysis	Psychological trauma : theory, research, practice and policy	13	3	284–292	Objective: Home violence exposure (HVE) varies by type and frequency of exposure, which can lead to uncertainty when determining what is traumatic and what is not, particularly when assessing posttraumatic stress symptoms (PTSS) and disorder (PTSD). The current study examined whether specific types of HVE were associated with specific types of PTSS to help determine what experiences may rise to the level of trauma. Method: Participants included 988 racially and ethnically diverse college students (74.1% women). Two latent class analyses were performed, examining types of HVE and types of PTSS to determine how classifications of HVE were associated with classifications of PTSS. Results: Four

							<p>classifications of HVE were identified: high exposure (21.7%), vicarious exposure (28.9%), victimization (10.5%), and low exposure (38.9%). Four classifications of PTSS were also identified: high PTSS (20.9%), dysphoric arousal (17.4%), anxious arousal (21.3%), and low PTSS (40.4%). Even when considering other potentially traumatic events, participants with experiences of victimization were 2.55 times more likely than those with low exposure to meet criteria for PTSD. Victimization was uniquely associated with dysphoric arousal as well as all other PTSS. High exposure was associated with high PTSS and anxious arousal, with vicarious exposure associated only with anxious arousal. Conclusions: Findings provide unique evidence for the potentially traumatic effects of victimization in the home. Frequent and cumulative effects of HVE that do not meet DSM criteria for a potentially traumatic event may be associated with elevated PTSS, particularly symptoms of anxious and dysphoric arousal. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Adams, Zachary W.; Moreland, Angela; Cohen, Joseph R.; Lee, Robert C.; Hanson, Rochelle F.; Danielson, Carla Kmett; Self-Brown, Shannon; Briggs, Ernestine C.</p>	2016	<p>Polyvictimization: Latent profiles and mental health outcomes in a clinical sample of adolescents</p>	<p>Psychology of Violence</p>	6	1	145–155	<p>Objective: Exposure to multiple traumatic events (polyvictimization) is a reliable predictor of deleterious health outcomes and risk behaviors in adolescence. The current study extends the literature on the prevalence and consequences of adolescent trauma exposure by (a) empirically identifying and characterizing trauma exposure profiles in a large, ethnically diverse, multisite, clinical sample of adolescents, and (b) evaluating relations among identified profiles with demographic characteristics and clinical correlates. Method: Data from the National Child Traumatic Stress Network Core Data Set were used to identify and characterize victimization profiles using latent class analysis in a sample of 3,485 adolescents (ages 13–18, 63% female, 35.7% White, 23.2% Black/African American, 35.0% Hispanic/Latino). Multiple measures of psychological distress and risk behaviors were evaluated as covariates of trauma exposure classes. Results: Five trauma exposure classes, or profiles, were identified. Four classes—representing approximately half the sample—were characterized by polyvictimization. Polyvictimization classes were differentiated on number of trauma types, whether emotional abuse occurred, and whether emotional abuse occurred over single or multiple developmental epochs. Unique relations with demographic characteristics and mental health outcomes were observed. Discussion: Results suggest polyvictimization is not a unidimensional phenomenon but a diverse set of trauma exposure experiences with unique correlates among youth. Further research on prevention of polyvictimization and mechanisms linking chronic trauma exposure,</p>

							gender, and ethnicity to negative outcomes is warranted. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Aderka, Idan M.; Appelbaum-Namdar, Edna; Shafran, Naama; Gilboa-Schechtman, Eva	2011	Sudden gains in prolonged exposure for children and adolescents with posttraumatic stress disorder	Journal of consulting and clinical psychology	79	4	441–446	Objective: Our objective was to examine sudden gains during developmentally adjusted prolonged exposure for posttraumatic stress disorder (PTSD) among children and adolescents. We hypothesized that sudden gains would be detected and would be predictive of treatment outcome and follow-up. Method: Sixty-three youngsters (ages 8–17) completed a developmentally adjusted protocol for the treatment of pediatric PTSD (Foa, Chrestman, & Gilboa-Schechtman, 2008). Participants' posttraumatic and depressive symptoms were assessed before each treatment session, as well as at approximately 3 and 12 months after treatment termination. We measured posttraumatic symptoms with the Child PTSD Symptom Scale (Foa, Johnson, Feeny, & Treadwell, 2001) and measured depressive symptoms with the Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) and the Children's Depression Inventory (Kovacs, 1981, 1982). Results: Sudden gains were found among 49.2% of participants and constituted 48.6% of the total reduction in posttraumatic symptoms. Compared to individuals who did not experience sudden gains, individuals who experienced sudden gains reported lower levels of posttraumatic symptoms, $F(1, 61) = 14.4, p < .001$ , and depressive symptoms, $F(1, 61) = 7.9, p < .01$ , at treatment termination. Differences in posttraumatic symptoms were maintained during both follow-up periods. Conclusions: Sudden gains are common in pediatric prolonged exposure for PTSD and are predictive of long-term outcome. Treatment planning can benefit from consideration of the intraindividual course of improvement, and treatment development may be enriched by understanding the mechanisms responsible for sudden gains. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Aderka, Idan M.; Foa, Edna B.; Applebaum, Edna; Shafran, Naama; Gilboa-Schechtman, Eva	2011	Direction of influence between posttraumatic and depressive symptoms during prolonged exposure therapy among children and adolescents	Journal of consulting and clinical psychology	79	3		Objective: Our objective in the present study was to examine the temporal sequencing of posttraumatic and depressive symptoms during prolonged exposure therapy for posttraumatic stress disorder (PTSD) among children and adolescents. Method: Participants were 73 children and adolescents (56.2% female) between the ages of 8 and 18. Participants completed self-report measures of posttraumatic stress and depression prior to every session. Measures included the Child PTSD Symptom Scale, Beck Depression Inventory, and Children's Depression Inventory. Results: Multilevel mediational analyses indicated reciprocal relations during treatment: Changes in posttraumatic symptoms led to changes in depressive symptoms and

							vice versa. Posttraumatic symptoms accounted for 64.1% of the changes in depression, whereas depressive symptoms accounted for 11.0% of the changes in posttraumatic stress. Conclusions: Prolonged exposure therapy may work primarily by reducing posttraumatic stress, which in turn reduces depression. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Adler-Nevo, Gili; Manassis, Katharina	2005	Psychosocial treatment of pediatric posttraumatic stress disorder: the neglected field of single-incident trauma	Depression and anxiety	22	4	177–189	Despite the prevalence of childhood trauma, studies regarding psychotherapy for children suffering from posttraumatic stress disorder (PTSD) are scarce, especially regarding the treatment for pediatric PTSD following single-incident trauma. Treatment practices for this population rely mainly on the paradigms of therapy for adult PTSD and pediatric PTSD following sexual abuse. This review outlines the studies published in the last 10 years pertaining to the treatment of pediatric PTSD following single-incident trauma. This is done in the context of available literature on the paradigms mentioned above. Of 742 articles dealing with treatment of pediatric trauma, 10 were found relevant to the treatment of pediatric PTSD following single-incident trauma. The modalities of treatment most frequently reported in this context were cognitive-behavioral therapy (CBT), eye movement desensitization and reprocessing (EMDR), and play therapy. As a whole, CBT studies were methodologically more rigorous, used manualized, reproducible treatment, and were group, school-based therapies. EMDR treatments were usually short and individual. Most studies showed statistically significant improvement but were still methodologically lacking. We conclude that research on the subject of treatment for pediatric PTSD following single-incident trauma constitutes a neglected part of the study of pediatric PTSD. This stands in contrast to the obvious prevalence of this type of trauma. We encourage future research that will address issues such as clarifying the role of pharmacotherapy, comparing different modes of treatment, dismantling treatment "packages," researching developmentally sensitive treatments, conducting long-term follow-up, and comparing different PTSD populations.
Adler-Tapia, Robbie; Settle, Carolyn; Shapiro, Francine	2014	Eye Movement Desensitization and Reprocessing (EMDR) Psychotherapy With Children Who Have Experienced Sexual Abuse and Trauma				229–250	Summary This chapter contains sections titled: Introduction What Is EMDR? Variability in Cases: The Range in Histories for Children Who Are Sexually Abused and Traumatized Conclusion
Adúriz, María Elena; Bluthgen, Cristina; Knopfler, Catalina	2009	Helping child flood victims using group EMDR intervention in	International Journal of Stress Management	16	2	138–153	



		Argentina: Treatment outcome and gender differences					
Adúriz, María Elena; Bluthgen, Cristina; Knopfler, Catalina	2011	Helping Child Flood Victims Using Group EMDR Intervention in Argentina: Treatment Outcome and Gender Differences	International Perspectives in Psychology	1	Supplement 1	58–67	
Agoston, Anna Monica; Sieberg, Christine B.	2016	Nonpharmacologic Treatment of Pain	Seminars in pediatric neurology	23	3	220–223	Pain is a complex biopsychosocial experience that is influenced by neurological processes and psychosocial factors. Systematic reviews and meta-analyses of randomized controlled trials of psychological interventions have demonstrated evidence for psychological approaches in treating procedural pain and multiple types of chronic pain, including headaches, abdominal pain, and musculoskeletal pain. This article is directed toward clinicians and would provide an overview of cognitive-behavioral therapy, including specific cognitive-behavioral techniques for pediatric pain. A review is provided of preparation and psychoeducation, distraction, exposure and psychological desensitization, relaxation techniques, additional cognitive and behavioral therapy, exercise and alternative options, use of technology, multicomponent approaches, and final considerations in treating acute and chronic pain. It is important to consider multiple characteristics of the child when selecting an intervention for chronic pain, which are reviewed in the article.
Ahlskog, Gary	2020	Neuroscientific Advances in the Treatment of Trauma	Psychoanalytic review	107	3	229–241	Neuroscience is partnering with psychoanalysis in the best sense of the word, namely, supporting some aspects of psychoanalytic thinking while challenging others. This dialogue needs to continue because, where trauma is concerned, neither side is privy to the whole picture. Current congruence, dissonance, and considerations for technique are explored.
Ahmad, Abdulbaghi; Larsson, Bo; Sundelin-Wahlsten, Viveka	2007	EMDR treatment for children with PTSD: results of a randomized controlled trial	Nordic journal of psychiatry	61	5	349–354	The objective of the study was to examine the efficacy of EMDR treatment for children with post-traumatic stress disorder (PTSD) compared with untreated children in a waiting list control group (WLC) participating in a randomized controlled superiority trial (RCT). Thirty-three 6-16-year-old children with a DSM-IV diagnosis of PTSD were randomly assigned to eight weekly EMDR sessions or the WLC group. The Posttraumatic Stress Symptom Scale for Children (PTSS-C scale) was used in interviews with children to evaluate their symptoms and outcome. Post-treatment scores of the EMDR group were significantly lower than the WLC indicating improvement in total PTSS-C scores, PTSD-related symptom scale, and the subscales re-experiencing and avoidance among subjects in the EMDR group, while untreated

							children improved in PTSD-non-related symptom scale. The improvement in re-experiencing symptoms proved to be the most significant between-group difference over time. The results of the present exploratory study including a limited number of children with PTSD are encouraging and warrant further controlled studies of larger samples of children suffering from PTSD.
Ahmad, Abdulbaghi; Sundelin-Wahlsten, Viveka	2008	Applying EMDR on children with PTSD	Eur Child Adolesc Psychiatry (European Child & Adolescent Psychiatry)	17	3	127–132	OBJECTIVE: To find out child-adjusted protocol for eye movement desensitization and reprocessing (EMDR). METHOD: Child-adjusted modification were made in the original adult-based protocol, and within-session measurements, when EMDR was used in a randomized controlled trial (RCT) on thirty-three 6-16-year-old children with post-traumatic stress disorder (PTSD). RESULTS: EMDR was applicable after certain modifications adjusted to the age and developmental level of the child. The average treatment effect size was largest on re-experiencing, and smallest on hyperarousal scale. The age of the child yielded no significant effects on the dependent variables in the study. CONCLUSIONS: A child-adjusted protocol for EMDR is suggested after being applied in a RCT for PTSD among traumatized and psychosocially exposed children.
Ahmadi, Maryam; Moradi, Ali Reza; Esmaeili, Azizollah Tajik; Mirabolfathi, Vida; Jobson, Laura	2019	A preliminary study investigating time perception in adolescents with posttraumatic stress disorder and major depressive disorder	Psychological Trauma: Theory, Research, Practice, and Policy	11	6		Objective: The aim of the current study was to conduct a preliminary investigation into time perception in adolescents with posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and healthy controls. Method: Iranian adolescents with PTSD (n = 15) or MDD (n = 15) and healthy, non-trauma-exposed control participants (n = 15) completed 3 measures of time perception: a verbal time estimation task, a production task, and a reproduction task. Results: The PTSD group was found to have significantly poorer overall time perception accuracy compared to the control group (d = 1.38). Group differences were dependent on the type of time perception task; the groups did not differ significantly on the time reproduction task but did differ significantly on the verbal time estimation task and production task. The PTSD group had significantly poorer time estimate accuracy (i.e., underestimates) on the verbal estimation task than did the MDD group (d = 1.10), and the control group performed at the intermediate level. The PTSD and MDD groups did not differ significantly on the production task, but both clinical groups had significantly poorer performance than did the control group (ds > .76). Finally, working memory mediated the relationship between group and time perception accuracy (95% confidence interval [2.10, 38.69]). Conclusions: These findings highlight the need for further research

							examining time perception in PTSD. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Ai, Amy L.; Raney, Arthur A.; Paloutzian, Raymond F.	2023	Perceived spiritual support counteracts the traumatic impact of extreme disasters: Exploration of moderators	Psychological trauma : theory, research, practice and policy	15	2	199–209	Introduction: Extreme disasters have increased exponentially in recent years and result in threats and traumatic reactions in communities globally. Humans turn to their existential relations for survival following disasters; yet, religion and spirituality (R/S) remains underinvestigated in disaster contexts, with most studies measuring general R/S concepts in Christian samples. To address the resulting gap, this study sought to (a) establish short form, disaster-specific scales of perceived spiritual support (PSS); (b) test the factor's relationships with mental health outcomes; and (c) explore moderators of those relationships. Method: With strong community engagement, a culturally diverse sample (N = 566) completed an online survey after Hurricanes Maria and Michael (H-MM). Multivariate analyses established psychometric properties for 2 PSS short-form scales (PSSS-S1 and -S2) and revealed associations between and moderators of (disaster-related experiences and character strengths) the scales and 2 traumatic outcomes: posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG). Results: PSSS-S1 and -S2 demonstrated adequate reliability and validity. PSS was associated inversely with PTSD symptoms at a marginal level but positively and strongly with PTG. Character strengths moderated the link of PSS to PTSD but not PTG. Most disaster-related factors were associated with both outcomes. Conclusions: The findings highlight the function of PSS in survival. PSSS-S1 and -S2 are adequate measures for rapid and cross-cultural data collection in extreme disasters. The differential associations of PSS and moderators with the 2 outcomes can be interpreted in light of 2 forms of well-being, which may have implications for theory, research, and practice in trauma psychology. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Alberts, Henning T. M.	2003	"Wer seine Vergangenheit nicht kennt, auf den kommt sie zu" - Hypnoanalytische Fallberichte					Die Hypnoanalyse als ein klassisches Werkzeug der Hypnotherapie wird bevorzugt eingesetzt bei Beschwerden, hinter denen mögliche verdrängte traumatische Erlebnisse vermutet werden. In der Wiedererinnerung und sorgfältigen Bearbeitung solcher frühen Ereignisse können die automatischen emotionalen und somatischen Reaktionen des Traumas aufgelöst und kognitiv neu bewertet werden. Henning Alberts stellt mit hypnoanalytischen Fallbeispielen aus den Krankheitsbildern Phobien, Psychosen, psychogene Anfallsleiden und Missbrauch seine Arbeit vor. Die Techniken auditiv-kinästhetische Dissoziationen, Assoziationen, Regressionen mit bleibender Verbindung zum erwachsenen Ich, Kontextuierung der Hypnose,

							mehrfaches Bearbeiten des Traumas und andere Techniken werden praktisch veranschaulicht. Ebenso werden wichtige Aspekte der Haltung des Therapeuten sichtbar. Abschließend werden zwei weitere Verfahren zur Behandlung von Traumata vorgestellt: EMDR und Neurofeedback. In diesem Zusammenhang wird auf aktuelle naturwissenschaftliche Erkenntnisse der Verbindung von Neuroanatomie und Neurophysiologie eingegangen.
Albright, David L.; Thyer, Bruce	2010	Does EMDR reduce post-traumatic stress disorder symptomatology in combat veterans?	Behavioral Interventions (Behavioral Interventions)	25	1	1–19	Abstract Prior meta-analyses have suggested that eye-movement desensitization and reprocessing (EMDR) may be effective in alleviating the symptoms of post-traumatic stress disorder (PTSD). EMDR is now being recommended as a treatment for military combat veterans who suffer from PTSD. We provide a review of published outcome studies that appeared in print from 1987 ? April, 2008 which examined the specific effects of EMDR on PTSD among military combat veterans. Studies were identified through electronic bibliographic databases, web sites, and manual searches of article reference lists. A total of six randomized controlled trials (RCTs) and three quasi-experimental studies met our inclusionary criteria and are reviewed. The evidence supporting the use of EMDR to treat combat veterans suffering from PTSD is sparse and equivocal, and does not rise to the threshold of labeling the therapy as an empirically supported treatment. It is premature to incorporate EMDR into routine care for veterans to alleviate combat-related PTSD. EMDR needs a considerably stronger evidentiary foundation which includes large-scale RCTs involving credible placebo controlled treatment conditions. Copyright ? 2009 John Wiley & Sons, Ltd.
Albright, David L.; Thyer, Bruce	2010	EMDR is not an empirically supported treatment for combat-related PTSD: A response to Elisha C. Hurley, Dmin, Colonel, USA (Retired)	Journal of applied research in intellectual disabilities : JARID	25	4	355–360	
Alderfer, Melissa A.; Navsaria, Neha; Kazak, Anne E.	2009	Family functioning and posttraumatic stress disorder in adolescent survivors of childhood cancer	Journal of Family Psychology	23	5	717–725	This study investigated family functioning and relationships between family functioning and posttraumatic stress disorder (PTSD) in adolescent survivors of childhood cancer. To assess family functioning, 144 adolescent cancer survivors 1 to 12 years post-cancer treatment (M = 5.3 years) and their parents completed the Family Assessment Device (FAD). To assess PTSD, adolescents were administered a structured diagnostic interview. Nearly half (47%) of the adolescents, one fourth (25%) of mothers, and one third (30%) of fathers reported poor family functioning, exceeding the clinical cutoff on 4 or more FAD subscales. Families in which the cancer survivor had

							PTSD (8% of the sample) had poorer functioning than other families in the areas of problem solving, affective responsiveness, and affective involvement. Three fourths of the adolescents with PTSD came from families with categorically poor family functioning. A surprisingly high rate of poor family functioning was reported in these families of adolescent cancer survivors. Adolescents with PTSD were more than 5 times as likely to emerge from a poorly functioning family compared with a well-functioning one. This study provides evidence that family functioning is related to cancer-related posttraumatic reactions in adolescent survivors. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Alliger-Horn, Christina	2014	In: Kreim, Günter; Bruns, Susanne; Völker, Bernd (Ed.), Psychologie für Einsatz und Notfall. Ansätze und Perspektiven der Militärpsychologie (S. 332-338). Bonn: Bernard & Graefe, 2014				332–338	
Alliger-Horn, Christina	2014	Therapie der einsatzassoziierten Störung - Zwei Fallbeispiele aus der Praxis					
Alliger-Horn, Christina; Zimmermann, Peter Lutz; Mitte, Kristin	2015	Vergleichende Wirksamkeit von IRRT und EMDR bei kriegstraumatisierten deutschen Soldaten	Trauma & Gewalt	9	3	204–215	Vergleichende Wirksamkeitsuntersuchungen verschiedener traumakonfrontativer Verfahren in der stationären Behandlung von Kriegstraumatisierten sind unzureichend beforscht. In einer Untersuchung an 40 traumatisierten deutschen Bundeswehrsoldaten mit einer PTBS Diagnose wird die vergleichende Wirksamkeit von EMDR (Eye Movement Desensitization and Reprocessing Therapy) und IRRT (Imagery Rescripting and Reprocessing Therapy) als traumatherapeutische Verfahren untersucht. Beide Methoden erweisen sich in ihrer Wirksamkeit auf die Veränderung der Traumabeschwerden und komorbiden Begleitsymptomatik bei der Behandlung von Kampf- und Kriegs-Traumatisierten als signifikant. Der Reliable Change Index (RCI) liegt für EMDR bei 77 Prozent und für die IRRT-Methode bei 67 Prozent. In der Veränderung der komorbiden Symptomatik zeigen sich hohe Effektstärken für beide Verfahren. Die Anwendung beider traumaverarbeitenden Verfahren in der stationären Behandlung von kriegstraumatisierten Veteranen wird diskutiert.
Alpers, Georg W.; Sell, Roxane	2008	And yet they correlate: psychophysiological activation predicts self-report outcomes of	Journal of anxiety disorders	22	7	1101–1109	The study examines whether self-reported fear and physiological activation are concordant when claustrophobic patients are exposed to small spaces, whether the measures change in synchrony for individual patients and whether initial activation of measures can

		exposure therapy in claustrophobia					predict the outcome of an exposure treatment. Ten patients with claustrophobia participated in six in-vivo exposure sessions with continuous monitoring of self-reported fear and their EKG. Partial pressure of carbon dioxide (pCO <sub>2</sub> ), a measure of hyperventilation, was available in a subsample of patients. While evidence for concordance of self-reported fear and heart rate was limited, the measures changed synchronously within subjects. Most importantly, higher heart rate at the beginning of the first exposure session predicted better treatment outcome. Because self-reported fear turned out not to be a reliable predictor of the outcome, this is interpreted as evidence for the incremental validity of physiological measures of fear.
Alpert, Judith L.; Brown, Laura S.; Courtois, Christine A.	1998	Symptomatic clients and memories of childhood abuse: What the trauma and child sexual abuse literature tells us	Psychology, Public Policy, and Law	4	4		In recent years, the delayed recall of memories of childhood abuse has been the subject of increasingly heated societal debate. The American Psychological Association Working Group on Investigation of Memories of Childhood Abuse was charged with reviewing relevant literature and making recommendations for future research directions as well as for clinical training and practice. This article reviews the trauma and child sexual abuse literatures by examining the scope of the problem and placing the current controversy into its broader social/historical context. It then provides a review of selected literature on the following topics: (1) the nature and consequences of trauma, particularly with regard to its potential effect on memory, and with special attention to trauma occurring during childhood; (2) child sexual abuse as a unique and potentially very traumatic form of interpersonal victimization; (3) dissociation and its functions both as a psychological defense against the impact of trauma and as the mental mechanism that most likely accounts for the amnesia and hypermnesia commonly experienced by traumatized individuals; and (4) memory in adults reporting a history of child sexual abuse, using available empirical data. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Althobaiti, Salman; Kazantzis, Nikolaos; Ofori-Asenso, Richard; Romero, Lorena; Fisher, Jane; Mills, Kerry E.; Liew, Danny	2020	Efficacy of interpersonal psychotherapy for post-traumatic stress disorder: A systematic review and meta-analysis	Journal of affective disorders	264		286–294	<b>BACKGROUND</b> Evidence for the efficacy of treatments for post-traumatic stress disorder (PTSD) is urgently required. This systematic review and meta-analysis examines the efficacy of interpersonal psychotherapy (IPT) in reducing the symptoms of PTSD. <b>METHODS</b> Five databases were searched from inception until November 2018 to identify randomized controlled trials (RCTs) that assessed the efficacy of IPT in patients with PTSD symptoms. The reference lists of included

							<p>studies were also hand searched. A random effects model was used to estimate changes in a clinician-administered PTSD scale, or self-reported symptoms.</p> <p><b>RESULTS</b></p> <p>Of 509 screened abstracts, ten clinical trials (11 study arms) involving 755 patients with PTSD symptoms were included. Nine studies (10 study arms) were included in the meta-analysis. The overall standardized mean difference was -0.44 (CI: -0.69, -0.19), <math>p = 0.0005</math>. This represents a change in the clinically administered PTSD Scale (CAPS) of approximately 12 points. IPT was not superior to other active controls, such as medication and non-IPT psychotherapies, but was significantly superior to passive controls, such as waiting list and educational pamphlets.</p> <p><b>LIMITATIONS</b></p> <p>Most studies modified the IPT protocol and did not comprehensively assess clinician fidelity to the protocol. The included studies generally had small sample sizes and were of limited quality.</p> <p><b>CONCLUSIONS</b></p> <p>IPT may be an effective treatment for PTSD, but clinical trials with larger sample sizes and improved methodology are required to confirm effects.</p>
Althoff, Robert R.; Ayer, Lynsay A.; Rettew, David C.; Hudziak, James J.	2010	Assessment of dysregulated children using the Child Behavior Checklist: A receiver operating characteristic curve analysis	Psychological Assessment: A Journal of Consulting and Clinical Psychology	22	3	609–617	<p>Disorders of self-regulatory behavior are common reasons for referral to child and adolescent clinicians. Here, the authors sought to compare 2 methods of empirically based assessment of children with problems in self-regulatory behavior. Using parental reports on 2,028 children (53% boys) from a U.S. national probability sample of the Child Behavior Checklist (CBCL; T. M. Achenbach &amp; L. A. Rescorla, 2001), the receiver operating characteristic curve analysis was applied to compare scores on the Posttraumatic Stress Problems Scale (PTSP) of the CBCL with the CBCL Dysregulation Profile (DP), identified using latent class analysis of the Attention Problems, Aggressive Behavior, and Anxious/Depressed scales of the CBCL. The CBCL-PTSP score demonstrated an area under the curve of between .88 and .91 for predicting membership in the CBCL-DP profile for boys and for girls. These findings suggest that the CBCL-PTSP, which others have shown does not uniquely identify children who have been traumatized, does identify the same profile of behavior as the CBCL-DP. Therefore, the authors recommend renaming the CBCL-PTSP the Dysregulation Short Scale and provide some guidelines for the use of the CBCL-DP scale and the CBCL-PTSP in clinical practice. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>

Altmeyer, Susanne	2021	Der Guhl, das ganz Kleine und die tentakeligen Monster. Systemisches Protokoll einer EMDR-Intensivtherapie					In einem Fallbericht wird die EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie einer Patientin beschrieben, die im Zusammenhang mit notwendigen medizinischen Eingriffen in extreme emotionale Zustände geriet, die sie massiv in ihrer normalen Lebensführung behinderten. Mithilfe der stationären EMDR-Intensivtherapie gelang es ihr, die zugrunde liegenden, bis weit in die Kindheit reichenden traumatischen Ereignisse soweit zu verarbeiten, dass sie wieder ihrem Beruf nachgehen und ihren Alltag leben kann. Gleichzeitig verspürt sie trotz einer weiter bestehenden Vulnerabilität eine Lebensqualität wie nie zuvor. Der Therapieverlauf wird aus der Perspektive der Therapeutin wie auch der betroffenen Patientin unter Bezug auf Protokolle, Tagebuchaufzeichnungen und Korrespondenzen wiedergegeben. - Inhalt: <a href="https://d-nb.info/1237828864/04">https://d-nb.info/1237828864/04</a>
Altmeyer, Susanne; Wollersheim, Leonie; Kilian-Hütten, Niclas; Behnke, Alexander; Hofmann, Arne; Tumani, Visal	2022	Effectiveness of treating depression with eye movement desensitization and reprocessing among inpatients - A follow-up study over 12 months	Frontiers in Psychology, 2022				Increasing prevalence of depression poses a huge challenge to the healthcare systems, and the success rates of current standard therapies are limited. While 30% of treated patients do not experience a full remission after treatment, more than 75% of patients suffer from recurrent depressive episodes. Eye Movement Desensitization and Reprocessing (EMDR) therapy represents an emerging treatment option of depression, and preliminary studies show promising effects with a probably higher remission rate when compared to control-therapies such as cognitive behavioral therapy. In the present study, 49 patients with severe depression were treated with an integrated systemic treatment approach including EMDR therapy that followed a specific protocol with a treatment algorithm for depression in a naturalistic hospital setting. Following their discharge from the hospital, the patients were followed up by a structured telephone interview after 3 and 12 months. 27 of the 49 (55%) patients fulfilled the Beck's depression criteria of a full remission when they were discharged. At the follow-up interview, 12 months after discharge, 7 of the 27 patients (26%) reported a relapse, while the remaining 20 patients (74%) had stayed relapse-free. The findings of our observational study confirm reports of earlier studies in patients with depression, showing that EMDR therapy leads to a high rate of remission, and is associated with a decreased number of relapses. Patients with depression receiving EMDR treatment may be more resilient to stressors.
Amano, Tamaki; Toichi, Motomi	2016	The Role of Alternating Bilateral Stimulation in Establishing Positive Cognition in EMDR	PloS one	11	10	e0162735	Eye movement desensitisation and reprocessing (EMDR) is a standard method for treating post-traumatic stress disorder. EMDR treatment consists of desensitisation and resource development and installation



		Therapy: A Multi-Channel Near-Infrared Spectroscopy Study				<p>(RDI) stages. Both protocols provide a positive alternating bilateral stimulation (BLS). The effect of desensitisation with BLS has been elucidated. However, a role for BLS in RDI remains unknown. Therefore, it is important to measure feelings as subjective data and physiological indicators as objective data to clarify the role of BLS in RDI. RDI was administered to 15 healthy volunteer subjects who experienced pleasant memories. Their oxygenated haemoglobin concentration ([oxy-Hb]), a sensitive index of brain activity, was measured from the prefrontal cortex (PFC) to the temporal cortex using multi-channel near-infrared spectroscopy during recall of a pleasant memory with or without BLS. The BLS used was alternating bilateral tactile stimulation with a vibration machine. The psychological evaluation suggested that RDI was successful. The results showed that, compared with non-BLS conditions, accessibility was increased and subjects were more relaxed under BLS conditions. A significant increase in [oxy-Hb] was detected in the right superior temporal sulcus (STS), and a decrease in the wide bilateral areas of the PFC was observed in response to BLS. The significant BLS-induced activation observed in the right STS, which is closely related to memory representation, suggests that BLS may help the recall of more representative pleasant memories. Furthermore, the significant reduction in the PFC, which is related to emotion regulation, suggests that BLS induces relaxation and comfortable feelings. These results indicate an important neural mechanism of RDI that emotional processing occurred rather than higher cognitive processing during this stage. Considering the neuroscientific evidence to date, BLS in RDI may enhance comfortable feelings about pleasant memories. Based on the current findings, the use of BLS in RDI may be warranted in some clinical situations.</p>
Ammerman, Robert T.; Peugh, James L.; Teeters, Angelique R.; Sakuma, Kari-Lyn K.; Jones, Damon E.; Hostetler, Michelle L.; van Ginkel, Judith B.; Feinberg, Mark E.	2022	Promoting parenting in home visiting: A CACE analysis of Family Foundations		36	2	<p>This randomized trial tested the impact of an established prevention program for first-time parents, Family Foundations, adapted for low-income mothers and fathers as a series of sessions provided to couples in their homes. To assess program impact, we recruited and randomly assigned a sample of 150 low-income adult mother–father dyads (not necessarily still romantically involved, cohabiting, or married) during pregnancy or shortly after birth. The randomly assigned intervention families participated in Family Foundations Home Visiting (FFHV), consisting of 11 in-home sessions focusing on parental cooperation, collaboration, and conflict management to support children’s development. Complier average causal effect (CACE) analysis was used to examine program impact on parental</p>

						adjustment and parenting for families completing nine or more program sessions. Results indicated significant positive complier effects for mothers' and fathers' reports of depression, Posttraumatic Stress Disorder (PTSD) symptoms, coping with stress, and psychological aggression by fathers toward mothers at post-intervention, controlling for pre-intervention scores. Intervention parents also demonstrated higher levels of affection, engagement, and sensitivity with the infant based on observer coding of videotaped parent-child interactions. These findings indicate that the focus of Family Foundations on enhancing coparenting offers similar benefits for low-income parents and children who are compliers as has the group-format Family Foundations (FF) version in trials with universal samples of cohabiting or married parents. Results are discussed in terms of implications for home visiting, engaging fathers, and optimizing child outcomes. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ammerman, Robert T.; Putnam, Frank W.; Chard, Kathleen M.; Stevens, Jack; van Ginkel, Judith B.	2012	PTSD in depressed mothers in home visitation	Psychological Trauma: Theory, Research, Practice, and Policy	4	2	Recent research has suggested that mothers participating in home visitation programs have a high incidence of mental health problems, particularly depression. Posttraumatic stress disorder (PTSD) is a common comorbidity with depression, yet its prevalence among home visiting populations and implications for parenting and maternal functioning have not been examined. This study contrasted depressed mothers with (n = 35) and without PTSD (n = 55) who were enrolled in a home visitation program. Results indicated that depressed mothers with comorbid PTSD were more likely to have experienced childhood sexual abuse, had greater severity of depressive symptoms, increased social isolation, and lower overall functioning than their counterparts without PTSD. Among PTSD mothers, greater severity of PTSD symptoms, in particular avoidance and emotional numbness, were associated with increased maternal psychopathology and parenting deficits even after controlling for depression severity. These findings add to the literature documenting the negative impacts of PTSD on maternal functioning and parenting. Implications for screening and treatment in the context of home visitation are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
An, Yuanyuan; Huang, Jiali; Chen, Yaru; Deng, Zhu	2019	Longitudinal cross-lagged relationships between posttraumatic stress disorder and depression in adolescents following the Yancheng tornado in China	Psychological Trauma: Theory, Research, Practice, and Policy	11	7	Objective: The aim of this study was to examine the comorbidity and longitudinal cross-lagged relationships between posttraumatic stress disorder (PTSD) and depression among Chinese adolescents after their experience of the Yancheng tornado. Method: A total of 154 adolescents from 2 local middle schools in Yancheng city participated in this longitudinal study. Participants completed the Child PTSD

							<p>Symptom Scale and the Center Epidemiological Studies of Depression at 6 months (T1), 9 months (T2), and 12 months (T3) after the tornado, respectively. Results: Results include the following: (a) the prevalence of PTSD was 55.84% at T1, 50.00% at T2, and 47.40% at T3; the prevalence of depression was 56.49% at T1, 65.58% at T2, and 66.01% at T3; (b) the comorbidity between PTSD and depression was high, 46.75% at T1, 42.86% at T2, 43.51% at T3; (c) PTSD at T1 significantly predicted depression at T2 (<math>\beta = 0.42</math>, <math>p &lt; .001</math>); however, depression cannot significantly predict PTSD at different cross-time points. Conclusions: The results suggest that there is comorbidity between PTSD and depression and that PTSD positively influence the development of depression in adolescents during the early period of the tornado, whereas depression did not predict PTSD. The implications of the results for the psychological services provided to children and youth are discussed. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)</p>
An, Yuanyuan; Huang, Jiali; Yeung, Ernest Tsun Fung; Hou, Wai-Kai	2022	Academic burnout and posttraumatic growth predict trajectories of posttraumatic stress disorder symptoms of adolescents following Yancheng tornado in China	International Journal of Stress Management	29	2	143–153	<p>Heterogeneity in adaptation outcomes among adolescents following major disasters needs further elaboration. Both ongoing stressors and positive psychological changes should be concerned in evaluating the heterogeneity. This study examined the prospective trajectories of posttraumatic stress disorder (PTSD) symptoms among adolescent survivors following the Yancheng Tornado in China and the associations of academic burnout and posttraumatic growth (PTG) with the differential trajectories. A total of 246 adolescent survivors were recruited and administered psychometric instruments at 6, 9, 12, and 18 months after the tornado. In the conditional model with predictor variables gender, school grade, academic burnout, PTG, subjective fear, and property loss, three trajectories of PTSD symptoms emerged: recovery (43.5%), recurrent dysfunction (37.0%), and delayed dysfunction (19.5%). The results indicated the importance of considering academic-related experiences together with disaster-related experiences in evaluating the prospective adjustment among adolescents following major disasters. Our findings point to feasible directions for both clinical and school-based interventions for addressing poorer adjustment among adolescents after major disasters. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)</p>
An, Yuanyuan; Zhao, Jiaqi; Shi, Junyi; Hou, Wai Kai	2022	Network analysis of posttraumatic stress disorder symptoms among adolescent	Psychological trauma : theory, research, practice and policy	14	1	132–140	<p>Objective: Children and adolescents are found to be more vulnerable to developing PTSD than adults over time after major disasters. This study aims to investigate the network structures of PTSD and the directions of relationships between symptoms among adolescent</p>

		survivors of a major disaster in China					survivors in the year after the Yancheng Tornado in China. Method: A total of 395 youth survivors completed the Child PTSD Symptom Scale (Foa et al., 2001) at 3 months and 12 months following the tornado. Network analysis was used to compare networks of PTSD symptoms and changes over time. Results: Different centrality symptoms existed at different time points. Anger, startle responses, and physiological reactivity were important to the maintenance of PTSD symptoms arising from the tornado at 3 months, while dreams/nightmares and distancing/avoidance were important to maintaining PTSD symptoms at 12 months. Analysis suggested that sleep difficulty and intrusive thoughts were the key PTSD symptoms to be treated at 3 months; sleep remained to be the key symptoms to be treated at 12 months. Conclusions: Our findings suggest that sleep difficulty could be a main cause of other symptoms and trigger the entire symptom system into undesirable psychopathological development among adolescent survivors in the year following major disasters. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Anakwenze, Obianujunwa; Rasmussen, Andrew	2021	The impact of parental trauma, parenting difficulty, and planned family separation on the behavioral health of West African immigrant children in New York City	Psychological trauma : theory, research, practice and policy	13	4	457–466	Objective: The association between parental mental health difficulties and poor child outcomes is well documented. Few studies have investigated the intergenerational effects of trauma in immigrant populations. This study examined the relationships among parental trauma, parenting difficulty, duration of planned family separation, and child externalizing behavior in an archival dataset of West African voluntary and forced immigrants in New York City. We hypothesized that parenting difficulty would mediate the association between parental posttraumatic stress and child externalizing behavior and that this association would be stronger for parent-child dyads that had undergone lengthier separations during migration. Method: Ninety-one parents reported on their posttraumatic stress symptoms using the Harvard Trauma Questionnaire (HTQ) and on the behavioral health of one child between the ages of 5 and 12 years using the externalizing items of the Child Behavior Checklist (CBCL Externalizing). A 4-item self-report scale assessed difficulty parenting in the last month. Results: Linear regression analyses showed that parenting difficulty partially mediated the relationship between HTQ and CBCL scores. The relationship between HTQ and CBCL scores was not significant for parents separated from their children for one year or less but was significant for those never separated or separated for longer than 1 year. Higher HTQ scores were most strongly associated with higher CBCL Externalizing scores for those separated longer than one year. Conclusions: Findings suggest that children of immigrants recovering

							from trauma are at risk of exhibiting behavioral symptoms and highlight a potential intervention target for improving child outcomes in immigrant families. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Anderson, Craig A.; Shibuya, Akiko; Ihori, Nobuko; Swing, Edward L.; Bushman, Brad J.; Sakamoto, Akira; Rothstein, Hannah R.; Saleem, Muniba	2010	Violent video game effects on aggression, empathy, and prosocial behavior in eastern and western countries: a meta-analytic review	Psychological bulletin	136	2	151–173	Meta-analytic procedures were used to test the effects of violent video games on aggressive behavior, aggressive cognition, aggressive affect, physiological arousal, empathy/desensitization, and prosocial behavior. Unique features of this meta-analytic review include (a) more restrictive methodological quality inclusion criteria than in past meta-analyses; (b) cross-cultural comparisons; (c) longitudinal studies for all outcomes except physiological arousal; (d) conservative statistical controls; (e) multiple moderator analyses; and (f) sensitivity analyses. Social-cognitive models and cultural differences between Japan and Western countries were used to generate theory-based predictions. Meta-analyses yielded significant effects for all 6 outcome variables. The pattern of results for different outcomes and research designs (experimental, cross-sectional, longitudinal) fit theoretical predictions well. The evidence strongly suggests that exposure to violent video games is a causal risk factor for increased aggressive behavior, aggressive cognition, and aggressive affect and for decreased empathy and prosocial behavior. Moderator analyses revealed significant research design effects, weak evidence of cultural differences in susceptibility and type of measurement effects, and no evidence of sex differences in susceptibility. Results of various sensitivity analyses revealed these effects to be robust, with little evidence of selection (publication) bias.
Anderson, Craig L.; Monroy, Maria; Keltner, Dacher	2018	Awe in nature heals: Evidence from military veterans, at-risk youth, and college students	Emotion	18	8	1195–1202	The power of nature to both heal and inspire awe has been noted by many great thinkers. However, no study has examined how the impact of nature on well-being and stress-related symptoms is explained by experiences of awe. In the present investigation, we examine this process in studies of extraordinary and everyday nature experiences. In Study 1, awe experienced by military veterans and youth from underserved communities while whitewater rafting, above and beyond all the other positive emotions measured, predicted changes in well-being and stress-related symptoms one week later. In Study 2, the nature experiences that undergraduate students had during their everyday lives led to more awe, which mediated the effect of nature experience on improvements in well-being. We discuss how accounting for people's emotional experiences during outdoors activities can increase our understanding of how nature impacts

							people's well-being. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Andrade, Jackie; Kavanagh, David; Baddeley, Alan	1997	Eye-movements and visual imagery: A working memory approach to the treatment of post-traumatic stress disorder	The British journal of clinical psychology	36	2	209–223	It has been claimed that the symptoms of post-traumatic stress disorder (PTSD) can be ameliorated by eye-movement desensitization-reprocessing therapy (EMD-R), a procedure that involves the individual making saccadic eye-movements while imagining the traumatic event. We hypothesized that these eye-movements reduce the vividness of distressing images by disrupting the function of the visuospatial sketchpad (VSSP) of working memory, and that by doing so they reduce the intensity of the emotion associated with the image. This hypothesis was tested by asking non-PTSD participants to form images of neutral and negative pictures under dual task conditions. Their images were less vivid with concurrent eye-movements and with a concurrent spatial tapping task that did not involve eye-movements. In the first three experiments, these secondary tasks did not consistently affect participants' emotional responses to the images. However, Expt 4 used personal recollections as stimuli for the imagery task, and demonstrated a significant reduction in emotional response under the same dual task conditions. These results suggest that, if EMD-R works, it does so by reducing the vividness and emotiveness of traumatic images via the VSSP of working memory. Other visuospatial tasks may also be of therapeutic value.
Andrews III, Arthur R.; Walker, Jesse; Bernard, Donte L.; Adams, Zachary; Arellano, Michael de; Danielson, Carla Kmett	2023	Clinical diversity in a randomized trial that explicitly sought racial/ethnic diversity in its sample: Baseline comparisons in a treatment of youth substance use and posttraumatic stress	Psychological Trauma: Theory, Research, Practice, and Policy	15	Suppl 1		Objective: For more than two decades, federal agencies have sought to address a persistent lack of inclusion of Black, Latinx, Asian, and indigenous peoples in randomized controlled trials (RCTs), often with an underlying hypothesis that such efforts will increase diversity across clinically-relevant dimensions. We examined racial/ethnic and clinical diversity, including racial/ethnic differences in prior service access and symptom dimensions, in an RCT focusing on trauma-related mental health and substance use among adolescents. Method: Participants were 140 adolescents in an RCT of Reducing Risk through Family Therapy. Recruitment followed several recommendations for enhancing diversity. Structured interviews examined trauma exposure, posttraumatic stress disorder (PTSD) and depression symptoms, substance use, service utilization, and demographics. Results: Non-Latinx (NL) Black youth were more likely to receive mental health services for the first time and have greater trauma exposure, but less likely to report symptoms of depression (ps p > .05). Conclusion: Results suggest that efforts to expand racial/ethnic diversity in an RCT of combined substance use and trauma-focused mental health may also expand other clinical

							dimensions. Many of these differences reflect multiple dimensions of racism experienced by NL Black families that clinicians must attend to. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Angel, Birgitta; Hjern, Anders; Ingleby, David	2001	Effects of war and organized violence on children: A study of Bosnian refugees in Sweden	American Journal of Orthopsychiatry		19 39- 00 25( Ele ctr oni c), 00 02- 94 32( Pri nt)	4-15	Data from 99 school-aged Bosnian refugee children (6-16 yrs old) living in Sweden were analyzed to reveal the patterns of War stress experienced and the relation between these stressors and current psychological problems. Each family was given interviews which included structured questions about the family's social background, events during the escape to Sweden, the physical health of each family member, and the present social situation of the family. The interviewers also observed the children's behavior during interactions with the interviewer, their parents, and play materials. A significant pattern of associations emerged. When children had experienced much stress, talking about their experiences seemed to exacerbate their negative effects. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Angelo, Frank N.; Miller, Helen E.; Zoellner, Lori A.; Feeny, Norah C.	2008	"I need to talk about it": a qualitative analysis of trauma-exposed women's reasons for treatment choice	Behavior therapy	39	1	13-21	A significant proportion of individuals suffering from posttraumatic stress disorder do not seek or receive effective treatment. Understanding the reasons why an individual chooses to seek treatment or prefers one treatment to another is a critical step to improve treatment seeking. To begin to understand these reasons, we conducted a qualitative analysis of the reasons women gave for choosing a cognitive-behavioral treatment, prolonged exposure (PE), or a pharmacological treatment, sertraline (SER). A community sample of women with trauma histories were asked to view standardized rationales, to choose among PE, SER, or no treatment, and to give 5 reasons for their choice. Women indicated that they were more likely to prefer the psychotherapy to the medication. Across reasons given, the most commonly cited reason for treatment preference highlighted why or how the treatment worked (e.g., I need to talk about it); and this reason emerged as the strongest predictor of preference for PE. Understanding this role of perceived treatment mechanism may aid clinicians and public health policy officials to identify and address help-seeking barriers regarding treatment.
Anholt, Gideon E.; Kempe, Pieter; Haan, Else de; van Oppen, Patricia; Cath, Danielle C.; Smit,	2008	Cognitive versus behavior therapy: processes of change in the treatment of obsessive-compulsive disorder	Psychotherapy and psychosomatics	77	1	38-42	BACKGROUND: Behavior therapy [exposure and response prevention (ERP)] and cognitive therapy (CT) have proven effective in the treatment of obsessive-compulsive disorder. Direct comparisons between these treatment modalities have exposed no differences in efficacy. However, very little research has been conducted into the differences between the change processes in ERP and CT. This

Johannes H.; van Balkom, Anton J L M							investigation is a first attempt to study change by measuring scores on a weekly basis rather than at specific stages in the treatment and follow-up. METHODS: We used the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) at weekly intervals to rate and compare the severity of the obsessions and compulsions of 61 completers of either CT or ERP. The aim was to ascertain whether the process of change in CT is different from the process of change in ERP. We expected that ERP would primarily affect behavior, thus reducing compulsions first, while CT would primarily affect thought, thus reducing obsessions first. RESULTS: Firstly, no differences were found between ERP and CT with respect to the change process for obsessions and compulsions. Secondly, it emerged that changes in compulsions predicted all treatment effects better than changes in obsessions. CONCLUSIONS: These results suggest that reduction of compulsions is the process through which both ERP and CT affect change.
Anthony, Jason L.; Lonigan, Christopher J.; Hecht, Steve A.	1999	Dimensionality of posttraumatic stress disorder symptoms in children exposed to disaster: Results from confirmatory factor analyses	Journal of abnormal psychology	108	2	326–336	Factor analytic studies of trauma victims' posttraumatic stress disorder (PTSD) have offered conflicting hypotheses about how to conceptualize PTSD into symptom categories. The present study used confirmatory factor analyses of self-reported PTSD symptomatology from 5,664 child and adolescent victims of Hurricane Hugo to compare 10 models of PTSD dimensionality. PTSD was best represented by a 2nd-order PTSD factor that manifests in 3 symptom clusters (Intrusion/Active Avoidance, Numbing/Passive Avoidance, and Arousal). This model was cross-validated on 3 age groups (late childhood, early adolescence, and late adolescence), and results indicated factorial invariance across groups. PTSD symptoms varied in relative centrality to the underlying dimensions of PTSD, which differed in their relations with anxiety and degree of traumatic exposure. Implications for classification criteria and an empirically supported theory of PTSD are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Appleyard, Karen	2001	Small wonders: Healing childhood trauma with EMDR	Infant Ment. Health J. (Infant Mental Health Journal)	22	4	512–514	
Apsche, Jack A.; Siv, Alexander M.	2005	Mode deactivation therapy (MDT): A theoretical case analysis on a suicidal adolescent	International Journal of Behavioral Consultation and Therapy	1	2	130–144	This case study presents a case study of the effectiveness of Mode deactivation therapy (MDT) (Apsche, Bass, Jennings, Murphy, Hunter, and Siv, 2005) with an adolescent male, with reactive conduct disorder, PTSD and 8 lethal suicide attempts. The youngster was hospitalized four times for suicide attempts, three previous



							placements in residential treatment centers. MDT is a form of cognitive behavioral therapy (CBT) that combines the balance of dialectical behavior therapy (DBT) (Linehan, 1993), the importance of perception from functional analytic psychotherapy (FAP) (Kohlenberg & Tsai, 1993), and A.T. Beck's (1996) mode theory with a methodology to address the adolescents' belief system. MDT has been shown to be effective in a descriptive study with CBT (Apsche & Ward, 2002). The analysis of this case will illustrate the potential effectiveness of MDT as applied in an actively suicidal adolescent. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Araujo, L. A. de; Ito, L. M.; Marks, I. M.; Deale, A.	1995	Does imagined exposure to the consequences of not ritualising enhance live exposure for OCD? A controlled study. I. Main outcome	The British journal of psychiatry : the journal of mental science	167	1	65-70	BACKGROUND: This randomised controlled study tested whether adding imagined to live exposure plus ritual prevention would enhance gains in obsessive-compulsive disorder (OCD). METHOD: Out-patients with OCD were randomly allocated to either have nine sessions of daily live self-exposure and ritual prevention to external cues alone (Ex) (n = 23) or to have, in addition to Ex, daily self-exposure to the imagined internal cues of the consequences of not ritualising (group Exi) (n = 23). All patients had the same sessional exposure time of 1 h 30 min (Exi 1 h live, 30 min imagined; Ex 1 h 30 min live), and had to practise either Exi or Ex daily for the same duration and to keep diaries of that self-exposure homework throughout treatment. Patients were followed up to week 32. Outcome measures were YBOCS for rituals and obsessions, compulsion checklist, target rituals and obsession, general anxiety, depression (Beck, Hamilton), work and social disability, clinical global impression (CGI). RESULTS: At weeks 4, 9, 20 and 32 the two groups improved similarly with no significant difference between them, neither for washers nor for checkers. Imagined exposure was more difficult to do than live exposure and there were more drop-outs. CONCLUSIONS: Daily imaged exposure to internal cues did not enhance exposure to external cues. Perhaps longer imagined exposure would have been more enhancing.
Arellano, Michael A. de; Andrews III, Arthur R.; Reid-Quiñones, Kathy; Vasquez, Desi; Doherty, Lauren Silcott; Danielson, Carla K.; Rheingold, Alyssa	2018	Immigration trauma among Hispanic youth: Missed by trauma assessments and predictive of depression and PTSD symptoms	Journal of Latina/o Psychology	6	3		Few quantitative studies have examined the rate of exposure to traumatic events during immigration among Hispanics or its relation to mental health outcomes. Failing to capture traumatic events that occur during immigration may impede investigations of trauma and related mental health disparities with Hispanics. To better understand the need for immigration-related trauma assessment, we conducted interviews with 131 immigrant Hispanic youth. First, youth completed a comprehensive trauma assessment interview. Items were added to the interview to assess whether each traumatic event occurred during the process of immigration. An immigration-focused module was then

							<p>added to the end of the assessment. A substantial minority of youths reported experiencing a traumatic event during immigration (n = 39; 29.8%). The majority of these were not captured by the standard trauma assessment (n = 32; 82.1% of those with in-transit trauma). Of these, the majority stated that the process of immigration itself was traumatic but had not indicated experiencing any event assessed during the standard trauma assessment (n = 28; 87.5% of those with unidentified in-transit trauma). The traumatic events that were not captured during the standard trauma assessment significantly predicted both depression (p &lt; .001) and posttraumatic stress disorder (PTSD) symptoms (p = .012). Results suggest that standard trauma assessments may not capture traumatic events that occur during immigration for Hispanic youth. Failing to capture these events during trauma assessment may have large implications for research on trauma-related mental health disparities, because the events that were not captured overlapped significantly with depression and PTSD. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Armour, Cherie; Elklit, Ask; Shevlin, Mark</p>	<p>2013</p>	<p>The latent structure of acute stress disorder: A posttraumatic stress disorder approach</p>	<p>Psychological trauma : theory, research, practice and policy</p>	<p>5</p>	<p>1</p>	<p>18–25</p>	<p>Acute stress disorder (ASD) was first included in the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM–IV; American Psychiatric Association, 1994) to account for the psychological symptoms present during the one-month period between trauma exposure and a posttraumatic stress disorder (PTSD) diagnosis. The diagnostic criteria sets of both ASD and PTSD are similar; however, ASD includes additional dissociative items. Factor analytic research into ASD is rare, whereas there is a plethora of research on the factor structure of PTSD symptoms. This study tested whether the latent structure of ASD is similar to the latent structure of PTSD. Five models were tested by using data from Danish rape victims (N = 380); a unidimensional model, the DSM–IV 4-factor ASD model, a King, Leskin, King, and Weathers (1998) replication model, a Simms, Watson, and Doebbeling (2002) replication model, and a 3-factor model. Model fit was assessed by using a number of fit indices, including the root-mean-square error of approximation, comparative fit index, Tucker-Lewis index, and standardized root-mean-square residual. However, based on the fit indices, 3 models were deemed indistinguishable. Chi-square difference tests concluded that a 3-factor model and two 4-factor models did not differ in fit. Overall, the current 4-factor ASD latent structure proposed by the DSM–IV was not supported. A 3-factor structure was deemed preferential on the basis of parsimony. Furthermore, of all models, the unidimensional model provided the poorest fit to the data. These findings are pertinent given</p>

							that the DSM-5 ASD task force is considering implementing either a 4-factor conceptualization or a unidimensional approach to the ASD diagnosis. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Armour, Cherie; Shevlin, Mark; Elklit, Ask; Mroczek, Dan	2012	A latent growth mixture modeling approach to PTSD symptoms in rape victims	Traumatology	18	1	20–28	The research literature has suggested that longitudinal changes in posttraumatic stress disorder (PTSD) could be adequately described in terms of one universal trajectory, with individual differences in baseline levels (intercept) and rate of change (slope) being negligible. However, not everyone who has experienced a trauma is diagnosed with PTSD, and symptom severity levels differ between individuals exposed to similar traumas. The current study employed the latent growth mixture modeling technique to test for multiple trajectories using data from a sample of Danish rape victims (N = 255). In addition, the analysis aimed to determine whether a number of explanatory variables could differentiate between the trajectories (age, acute stress disorder [ASD], and perceived social support). Results concluded the existence of two PTSD trajectories. ASD was found to be the only significant predictor of one trajectory characterized by high initial levels of PTSD symptomatology. The present findings confirmed the existence of multiple trajectories with regard to PTSD symptomatology in a way that may be useful to clinicians working with this population. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Arndt, Reinhard	2006	Verschiedene Behandlungstechniken einer posttraumatischen Belastungsstörung, demonstriert an einem Fallbeispiel					Am Fallbeispiel eines jungen Mannes, der in seiner Jugend während des Besuchs eines Jugendzentrums von drei kleinkriminellen Jugendlichen körperlich misshandelt wurde, wird der Einsatz des Focusing von E. T. Gendlin im Rahmen einer Traumatherapie verdeutlicht. Ergänzend werden als weitere mögliche Vorgehensweisen die "Eye Movement Desensitization and Reprocessing"-Therapie und die kognitive Verhaltenstherapie bei posttraumatischen Belastungsstörungen erläutert. Gemeinsamkeiten (etwa Konfrontation mit dem Trauma) und Unterschiede (Menschenbild, theoretischer Hintergrund, Strukturiertheit in der Durchführung) zwischen den Behandlungstechniken werden diskutiert.
Arnold, L. E.	1995	Some nontraditional (unconventional and/or innovative) psychosocial treatments for children and adolescents: critique and proposed screening principles	Journal of abnormal child psychology	23	1	125–140	Five examples of nontraditional psychosocial treatments used for children/adolescents are reviewed: eye movement desensitization and reprocessing, electroencephalographic (EEG) biofeedback, deep pressure/touch therapies, stress-challenge treatments, and confrontational scare treatments. The generic recommendations from the September 1992 National Institutes of Health Conference on

							Unconventional Medical Treatments are summarized. Additional screening principles specific for psychosocial treatments are proposed and applied to the five treatments. The screens do not validate treatment efficacy or evaluate the quality of any previous research, but only facilitate decisions as to whether treatments deserve controlled investigation. Scientific evaluation of the nontraditional treatments reviewed could in general benefit from blinding (at least for assessment); control conditions matched for intensity, frequency, and duration (double blind where feasible); dose-response studies; testing of generalization and endurance supplements or boosters for quick, cheap treatments with time- or domain-limited effects; and comparing cost-effectiveness with established treatments. Two unscientific pitfalls must be avoided: embracing new treatments uncritically and rejecting them without fair examination. These pitfalls must be skirted without dissipating scarce research resources.
Arnone, Raffaele; Orrico, Ada; D'aquino, Giuseppe; Di Munzio, Walter	2012	EMDR and psychopharmacological therapy in the treatment of the post-traumatic stress disorder	Rivista di psichiatria	47	2 Su ppl	8-11	AIM: This study evaluates the efficacy of two different treatment for post-traumatic stress disorder (PTSD): the psychopharmacological therapy, with a SSRI drug, and EMDR. METHOD: Two independent groups have been administered two different treatments: the treatment with sertraline to the group for psychopharmacological therapy; the treatment with one-week sessions of EMDR to the other group. For the evaluation of the symptoms of PTSD has been used the Clinician-Administered PTSD Scale (CAPS). The inclusion of the subjects in the two groups has been absolutely random. RESULTS: The results confirm previous studies available in literature, pointing out the efficacy of EMDR and of sertraline in improving the post-traumatic symptomatology and the levels of subjective suffering. But the number of subjects which at the end of the study didn't satisfy any more the criteria for PTSD has been absolutely greater in the group treated with EMDR. CONCLUSIONS: The study confirms the hypothesis of EMDR as a more efficacious treatment for PTSD compared to psychopharmacological therapy. This result could be a stimulus for further research with greater groups to investigate also the long term efficacy.
Arnstein, Malise	1996	Marital Therapy, EMDR, Herman's Model of Recovery from Trauma The Journey of One Woman and Her Family	Australian and New Zealand Journal of Family Therapy	17	4	212-224	Judith Herman (1992, page 183) delineates a three stage model of recovery from trauma: 1) Safety, 2) Remembrance and Mourning, 3) Reconnection. She criticises current treatment methods for their failure to make a difference in the "constrictive symptoms of numbing and social withdrawal" and marital, social and work problems do not necessarily improve. Family therapy has been criticised often for

							insufficient focus on emotion and general sensations. This case analysis will illustrate how these shortcomings can be successfully addressed with the use of marital counselling and EMDR. The use of multiple treatment approaches contributed to one client's resolution of recent trauma due to a car accident, of past crises due to marital infidelity and early childhood abuse, with significant changes for her in her current family as well as in her family of origin. Theoretical implications for ?family therapy? are raised.
Arntz, Arnoud; Jacob, Gitta A.; Lee, Christopher W.; Brand-de Wilde, Odette Manon; Fassbinder, Eva; Harper, R. Patrick; Lavender, Anna; Lockwood, George; Malogiannis, Ioannis A.; Ruths, Florian A.; Schweiger, Ulrich; Shaw, Ida A.; Zarbock, Gerhard; Farrell, Joan M.	2022	Effectiveness of Predominantly Group Schema Therapy and Combined Individual and Group Schema Therapy for Borderline Personality Disorder: A Randomized Clinical Trial	JAMA psychiatry	79	4	287–299	<p>IMPORTANCE: Schema therapy (ST), delivered either in an individual or group format, has been compared with other active treatments for borderline personality disorder (BPD). To our knowledge, the 2 formats have not been compared with treatment as usual (TAU) or with each other. Such comparisons help determine best treatment practices. OBJECTIVE: To evaluate whether ST is more effectively delivered in a predominantly group or combined individual and group format and whether ST is more effective than optimal TAU for BPD. DESIGN, SETTING, AND PARTICIPANTS: In this multicenter, 3-arm randomized clinical trial conducted at 15 sites in 5 countries (Australia, Germany, Greece, the Netherlands, and the UK), outpatients aged 18 to 65 years who had BPD were recruited between June 29, 2010, and May 18, 2016, to receive either predominantly group ST (PGST), combined individual and group ST (IGST), or optimal TAU. Data were analyzed from June 4, 2019, to December 29, 2021. INTERVENTIONS: At each site, cohorts of 16 to 18 participants were randomized 1:1 to PGST vs TAU or IGST vs TAU. Both ST formats were delivered over 2 years, with 2 sessions per week in year 1 and the frequency gradually decreasing during year 2. Assessments were collected by blinded assessors. MAIN OUTCOMES AND MEASURES: The primary outcome was the change in BPD severity over time, assessed with the Borderline Personality Disorder Severity Index (BPDSI) total score. Treatment retention was analyzed as a secondary outcome using generalized linear mixed model survival analysis. RESULTS: Of 495 participants (mean [SD] age, 33.6 [9.4] years; 426 [86.2%] female), 246 (49.7%) received TAU, 125 (25.2%) received PGST, and 124 (25.0%) received IGST (1 of whom later withdrew consent). PGST and IGST combined were superior to TAU with regard to reduced BPD severity (Cohen d, 0.73; 95% CI, 0.29-1.18; P &lt; .001). For this outcome, IGST was superior to TAU (Cohen d, 1.14; 95% CI, 0.57-1.71; P &lt; .001) and PGST (Cohen d, 0.84; 95% CI, 0.09-1.59; P = .03), whereas PGST did not differ significantly from TAU (Cohen d, 0.30; 95% CI, -0.29 to 0.89; P = .32). Treatment retention was greater in the IGST arm than in the PGST (1</p>

							year: 0.82 vs 0.72; 2 years: 0.74 vs. 0.62) and TAU (1 year: 0.82 vs 0.73; 2 years: 0.74 vs 0.64) arms, and there was no significant difference between the TAU and PGST arms (1 year: 0.73 vs 0.72; 2 years: 0.64 vs 0.62). CONCLUSIONS AND RELEVANCE: In this randomized clinical trial, IGST was more effective and had greater treatment retention compared with TAU and PGST. These findings suggest that IGST is the preferred ST format, with high retention and continuation of improvement in BPD severity after the completion of treatment. TRIAL REGISTRATION: <a href="http://trialregister.nl">trialregister.nl</a> Identifier: NTR2392.
Ascienzo, Sarah; Sprang, Ginny; Royse, David	2022	Gender differences in the PTSD symptoms of polytraumatized youth during isolated phases of trauma-focused cognitive behavioral therapy	Psychological trauma : theory, research, practice and policy	14	3	488–496	Objective: Gender differences in the development and severity of PTSD have long been observed, but much less is known about gender differences within the context of trauma-focused treatment. This study investigated gender differences in the PTSD symptoms of polytraumatized youth during Trauma-focused Cognitive Behavioral Therapy (TF-CBT). Method: The sample included child welfare-involved youth ages 7–18 (N = 138) who experienced a mean of 4.78 types of trauma and received TF-CBT at a trauma treatment clinic. Mixed ANOVA analyses assessed gender differences in PTSD symptoms from baseline to termination of treatment. PTSD symptoms were then mapped according to the phase of treatment, and factorial ANOVAs examined gender differences during isolated phases of TF-CBT. Potential interactions with sexual violence history were considered. Results: Significant reductions in overall PTSD, intrusive, avoidance and arousal symptoms were found from baseline to termination of TF-CBT for the entire sample, although females reported higher symptom levels across all PTSD symptom domains. Significant gender differences were also revealed during some, but not all, phases of treatment, with variations among PTSD symptom domains noted. Conclusions: Findings suggest TF-CBT is effective in reducing PTSD in youth with poly-trauma exposure, irrespective of gender. Gender differences in symptom severity were revealed, however, and indicate the need to attend to gender within the context of treatment. Findings also suggest the use of measurement-based care, and specifically attending to symptom fluctuation in PTSD symptom domains during treatment, can help inform clinical decision making and individualize treatment. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Aulagnier, Marielle; Limosin, Frédéric; Verger, Pierre; Rouillon, Frédéric	2003	Post-traumatic stress disorder treatments	Annales de medecine interne	154	4	227–232	A traumatic event (assault, traffic accident, bomb attack or war, disasters.) is often followed by a reaction of fear and anxiety which can evolve to a posttraumatic stress disorder (PTSD). Its severity and associated handicap justify treatment as early as possible. We

							present the various PTSD treatments and discuss their respective efficiency and limitations. Most of available treatments (cognitive and behavioral therapies, antidepressants.) are efficient on PTSD and co-morbid disorders. However, the efficiency of some therapies (eye movement desensitization) on the treatment of PTSD are controversial. Studies are necessary to evaluate various treatment strategies, optimal duration of antidepressant treatment and pediatric therapies.
Auslander, Wendy; McGinnis, Hollee; Tlapek, Sarah; Smith, Penny; Foster, April; Edmond, Tonya; Dunn, Jerry	2017	Adaptation and implementation of a trauma-focused cognitive behavioral intervention for girls in child welfare	American Journal of Orthopsychiatry	87	3		This study describes the process of adapting and implementing Girls Aspiring toward Independence (GAIN), a trauma-focused, group-based therapy adapted from Cognitive Behavioral Intervention for Trauma in Schools (CBITS) for girls in child welfare. Descriptive data were examined on 3 outcomes: posttraumatic stress disorder (PTSD), depression, and social problem-solving skills among adolescent girls in the child welfare system. Qualitative and quantitative methods were utilized to inform the adaptation of the CBITS intervention, evaluate feasibility, treatment fidelity, and acceptability, and to test the effects of the intervention. Girls ages 12 to 18 (N = 27) were randomly assigned to the experimental and usual care conditions. Participants' symptoms of PTSD and depression and social problem-solving skills were evaluated at pre, post- (3 months), and follow-up (6 months) assessments. Adaptations for GAIN were primarily related to program structure. Data indicated that the program was receptive to girls in child welfare and that it was feasible to recruit, randomize, assess outcomes, and implement with adequate fidelity. Retention was more successful among younger girls. Descriptive initial data showed greater reductions in the percentage of girls with PTSD and depression, and modest increases in social problem-solving skills in the experimental versus usual care condition. Despite the growth of knowledge in dissemination and implementation research, the application of trauma-focused empirically supported treatment to child welfare populations lags behind. A large-scale RCT is needed to determine if GAIN is effective in reducing mental health problems and social problem-solving in the child welfare population. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Awwad, Johnny T.; Ghazeeri, Ghina S.; Hannoun, Antoine; Isaacson, Keith; Abou-Abdallah, Michel; Farra, Chantal G.	2012	An investigational ovarian stimulation protocol increased significantly the psychological burden in women with premature ovarian failure	Acta obstetrica et gynecologica Scandinavica	91	11	1273–1278	OBJECTIVE: To assess the psychological impact (Hospital Anxiety and Depression Scale) of an investigational ovarian stimulation protocol in women with premature ovarian failure (POF). DESIGN: Prospective longitudinal study. POPULATION: Ten women with POF. METHODS: Women with idiopathic POF were placed on three consecutive treatment cycles consisting of gonadotropin ovarian stimulation after

							estrogen priming, gonadotropin-releasing hormone agonist pituitary desensitization, and corticosteroid immune suppression. RESULTS: Median anxiety and depression scores increased significantly from baseline following three consecutive treatment cycles from 4.0 (range 2.0-8.0) to 11.0 (range 10.0-14.0) (p-value 0.041) and from 1.5 (range 0-6.0) to 9.0 (range 7.0-10.0) (p-value 0.039), respectively. There were nine "probable" anxiety (90%) and three "probable" depression (30%) cases on the final treatment cycle compared with none (0%) on baseline (p-value 0.004 and 0.250, respectively). CONCLUSIONS: The use of investigational ovarian stimulation protocols in women with idiopathic POF was associated with excessive psychological strain. Women with POF should be cautioned against the potentially harmful aspect of similar treatments of unproven benefit.
Ayer, Lynsay; Jaycox, Lisa H.; Setodji, Claude; Schultz, Dana; Malsberger, Rosalie; Kofner, Aaron	2019	Youth victimization profiles and change in mental health symptoms over one year	Psychological trauma : theory, research, practice and policy	11	3	256–265	Objective: To understand how youth PTSD symptoms and externalizing problems emerge and change over time for youth with different profiles of victimization, including polyvictimization. Method: We conducted a latent class analysis (LCA) to identify empirically derived victimization profiles in a sample of 2,776 youth who participated in an evaluation study. We then conducted growth curve analyses to determine whether these victimization profiles predicted change in the course of PTSD symptoms and externalizing problems over a 1-year time period for youth engaged in a variety of community-based services. Results: The LCA revealed three profiles: a low victimization profile defined by relatively low endorsement of victimization across types; a witnessing profile defined by particularly high endorsement of witnessing violence; and a polyvictimization profile defined by high endorsement of multiple types of victimization. We found that overall, despite differing initial levels of PTSD symptoms and externalizing problems, all three groups' symptoms improved over the year, but the polyvictimization class generally showed the steepest decreases, particularly in caregiver-reported PTSD symptoms. Conclusion: Polyvictimized youth participating in community-based services are at increased risk for developing PTSD and externalizing problems, but symptoms appear to decrease to levels similar to other victimized youth after one year. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ayer, Lynsay; Ramchand, Rajeev; Karimi, Gina; Wong, Eunice C.	2022	Co-occurring alcohol and mental health problems in the military: Prevalence, disparities, and service utilization	Psychology of Addictive Behaviors	36	4	419–427	Objective: To examine the prevalence of co-occurring alcohol and mental health (MH) problems (COPs), perceived MH service need, and MH service utilization among active duty service members, and to identify differences in gender, race/ethnicity, age, and sexual orientation and gender identity. Method: 16,699 active duty service



							<p>members participated in the Department of Defense's 2015 Health Related Behaviors Survey. Measures included demographics, combat deployment, smoking status, problematic alcohol use (Alcohol Use Disorders Identification Test-C, AUDIT-C), posttraumatic stress disorder (PTSD Checklist, Civilian Version, PCL-C), depression (Patient Health Questionnaire-9, PHQ-9), anxiety (Generalized Anxiety Disorder-7, GAD-7), and perceived need for and use of MH services. We examined groups of service members with probable: COP, alcohol problem only, MH problem only, and neither. Results: Eight percent of service members reported COPs, 26.89% reported alcohol use problem only, and 9.41% reported a MH condition only. COPs were more common among those who were lesbian, gay, bisexual, and transgender (LGBT), those who had three or more combat deployments, and smokers, and less common among those aged 35 years and older, Asian or Black, and in the Air Force and Coast Guard (relative to Navy). Those reporting a probable MH problem only were significantly less likely to report use of past year MH counseling than those with probable COPs; otherwise, patterns of service utilization and perceived need were similar. Conclusions: COPs are common enough that screening for and attention to their co-occurrence are needed in the military, and some subgroups of service members are at particularly high risk for COPs. Future research and policy should delve deeper into how the needs of service members with COPs can be addressed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Baas, Melanie A. M.; Stramrood, Claire A. I.; Dijkman, Lea M.; Vanhommerig, Joost W.; Jongh, Ad de; van Pampus, Mariëlle G.</p>	2023	<p>How safe is the treatment of pregnant women with fear of childbirth using eye movement desensitization and reprocessing therapy? Obstetric outcomes of a multi-center randomized controlled trial</p>	<p>Acta obstetrica et gynecologica Scandinavica</p>	102	11	1575–1585	<p>INTRODUCTION: Pregnant women with fear of childbirth display an elevated risk of a negative delivery experience, birth-related post-traumatic stress disorder, and adverse perinatal outcomes such as preterm birth, low birthweight, and postpartum depression. One of the therapies used to treat fear of childbirth is eye movement desensitization and reprocessing (EMDR) therapy. The purpose of the present study was to determine the obstetric safety and effectiveness of EMDR therapy applied to pregnant women with fear of childbirth. MATERIAL AND METHODS: A randomized controlled trial (the OptiMUM-study) was conducted in two teaching hospitals and five community midwifery practices in the Netherlands (<a href="http://www.trialregister.nl">www.trialregister.nl</a>, NTR5122). Pregnant women (n = 141) with a gestational age between 8 and 20 weeks and suffering from fear of childbirth (i.e. sum score on the Wijma Delivery Expectations Questionnaire ≥85) were randomly allocated to either EMDR therapy (n = 70) or care-as-usual (CAU) (n = 71). Outcomes were maternal and</p>

							neonatal outcomes and patient satisfaction with pregnancy and childbirth. RESULTS: A high percentage of cesarean sections (37.2%) were performed, which did not differ between groups. However, women in the EMDR therapy group proved seven times less likely to request an induction of labor without medical indication than women in the CAU group. There were no other significant differences between the groups in maternal or neonatal outcomes, satisfaction, or childbirth experience. CONCLUSIONS: EMDR therapy during pregnancy does not adversely affect pregnancy or the fetus. Therefore, therapists should not be reluctant to treat pregnant women with fear of childbirth using EMDR therapy.
Babchishin, Kelly M.; Nunes, Kevin L.; Kessous, Nicolas	2014	A multimodal examination of sexual interest in children: a comparison of sex offenders and nonsex offenders	Sexual abuse : a journal of research and treatment	26	4	343–374	Research and theoretical models have consistently identified sexual interest in children as a key factor involved in child sexual offending. However, there is only moderate agreement in the diagnosis of pedophilia and different assessment methods identify different offenders as pedophiles. The current study examined the discriminative and convergent validity of three different measures of sexual interest in children. Participants included sex offenders and nonsex offenders recruited from federal prisons (i.e., offenders serving sentences of more than 2 years) in Ontario, Canada. Child molesters' responses (n = 35) were not significantly different from nonsex offenders (n = 21) on an implicit measure of sexual interest in children (Sexual Attraction to Children Implicit Association Test [SAC-IAT] d = 0.44, 95% CI [-0.11, 0.99]), but differed on the self-report (Sexual Interest Profiling System; d = 0.83, 95% CI [0.27, 1.39]) and viewing time (d = 1.15, 95% CI [0.54, 1.75]) measures. Findings did not provide clear support for the superiority of a multimodal approach, possibly due to the relatively small sample. More often than not, convergence between the three measures was observed (n = 74). Findings from the present study are an important step toward understanding the relationship between different measures of sexual interest in children and establishing their validity.
Backman, Helene; Widenbrant, Marta; Bohm-Starke, Nina; Dahlof, Lars-Gosta	2008	Combined physical and psychosexual therapy for provoked vestibulodynia-an evaluation of a multidisciplinary treatment model	Journal of sex research	45	4	378–385	Our objective is to standardize and evaluate a combined physical and psychosexual therapy for women with provoked vestibulodynia. Twenty-four patients underwent the treatment program. Sessions with a psychosexual counselor included issues on sexual functioning, psychological adjustments, and stress elimination. Exercises for mucosal desensitization and reestablishment of pelvic floor function were supervised by a midwife. A questionnaire was used for evaluation at a minimum of 6 months after the treatment. The mean number of appointments to the counselor was 12 (4-24) and 15 (9-26) to the

							midwife during a mean period of 53 weeks (19-92). Nineteen women (79%) considered themselves to be cured or having greatly improved. Intercourse frequency was increased ( $p = 0.001$ ) and coital pain was reduced ( $p = 0.02$ ) after completing the treatment. Improvements in sexual functioning and coping strategies for psychological impairment and stress were reported. Women with provoked vestibulodynia benefit from a multidisciplinary treatment model including desensitization of the vestibular mucosa, rehabilitation of the pelvic floor, and psychosexual adjustments.
Backmund, Markus; Lüdecke, Christel	2018	EMDR in der Traumatherapie	Suchtmedizin	20	4	251– 254	Vor dem Hintergrund von Hinweisen, dass "Eye Movement Desensitization an Reprocessing" (EMDR) auch bei verschiedenen Komorbiditäten effektiv helfen kann, wurde die Wirksamkeit der EMDR-Methode bei unterschiedlichen Krankheiten und Störungen überprüft. Dazu wurden eine PubMed-Suche mit Eingabe von "EMDR" und weitere Suchen mit "EMDR - depression", "EMDR - addiction", "EMDR - psychoses", "EMDR - anxiety", "EMDR - PTSD", und "EMDR - eating disorder" durchgeführt. Die gefundenen Artikel wurden inhaltlich ausgewertet, wobei die Zeiträume von 1993 bis 2017 und 1993 bis 2018 verglichen wurden. Im Zeitraum 1993 bis Juni 2018 wurden 544 (bis 2017 478) Artikel in PubMed gelistet. 358 (331) beschäftigen sich mit posttraumatischer Belastungsstörung, 150 (135) mit Angststörungen, 106 (86) mit Depressionen, 21 (17) mit Psychosen, 12 (11) mit Suchterkrankung und 3 (3) mit Essstörungen. In allen Bereichen zeigten Studien Verbesserungen der Symptomatik und damit die Wirksamkeit von EMDR. Es wird die Schlussfolgerung gezogen, dass sich EMDR als Methode etabliert hat. Es verbessert nicht nur die PTBS, sondern auch die Symptomatik anderer Syndrome und Krankheiten.
Badke, Andreas; Domes, Gregor; Schönenberg, Michael	2009	Akute Belastungsreaktionen und neuroendokrine Stressachsenregulation nach Unfalltraumen	Zeitschrift für Klinische Psychologie und Psychotherapie	38	2	126– 134	Theoretischer Hintergrund: Einige Studienbefunde deuten darauf hin, dass eine Posttraumatische Belastungsstörung mit spezifischen Veränderungen in der endokrinen Stressachsenaktivität verbunden ist. Es wird angenommen, dass eine stark erhöhte Cortisolausschüttung in der traumatischen Akutphase zu einer Dysregulation des Systems und schließlich zu dauerhaft erniedrigter basaler Cortisolsekretion (Hypocortisolismus) führt. Fragestellung: Untersucht wurde, ob sich Hinweise auf spezifische Verläufe in der diurnalen endokrinen Sekretion bei akut traumatisierten Personen in Abhängigkeit von der Symptomschwere finden lassen. Methode: Eine Stichprobe von 50 akut verunfallten Patienten wurde nach der Schwere der Belastungssymptome in zwei Gruppen unterteilt. Die während der stationären Versorgung sowie sechs Wochen später dokumentierten

							Tagescortisolprofile wurden auf differenzielle Verläufe zwischen den Gruppen hin analysiert. Ergebnisse: Nach sechs Wochen zeigten die belasteten Patienten zwar leicht erhöhte Tagescortisolwerte, es wurden jedoch keine Anhaltspunkte für regelhaft spezifische Veränderungen in der Stressachsenaktivität zwischen den Gruppen gefunden. Diskussion: Auffälligkeiten in der Cortisolsekretion, als ereignisnahe Indikatoren/Prädiktoren einer posttraumatischen Belastungsreaktion, ließen sich in dieser Stichprobe also nicht belegen.
Bae, Hwallip; Kim, Daeho; Cho, Yubin; Kim, Dongjoo; Kim, Seok Hyeon	2018	Add-on Eye Movement Desensitization and Reprocessing (EMDR) Therapy for Adults with Post-traumatic Stress Disorder Who Failed to Respond to Initial Antidepressant Pharmacotherapy	Journal of Korean medical science	33	48	e306	This study examined the add-on efficacy of eye movement desensitization and reprocessing (EMDR) therapy among adult civilians with post-traumatic stress disorder (PTSD) who continued to be symptomatic after more than 12 weeks of initial antidepressant treatment. Scores for the Clinician Administered PTSD Scale (CAPS) were rated pre- and post-EMDR and at a 6-month follow-up. After an average of six sessions of EMDR treatment, seven of 14 patients (50%) showed more than a 30% decrease in CAPS score and eight (57%) no longer met the criteria for PTSD. Our results indicate that EMDR could be successfully added after failure of initial pharmacotherapy for PTSD.
Bae, Hwallip; Kim, Daeho; Park, Yong Chon	2016	Dissociation predicts treatment response in eye-movement desensitization and reprocessing for posttraumatic stress disorder	Journal of trauma & dissociation : the official journal of the International Society for the Study of Dissociation (ISSD)	17	1	112–130	Using clinical data from a specialized trauma clinic, this study investigated pretreatment clinical factors predicting response to eye-movement desensitization and reprocessing (EMDR) among adult patients diagnosed with posttraumatic stress disorder (PTSD). Participants were evaluated using the Clinician-Administered PTSD Scale (CAPS), the Symptom Checklist-90-Revised, the Beck Depression Inventory, and the Dissociative Experiences Scale before treatment and were reassessed using the CAPS after treatment and at 6-month follow-up. A total of 69 patients underwent an average of 4 sessions of EMDR, and 60 (87%) completed the posttreatment evaluation, including 8 participants who terminated treatment prematurely. Intent-to-treat analysis revealed that 39 (65%) of the 60 patients were classified as responders and 21 (35%) as nonresponders when response was defined as more than a 30% decrease in total CAPS score. The nonresponders had higher levels of dissociation (depersonalization and derealization) and numbing symptoms, but other PTSD symptoms, such as avoidance, hyperarousal, and intrusion, were not significantly different. The number of psychiatric comorbidities was also associated with treatment nonresponse. The final logistic regression model yielded 2 significant variables: dissociation ( $p < .001$ ) and more than 2

							comorbidities compared to none ( $p < .05$ ). These results indicate that complex symptom patterns in PTSD may predict treatment response and support the inclusion of the dissociative subtype of PTSD in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.
Baetz, Carly Lyn; Branson, Christopher Edward; Weinberger, Emily; Rose, Raquel E.; Petkova, Eva; Horwitz, Sarah McCue; Hoagwood, Kimberly Eaton	2022	The effectiveness of PTSD treatment for adolescents in the juvenile justice system: A systematic review	Psychological trauma : theory, research, practice and policy	14	4	642–652	Objective: The objective of this study was to systematically review existing empirical evidence on the effectiveness of trauma-specific treatment for justice-involved adolescents and evaluate the impact of the interventions on the reduction of posttraumatic stress disorder (PTSD) symptoms, co-occurring mental health symptoms, and juvenile justice-related outcomes. Method: A systematic literature search was conducted using a four-step process. Studies were included if they used a manualized, trauma-specific treatment with at least one control or comparison group and a sample comprised exclusively of justice-involved adolescents. Results: In total, 1,699 unique records were identified, and 56 full-text articles were reviewed, of which 7 met the criteria for inclusion. Trauma-specific interventions led to a decrease in PTSD symptoms compared with a control group in four of seven studies, and two studies also demonstrated a reduction in trauma-related depressive symptoms. Finally, juvenile justice-related outcomes were measured in only four studies, with one study finding moderately reduced rates of delinquent behavior and recidivism following trauma-specific treatment. Conclusions: The results from this systematic review suggest that trauma-specific treatment interventions have promising effects for justice-involved adolescents. However, the results reveal a dearth of quality intervention research for treating youths with histories of trauma in the justice system. Significant gaps in the literature are highlighted, and suggestions for future directions are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Baghdadi, Z. D.	2001	Principles and application of learning theory in child patient management	Quintessence international (Berlin, Germany : 1985)	32	2	135–141	General dentists, as well as pediatric dentists, treat many children. Behavior management for children is an integral component of pediatric dental practice. Behavior management techniques have been developed based on empirical evidence indicating the importance of social learning theory to change both the causes and consequences of negative behaviors. This paper addresses the theoretical basis of current approaches in guiding children's behavior during dental settings. The relevance of the theoretical areas to the day-to-day treatment of the patient is emphasized.
Bair, Christine Caldwell	2008	The heart field effect: Synchronization of healer-subject heart rates in energy therapy	Advances in mind-body medicine	23	4	10–19	Recent health research has focused on subtle energy and vibrational frequency as key components of health and healing. In particular, intentional direction of bioenergy is receiving increasing scientific

							attention. This study investigates the effect of the healer's electromagnetic (EM) heart field upon subjects during energy healing as measured by synchronization of heart rates and scores on a Subjective Units of Distress (SUD) scale and a Profile of Mood States (POMS) inventory. A nonequivalent pretest-posttest design was used based on heart rate comparisons between healer and subject and correlated with pre-and posttest SUD and POMS scores. Subjects included those who sat within the 3- to 4-foot "strong" range of the independent variable, the healer's heart field, while performing self-application of WHEE (the wholistic hybrid derived from EMDR [eye movement desensitization and reprocessing], and EFT [emotional freedom technique]), a meridian-based tapping technique (n=50); and those who performed the same process beyond the 15- to 18-foot range of the healer's EM heart field (n=41). The dependent variables were heart rate, SUD, and POMS inventory. All subjects completed these measures within 1 hour. Study results showed statistically significant heart-rate synchronization with the intervention population. In addition, SUD and POMS scores demonstrated considerably more improvement than in the control population, indicating additional benefit beyond the meridian-based therapies, such as WHEE, alone. Additional findings and future research recommendations are presented in this article.
Baker, Aaron; Mystkowski, Jayson; Culver, Najwa; Yi, Rena; Mortazavi, Arezou; Craske, Michelle G.	2010	Does habituation matter? Emotional processing theory and exposure therapy for acrophobia	Behaviour research and therapy	48	11	1139–1143	Clinically, there is wide subscription to emotional processing theory (EPT; Foa & Kozak, 1986) as a model of therapeutic effectiveness of exposure therapy: EPT purports that exposure is maximal when (1) fear is activated (IFA), (2) fear subsides within sessions (WSH), and (3) fear subsides between sessions (BSH). This study examined these assumptions, using in vivo exposure therapy for 44 students scoring high on acrophobia measures. Results indicated that no EPT variables were consistently predictive of treatment outcome. No support was found for IFA or WSH; measures of BSH were predictive of short-term change, but these effects were attenuated at follow-up. Furthermore, EPT variables were not predictive of each other as previously hypothesized, indicating the variables are not functionally related.
Baker, Sarah R.; Gibson, Barry J.; Sufi, Farzana; Barlow, Ashley; Robinson, Peter G.	2014	The Dentine Hypersensitivity Experience Questionnaire: a longitudinal validation study	Journal of clinical periodontology	41	1	52–59	AIM: To validate the Dentine Hypersensitivity Experience Questionnaire in terms of responsiveness to change and to determine the minimally important difference. MATERIALS AND METHODS: The study was a secondary analysis of data from three randomized controlled trials with 311 participants. Three aspects of responsiveness were examined: change within individuals, differences among people who improved, stayed the same or worsened using an

							external referent and change due to treatment. Responsiveness to treatments of differing efficacy was assessed in trials with negative and active controls. RESULTS: The measure showed excellent internal reliability, test-retest reliability and criterion validity. The measure was highly responsive to change within individuals (Cohen's effect sizes: 0.28, 0.56, 0.86) showing decreases in the total score (i.e. improvement in OHRQoL) across all trials. The effect sizes in participants whose self-reported QoL "improved" were large (0.73-1.31). Dentine Hypersensitivity Experience Questionnaire detected a treatment effect in one of two negative control trials (effect size: 0.47). Dentine Hypersensitivity Experience Questionnaire scores were similar in the test and control groups in the active control trial. The minimally important difference range was between 22 and 39 points. CONCLUSIONS: The measure is longitudinally reliable, valid and responsive and can discriminate between treatments of different efficacy.
Balkin, Richard S.; Lenz, A. Stephen; Russo, G. Michael; Powell, Brent W.; Gregory, Halie M.	2022	Effectiveness of EMDR for decreasing symptoms of over-arousal: A meta-analysis	J. Trauma. Stress. (Journal of traumatic stress)	100	2	115–122	Abstract A meta-analysis was conducted to evaluate the comparative effectiveness of eye movement desensitization and reprocessing (EMDR) in the treatment of symptoms of over-arousal and comparing effectiveness in the treatment of anxiety and posttraumatic stress disorder (PTSD). Thirty-two effect sizes from randomized controlled trials were included in the analysis. Findings were mixed, indicating that EMDR was more effective than alternative viable treatments in the treatment of over-arousal, but that true effect may range from 210% of a standard deviation favoring EMDR to 66% of a standard deviation favoring alternative viable treatments. No statistically significant differences for effectiveness were noted in the use of EMDR when treating anxiety versus trauma. Our findings indicate that on average, EMDR may be beneficial, but there is an equivalent chance that future applications with similar samples could result in findings regarded as considerably or categorically ineffective.
Balslev, Daniela; Odoj, Bartholomäus; Karnath, Hans-Otto	2013	Role of somatosensory cortex in visuospatial attention	Journal of Neuroscience	33	46	18311–18318	Investigated the functional association of the somatosensory cortex (S1) and visuospatial attention focusing on a rare patient (female, aged 69 years) with a focal lesion of the right postcentral gyrus that interferes with the processing of eye proprioception without affecting the ability to locate visual objects relative to her body or to execute eye movements. As a behavioral measure of spatial attention, fixation time during visual search and reaction time for visual discrimination in lateral displays were recorded. Results show that in contrast to a group of age-matched healthy controls (n=25, aged 59-74 years), the patient showed a gradient in looking time and in visual sensitivity

							toward the midline. Because an attention bias in the opposite direction, toward the ipsilesional space, occurs in patients with spatial neglect, a second study explored whether the incidental coinjury of S1 together with the neglect-typical perisylvian lesion may lead to a milder neglect. The results of a voxel-wise lesion behavior mapping analysis of a group of right-hemisphere stroke patients (n=15, aged 45-80 years) are interpreted to support this hypothesis. It is concluded that the effect of an isolated S1 lesion on visual exploration and visual sensitivity as well as the modulatory role of S1 in spatial neglect may suggest a role of this area in visuospatial attention. Moreover, it is hypothesized that the proprioceptive gaze signal in S1, although playing only a minor role in locating visual objects relative to the body, affects the allocation of attention in the visual space.
Banbury, Nicolette M.	2016	Case study: Play therapy and eye movement desensitization and reprocessing for pediatric single incident posttraumatic stress disorder and developmental regression	International Journal of Play Therapy	25	3	166–174	This qualitative study describes a successful 5-month pediatric treatment for posttraumatic stress disorder (PTSD) arising from a single incident trauma. Treatment was conceptualized through the adaptive information processing model and the use of eye movement desensitization and reprocessing integrated with child-centered play therapy, supported with family therapy and cognitive-behavioral strategies. When 5½ years old, the client experienced a tornado while separated from his mother and twin sister at a theme park. He developed significant symptoms of PTSD and developmental regression not present prior to the incident. Subsequent treatment from several providers and medications targeting symptoms were unsuccessful. This treatment, 1 year posttrauma, resulted in the resolution of his PTSD symptoms, reestablishment of pretraumatized development trajectory, and recovery to age-appropriate expectations and growth sustained 3 years posttrauma. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Bandelow, Borwin; Rudolf, Sebastian; Reitt, Markus; Wedekind, Dirk	2013	Angststörungen					Ein Überblick über die in der Behandlung von Angststörungen hauptsächlich eingesetzten Psychotherapieverfahren und die Techniken zur Therapie der Panikstörung, generalisierten Angststörung und sozialen Phobie wird gegeben. Nach einer einleitenden Störungsdefinition werden zunächst ätiologische Modelle beschrieben und Untersuchungsinstrumente vorgestellt. Anschließend werden Ergebnisse von Studien zur Wirksamkeit von Verhaltenstherapie, Entspannungsverfahren, klientenzentrierter Gesprächspsychotherapie, nicht-therapeutengestützter kognitiver Verhaltenstherapie, psychodynamischer Psychotherapie, interpersoneller Therapie und EMDR (Eye Movement Desensitization and Reprocessing) bei unterschiedlichen Formen der Angststörungen



							skizziert. Mit Hilfe der Studien kann nur für verhaltenstherapeutische Behandlungsmethoden eine ausreichende empirische Evidenz belegt werden. Im folgenden Überblick über therapeutische Techniken bei Angststörungen wird daher nur auf die Verhaltenstherapie eingegangen. Für die Panikstörung, die generalisierte Angststörung und die soziale Phobie werden Störungsmodelle sowie Therapiekonzepte und Therapietechniken beschrieben. Neben einer kurzen Darstellung der Vor- und Nachteile der medizinischen Verhaltenstherapie werden zudem Aspekte der therapeutischen Beziehungsgestaltung und die Integration der Psychotherapie in den Gesamtbehandlungsplan reflektiert.
Bang, Hyeyoung; Collet, Bruce	2021	"I defeat those fears and start a new life": Iraqi refugee students' PTSD, wisdom, and resilience	Peace and Conflict: Journal of Peace Psychology	27	2	297–308	This study examines Iraqi Chaldean refugee students' posttraumatic stress disorder (PTSD), wisdom, and resilience. Using quantitative measures, it looks at PTSD and resilience prediction with the cognitive, reflective, and affective wisdom dimensions and, using qualitative measures, how the students perceive their traumatic experiences and how they have overcome such difficulties using wisdom and resilience. The study examines 98 Chaldean Iraqi refugee high school students in the Detroit metropolitan area. It utilizes bivariate correlations and multiple regression analysis based upon survey data as well as individual and focus group interviews. The study finds that (a) students showed low levels of PTSD because they have been relieved from a war zone and have started to dream of their future; (b) the more reflective wisdom students showed, the less likely they suffer from PTSD; and (c) the more students learned from their past traumatic experiences and from being reflective, the more likely they have become resilient. In summation, the study finds that reflective wisdom is positively related to resilience but negatively related to PTSD. Most wisdom studies have focused on adult samples, and few have focused on school populations, not to mention refugees with traumatic experiences. The study is original in that it uses mixed methods to examine a unique and underresearched population and the relationship among PTSD, resilience, and wisdom. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Banks, Donice M.; Weems, Carl F.	2014	Family and peer social support and their links to psychological distress among hurricane-exposed minority youth	American Journal of Orthopsychiatry	84	4		Experiencing a disaster such as a hurricane places youth at a heightened risk for psychological distress such as symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression. Social support may contribute to resilience following disasters, but the interrelations of different types of support, level of exposure, and different symptoms among youth is not well understood. This study examined associations among family and peer social support, level of

							hurricane exposure, and their links to psychological distress using both a large single-time assessment sample (N = 1,098) as well as a longitudinal sample followed over a 6-month period (n = 192). Higher levels of hurricane exposure were related to lower levels of social support from family and peers. Higher levels of family and peer social support demonstrated both concurrent and longitudinal associations with lower levels of psychological distress, with associations varying by social support source and psychological distress outcome. Findings also suggested that the protective effects of high peer social support may be diminished by high hurricane exposure. The results of this study further our understanding of the role of social support in hurricane-exposed youths' emotional functioning and point to the potential importance of efforts to bolster social support following disasters. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Banneyer, Kelly N.; Koenig, Sarah A.; Wang, Leah A.; Stark, Kevin D.	2017	A review of the effects of parental PTSD: A focus on military children	Couple and Family Psychology: Research and Practice	6	4	274–286	Posttraumatic stress disorder (PTSD) is a condition that affects many individuals, especially those who served in the military. Children are especially at risk for experiencing a variety of negative biological, behavioral, social, and psychological effects due to having a parent affected by PTSD. This review has 4 aims: to present a description of the effect of parental PTSD on functioning in children, outline 2 different theories of transmission of PTSD from parents to children, provide an account of researched interventions, and describe the need for future research. An emphasis is given to the negative psychosocial effects on children who have a parent suffering from PTSD after military deployment. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Banz, Liselotte; Stefanovic, Mina; Boeselager, Maria von; Schäfer, Ingo; Lotzin, Annett; Kleim, Birgit; Ehring, Thomas	2022	Effects of current treatments for trauma survivors with posttraumatic stress disorder on reducing a negative self-concept: A systematic review and meta-analysis	European Journal of Psychotraumatology, 2022				Background: A negative self-concept is characterized by dysfunctional cognitions about the self and has been suggested to be a key factor involved in the development and maintenance of posttraumatic stress disorder (PTSD). In addition, the current definitions of PTSD according to DSM-5 and the new ICD-11 diagnosis of Complex PTSD (CPTSD) include aspects of negative self-concept in their diagnostic criteria. Objective: The aim of this meta-analysis was to synthesise the currently available evidence on the effects of psychological interventions for PTSD on negative self-concept. Methods: PubMed, PsychINFO, PSYINDEX, PTSDpubs and Cochrane Library were searched for randomised controlled trials (RCTs) of psychological treatments for PTSD symptoms in adults, published up to February 2021. A systematic review and meta-analysis were conducted, with risk of bias assessed by the Cochrane Risk of Bias Assessment Tool.

							Results: A total of 25 RCTs (N = 2585) were included in the meta-analysis. Results showed that psychological interventions significantly improve a negative self-concept with a moderate to large controlled effect size (k = 30, g = 0.67, 95% CI [0.31, 1.02], p < .001) at post-treatment. Heterogeneity between studies was large but could not be accounted for by moderators included in the current analysis, i.e. different types of interventions (e.g. with vs. without a cognitive restructuring component, trauma-focused vs. not). Conclusions: Current treatments for PTSD are effective in reducing a negative self-concept. However, more research is needed to identify moderators of this effect and identify interventions that are most effective for reducing negative self-concept.
Bardin, Anita; Comet, Joel; Porten, Deborah	2010	Integrating EMDR and Family Therapy: Treating the Traumatized Child				325–343	Summary This chapter contains sections titled: Therapy Process Case Examples Discussion
Barnea-Goraly, Naama; Weinzimer, Stuart A.; Ruedy, Katrina J.; Mauras, Nelly; Beck, Roy W.; Marzelli, Matt J.; Mazaika, Paul K.; Aye, Tandy; White, Neil H.; Tsalikian, Eva; Fox, Larry; Kollman, Craig; Cheng, Peiyao; Reiss, Allan L.	2014	High success rates of sedation-free brain MRI scanning in young children using simple subject preparation protocols with and without a commercial mock scanner--the Diabetes Research in Children Network (DirecNet) experience	Pediatric radiology	44	2	181–186	BACKGROUND: The ability to lie still in an MRI scanner is essential for obtaining usable image data. To reduce motion, young children are often sedated, adding significant cost and risk. OBJECTIVE: We assessed the feasibility of using a simple and affordable behavioral desensitization program to yield high-quality brain MRI scans in sedation-free children. MATERIALS AND METHODS: 222 children (4-9.9 years), 147 with type 1 diabetes and 75 age-matched non-diabetic controls, participated in a multi-site study focused on effects of type 1 diabetes on the developing brain. T1-weighted and diffusion-weighted imaging (DWI) MRI scans were performed. All children underwent behavioral training and practice MRI sessions using either a commercial MRI simulator or an inexpensive mock scanner consisting of a toy tunnel, vibrating mat, and video player to simulate the sounds and feel of the MRI scanner. RESULTS: 205 children (92.3%), mean age 7 ± 1.7 years had high-quality T1-W scans and 174 (78.4%) had high-quality diffusion-weighted scans after the first scan session. With a second scan session, success rates were 100% and 92.5% for T1- and diffusion-weighted scans, respectively. Success rates did not differ between children with type 1 diabetes and children without diabetes, or between centers using a commercial MRI scan simulator and those using the inexpensive mock scanner. CONCLUSION: Behavioral training can lead to a high success rate for obtaining high-quality T1- and diffusion-weighted brain images from a young population without sedation.

Barnett, Erin R.; Jankowski, Mary K.; Trepman, Alissa Z.	2019	State-wide implementation and clinical outcomes associated with evidence-based psychotherapies for traumatized youth	Psychological trauma : theory, research, practice and policy	11	7	775–783	Background: Highly efficacious evidence-based psychotherapies (EBPs) exist for children and youth exposed to trauma, yet very few who need the treatments in the community receive them. Research within real-world settings is needed to better understand what is required to translate treatments into the community. Purpose: We aimed to examine the implementation and clinical outcomes of a multiyear project installing 2 EBPs for trauma-exposed youth in community agencies across the state of New Hampshire. Method: We invited clinicians to 2 days of training plus weekly group consultation calls for 9 or 12 months in Trauma-Focused Cognitive Behavioral Therapy or Child Parent Psychotherapy. Implementation metrics included clinician adherence to training, consultation, and treatment delivery expectations. Clinical outcomes included treatment dropout, as well as posttraumatic stress (PTS) symptoms. Results: Of the 292 clinicians meeting eligibility and agreeing to participate, 243 (83%) attended trainings, 168 (58%) began consultation calls, and 70 (24%) adhered to implementation expectations by attending 80% of consultation calls and beginning the treatment with 2 youths. According to (completing) clinicians' reports, of the 363 youths tracked over the 9 to 12 month consultation periods, 47% dropped out of treatment and 44% were ongoing. Pre-post PTS scores (n = 82) demonstrated clinically meaningful reductions for 59% of youth. Conclusions: Clinical outcomes were robust for those who completed treatment, rivaling those of highly controlled trials. However, implementation outcomes indicate an uphill battle in reaching youth who need the treatment. Implementation outcomes were mixed compared with those of more resource-intensive implementation models. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Barocka, A.	2003	Carrying on after the catastrophe. How psychotherapy can help traumatized patients	MMW Fortschritte der Medizin	145	49	30	
Barr, Peter	2012	A dyadic analysis of negative emotion personality predisposition effects with psychological distress in neonatal intensive care unit parents	Psychological Trauma: Theory, Research, Practice, and Policy	4	4		The relation of parents' personality predisposition to guilt, shame, and fear of death with symptoms of posttraumatic stress, anxiety, and depression was examined in 67 couples who were the parents of sick newborn infants previously hospitalized in a Neonatal Intensive Care Unit. The Actor-Partner Interdependence Model method of dyadic analysis was used to determine the relation of parents' predisposition to guilt, shame, and fear of death to their own posttraumatic stress, anxiety, and depression (actor effect), and to the posttraumatic stress, anxiety, and depression of their partners (partner effect). The couple members were not statistically distinguishable by gender. Guilt had a

							significant actor effect with posttraumatic stress, anxiety, and depression, and a significant partner effect with anxiety and depression. Guilt explained 15–18% of the variance in these measures of psychological distress. Fear of death had a significant actor effect with all measures of psychological distress, but none of the partner effects was statistically significant. Shame did not predict posttraumatic stress or anxiety, but there was a significant actor effect with depression. Fear of death and shame explained only small proportions (3–6%) of the variance in the psychological distress variables with which they had statistically significant relationships. The guilt effects with psychological distress were intrapersonal (actor) and interpersonal (partner), whereas the fear of death and shame effects were intrapersonal. These emotions, particularly fear of death and shame, tend to be elusive as well as aversive, but they are important forerunners of psychopathology and deserve specific attention in psychological counseling. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Barre, Klaus; Biesold, Karl-Heinz	2002	Therapie psychischer Traumatisierungen bei Soldaten der Bundeswehr	Praxis Klinische Verhaltensmedizin und Rehabilitation	15	Hef t 57	47–52	Traumatherapie ist eine spezifische Form der Psychotherapie. Sie orientiert sich schulübergreifend am Drei-Phasen-Modell von P. Janet. Im Bundeswehrkrankenhaus Hamburg werden seit 1994 Soldaten mit einsatzbedingten und einsatzunabhängigen psychotraumatischen Syndromen behandelt. Dabei wird im Rahmen eines integrativen Therapieansatzes insbesondere Eye-Movement-Desentization-and-Reprocessing (EMDR) als therapeutische Methode eingesetzt. Der therapeutische Ansatz wird erläutert. Auf die spezifischen Bedingungen im soldatischen Umfeld und anderen Gefahrenberufen wird eingegangen.
Barre, Klaus; Biesold, Karl-Heinz	2003	Du bist normal, die Situation ist es nicht. Soldaten der Bundeswehr in Krisen- und Kriegsgebieten - ein Gespräch mit Dipl.-Psych. Klaus Barre und Dr. med. Karl-Heinz Biesold, Bundeswehrkrankenhaus Hamburg	Report Psychologie	28	1	7–9	
Barre, Klaus; Biesold, Karl-Heinz	2003	Therapie psychischer Traumatisierungen bei Soldaten der Bundeswehr					Die traumatherapeutische Behandlung von Bundeswehrsoldaten mit einsatzbedingten und einsatzunabhängigen psychosomatischen Syndromen wird skizziert. Grundlage der Therapie ist das Drei-Phasen-Modell von P. Janet. Im Rahmen eines integrativen Therapieansatzes kommt dem Eye Movement Desensitization and Reprocessing

							besondere Bedeutung zu. Zur Veranschaulichung wird ein Fallbeispiel skizziert.
Barre, Klaus; Biesold, Karl-Heinz	2011	Posttraumatische Belastungsstörungen nach militärischen Einsätzen					Es wird über posttraumatische Belastungsstörungen (PTBS) nach militärischen Einsätzen und deren Behandlung informiert. Nach Angaben zu Stressoren bei Auslandseinsätzen der Bundeswehr sowie zur Epidemiologie von Belastungsreaktionen im militärischen Umfeld wird das medizinisch-psychologische Stresskonzept der Bundeswehr vorgestellt. Anschließend wird die Indikation zur stationären Behandlung besprochen. Die Ablauforganisation der Traumatherapie am Bundeswehrkrankenhaus Hamburg wird dargestellt, und Therapieergebnisse werden skizziert. Am Fallbeispiel einer Soldatin, die nach einem Einsatz im Kosovo eine PTBS entwickelte, wird der Ablauf einer EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung veranschaulicht.
Barron, Ian G.; Bourgaize, Caitlin; Lempertz, Daniela; Swinden, Colleen; Darker-Smith, Susan	2019	Eye Movement Desensitization Reprocessing for Children and Adolescents With Posttraumatic Stress Disorder: A Systematic Narrative Review	J EMDR Prac Res (Journal of EMDR Practice and Research)	13	4	270–283	
Barrowcliff, Alastair L.; Gray, Nicola S.; MacCulloch, Sophie; Freeman, Tom C. A.; MacCulloch, Malcolm J.	2003	Horizontal rhythmical eye movements consistently diminish the arousal provoked by auditory stimuli	The British journal of clinical psychology	42	3	289–302	Objectives:Theoretical models implicating the orienting reflex as an explanatory mechanism in the eye-movement desensitization and reprocessing (EMDR) treatment protocol are contrasted and tested empirically. We also test whether EMDR effects are due to a distraction effect. Design:A repeated measure design is used in two experiments. The first experiment employed two independent variables, eye condition (moving vs. stationary) and tone (a pseudo-randomized series of low and high intensity tones). In Expt 2, eye condition was replaced by attentional demand conditions (low or high). In both cases, electrodermal responses served as the dependent variable. Method:Participants were recruited from the Psychology Department at Cardiff University. In Expt 1, participants were required to either pursue a moving stimulus following auditory challenge or engage in an eyes-stationary task. In Expt 2, the task following auditory challenge required participants to identify specific items from letter strings in low and high attentional demand conditions. Results:Lower levels of electrodermal arousal were identified in tasks eliciting eye movements, compared to no eye movements. This effect was not due to the attentional requirements of the task. Conclusions:Eye movements following auditory challenge result in an effect of psychophysiological de-arousal. This supports

							the reassurance reflex model of EMDR proposed by MacCulloch and Feldman (1996).
Bartels, Ross M.; Harkins, Leigh; Harrison, Samantha C.; Beard, Nikki; Beech, Anthony R.	2018	The effect of bilateral eye-movements versus no eye-movements on sexual fantasies	Journal of behavior therapy and experimental psychiatry	59		107–114	<p><b>BACKGROUND AND OBJECTIVES:</b> Bilateral eye-movements (EMs) and visual mental imagery both require working memory resources. When performed together, they compete for these resources, which can cause various forms of mental imagery to become impaired (e.g., less vivid). This study aimed to examine whether EMs impair sexual fantasies (a form of mental imagery) in the same manner. <b>METHODS:</b> Eighty undergraduates (40 males, 40 females) took part in four counterbalanced conditions: (1) EMs and an experience-based sexual fantasy; (2) EMs and an imagination-based sexual fantasy; (3) experience-based sexual fantasy only; and (4) imagination-based sexual fantasy only. In each condition, the vividness, emotionality, and arousability of the sexual fantasy were rated pre- and post-task. All three variables were predicted to decrease in the EM conditions. <b>RESULTS:</b> Sexual fantasies were reported as less vivid, positive, and arousing after performing concurrent EMs relative to fantasising only, for both memory- and imagination-based sexual fantasies. There were no gender differences. Demand did not appear to account for the effects. <b>LIMITATIONS:</b> Self-report measures were used rather than objective measures. Working memory taxation and capacity were not directly assessed. Also, negatively appraised sexual fantasies were not targeted and a 'no intervention' control was not included. <b>CONCLUSIONS:</b> Bilateral EMs were effective at impairing the phenomenological properties of sexual mental imagery, extending the literature on EM effects. Given the potential clinical implications, future research should focus on validating and extending these results, for example, by targeting negatively appraised sexual fantasies (including problematic and offense-related) and incorporating a 'no intervention' condition.</p>
Bartholow, Bruce D.; Sestir, Marc A.; Davis, Edward B.	2005	Correlates and consequences of exposure to video game violence: hostile personality, empathy, and aggressive behavior	Personality & social psychology bulletin	31	11	1573–1586	<p>Research has shown that exposure to violent video games causes increases in aggression, but the mechanisms of this effect have remained elusive. Also, potential differences in short-term and long-term exposure are not well understood. An initial correlational study shows that video game violence exposure (VVE) is positively correlated with self-reports of aggressive behavior and that this relation is robust to controlling for multiple aspects of personality. A lab experiment showed that individuals low in VVE behave more aggressively after playing a violent video game than after a nonviolent game but that those high in VVE display relatively high levels of aggression regardless of game content. Mediation analyses show</p>

							that trait hostility, empathy, and hostile perceptions partially account for the VVE effect on aggression. These findings suggest that repeated exposure to video game violence increases aggressive behavior in part via changes in cognitive and personality factors associated with desensitization.
Basal, Seref; Goktas, Serdar; Ergin, Atilla; Yildirim, Ibrahim; Atim, Abdulkadir; Tahmaz, Lutfi; Dayanc, Murat	2010	A novel treatment modality in patients with premature ejaculation resistant to conventional methods: the neuromodulation of dorsal penile nerves by pulsed radiofrequency	Journal of andrology	31	2	126–130	Premature ejaculation (PE) is the most common sexual problem experienced by men, and it affects 20%-30% of them. Pulsed radiofrequency (PRF) neuromodulation has been shown to be an effective treatment for a wide range of pain conditions. We used PRF to treat PE by desensitizing dorsal penile nerves in patients resistant to conventional treatments. Fifteen patients with a lifelong history of PE, defined as an intravaginal ejaculatory latency time (IELT) of <1 minute that occurred in more than 90% of acts of intercourse and was resistant to conventional treatments, were enrolled in this study. Patients with erectile dysfunction were excluded. The mean age of the patients was 39 +/- 9 years. Before and 3 weeks after the treatment, IELT and sexual satisfaction score (SSS; for patients and their partners) were obtained. The mean IELTs before and 3 weeks after procedure were 18.5 +/- 17.9 and 139.9 +/- 55.1 seconds, respectively. Side effects did not occur. Mean SSSs of patients before and after treatment were 1.3 +/- 0.3 and 4.6 +/- 0.5, and mean SSSs of partners before and after treatment were 1.3 +/- 0.4 and 4.4 +/- 0.5, respectively. In all cases, IELT and SSS were significantly increased (P < .05). None of the patients or their wives reported any treatment failure during the follow-up period. The mean follow-up time was 8.3 +/- 1.9 months. It is early to conclude that this new treatment modality might be used widely for the treatment of PE; however, because it is an innovative modality, placebo-controlled studies (eg, sham procedure), with larger numbers of patients and including assessment of penile sensitivity (eg, biothesiometry), are needed.
Bashir, Huma A.; Wilson, Josephine F.; Ford, Jo Ann; Hira, Nainika	2023	Treatment of PTSD and SUD for the incarcerated population with EMDR: A pilot study	J. Addict. Offender Couns. (Journal of Addictions & Offender Counseling)	44	2	132–144	Abstract Adverse childhood experiences predict recidivism. In incarcerated individuals, post-traumatic stress disorder (PTSD) rates are higher. A study with 122 inmates with PTSD and substance use disorder explored eye movement desensitization and reprocessing (EMDR)'s effectiveness. EMDR worked across gender and race, reducing PCL-C scores posttreatment and at 2 and 4 weeks. IER-R scores lowered from weeks 1 to 9. EMDR boosted affect, reasoning, and attitudes posttreatment.
Başpınar Can, Pınar; Dereboy, Ciğdem; Eskin, Mehmet	2012	Comparison of the effectiveness of cognitive restructuring and	Turk psikiyatri dergisi = Turkish	23	1	9–17	OBJECTIVE: This study aimed to compare the effectiveness of systematic desensitization (behavioral therapy and cognitive restructuring (cognitive therapy) in reducing high-stakes test anxiety.



		systematic desensitization in reducing high-stakes test anxiety	journal of psychiatry				We hypothesized that cognitive restructuring would be superior to systematic desensitization in reducing the severity of the cognitive symptoms of anxiety, whereas systematic desensitization would be superior to cognitive restructuring in reducing the severity of the physiological symptoms of anxiety. MATERIALS AND METHOD: The study included 50 (36 female and 14 male) high school graduates and high school seniors aged 16-22 years (mean:18.3 years) that experienced test anxiety while taking their university entrance exam. Participants were randomly assigned to the behavior therapy or cognitive therapy groups. Participants in both groups received 9 sessions of structured group therapy with the same therapist. Each participant's level of anxiety and depression, psychiatric symptoms, and dysfunctional thoughts were measured throughout the therapy process. RESULTS: Statistical analysis showed that there was a significant decrease in the score of each outcome measure employed in both groups. There weren't any significant differences in terms of the alleviation of the cognitive symptoms of anxiety, as measured with the Dysfunctional Attitudes Scale, or physiological symptoms, as assessed with the Beck Anxiety Inventory between the 2 groups. The 2 therapy methods resulted in statistically significant reductions in the level of test anxiety, as well as state anxiety, trait anxiety, self-reported depression, and general symptom levels. CONCLUSION: The behavioral and cognitive therapies were equally effective in reducing the severity of the cognitive and physiological components of test anxiety.
Bassett, Shayna S.; Delaney, Daniel J.; Moore, Amy M.; Clair-Michaud, Mary; Clarke, Jennifer G.; Stein, L. A. R.	2022	Motivational interviewing to reduce risky sexual behaviors among at-risk male youth: A randomized controlled pilot study	Psychological Services	19	1		Background: Despite male youth taking more sexual risks that lead to unwanted partner pregnancy and/or sexually transmitted infections (STIs), research evaluating interventions for risky sex has focused almost exclusively on adolescent and adult females. With STIs among male youth on the rise, behavioral interventions that target risky sex among male youth are needed. Purpose: A randomized controlled pilot study was conducted to examine the feasibility and acceptability of two manualized behavioral interventions for sexually active male youth. Methods: Sexually active at-risk male youth (N = 27) were recruited and randomized to receive one session of motivational interviewing (MI) or didactic educational counseling (DEC). Assessment interviews were conducted prior to and 3 months following the intervention session. Results: Support for the feasibility and acceptability of delivering behavioral interventions to reduce risky sexual behaviors among at-risk male youth was found. Compared to participants in DEC at follow-up, participants in MI reported having

							significantly fewer sexual encounters with casual partners, used substances at the time of sex significantly less often with all partners and casual partners, and reported fewer incidents of using substances at the time of sex without a condom with all partners. Conversely, participants who received MI used substances at the time of sex with main partners and used substances at the time of sex without a condom more often with main partners at follow-up compared to participants who received DEC. Conclusions: Results of the pilot study support conducting a larger randomized controlled trial to examine treatment effects. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Bayrı Bingöl, Fadime; Demirgoz Bal, Meltem; Dişsiz, Melike; Taylan Sormageç, Meltem; Özlükan Çimen, Büşra	2022	Psychodrama as a new intervention for reducing fear of childbirth: a randomised controlled trial	Journal of obstetrics and gynaecology : the journal of the Institute of Obstetrics and Gynaecology	42	7	2946–2953	This study was designed to examine the potential benefit of the addition of psychodrama classes to antenatal education as a new technique to address fear of childbirth. This was a randomised controlled trial. A total of 150 women were initially enrolled in two groups. Psychodrama sessions were added to standard antenatal education in the experiment group. The control group participated only in routine antenatal education classes. Birth outcomes and fear of childbirth were measured and analysed to assess the impact. The analysis was completed with an experimental group of 50 women and a control group of 49 women. At the conclusion of the training, it was observed that there was a greater decrease in fear of childbirth in the experiment group than in the control group. Additionally, in the postpartum period, the experimental group had a higher rate of vaginal childbirth and a shorter childbirth time than the control group. Psychodrama may be an effective means of reducing fear of childbirth and reduced caesarean section childbirth. Psychoeducation should be added antenatal education programs. Thus, it may represent an important tool in the efforts to improve maternal mental health and also provide broader social benefits.IMPACT STATEMENTWhat is already known on this subject? Studies examining means to reduce fear of childbirth have found that psychoanalysis, cognitive behavioural therapy, eye movement desensitisation and reprocessing, haptotherapy and art therapy were useful.What the results of this study add? Psychodrama as a new intervention may be beneficial decreased of fear of childbirth, increased of normal birth rate and at improving the experience of pregnancy and childbirth.What the implications are of these findings for clinical practice and/or further research? Protecting and caring for the mental health of the mother and child benefits the entire community. It has been reported that 1 in 5 mothers experience psychiatric difficulties during the postpartum

							period, and 7 of 10 do not receive treatment, which has a negative impact on the mother, the child and family. Assessment of the mental health of women during the postpartum period is not regularly performed in many countries and women are frequently left to struggle on their own. The identification of pregnant women who have a high fear of childbirth and who are at risk of developing a psychiatric disorder by nurses is an important element of providing of appropriate, high-quality care.
BEAUREPAIRE, C. de; Haour, F.	2011	La thérapie EMDR dans la prise en charge des auteurs de violence sexuelle sur des enfants: intérêt et questions à propos d'un cas					
Bebermeier, Anke	2014	Kurzfristige und langfristige Effekte der Psychodramatisch Imaginativen Traumatherapie und ihrer Bestandteile auf Ressourcenaktivierung und Symptomreduktion					In dieser Arbeit wird die spezifische Wirksamkeit stabilisierender und konfrontierender Elemente der PITT-(Psychodramatisch Imaginativen Traumatherapie-)Einzeltherapie untersucht. Dazu wird in einer von den Therapeutinnen ausgefüllten Einzeltherapieübersicht erfasst, in welchem Umfang die stabilisierenden und konfrontierenden Therapieelemente in der Therapie eingesetzt werden, um so ihre spezifische Wirksamkeit zu überprüfen. Es wird erwartet, dass sowohl die stabilisierenden PITT-Elemente (Psychoedukation, Imaginationsübungen, Notfallkoffer, Innere-Kind-Arbeit, Ressourcenaktivierung, Achtsamkeitsübungen, stabilisierende Beobachterübung und sonstige Stabilisierung) als auch die konfrontativen Elemente (EMDR, CIPOS (Constant Installation of Present Orientation and Safety), konfrontierende Beobachterübung, sonstige Konfrontation) signifikant zur Ressourcenaktivierung und Symptomreduktion beitragen. Die Stichprobe bestand aus 216 Patienten in der Treatmentgruppe, 90 Patienten, die aus der Kontrollgruppe in die Treatmentgruppe gewechselt waren sowie 110 Patienten in der Kontrollgruppe. Es wurde eine Batterie mit standardisierten Erhebungsinstrumenten eingesetzt. Zusammenfassend geben die Ergebnisse der vorliegenden Studie zwar Hinweise auf die Wirksamkeit der (überwiegend) stabilisierenden Gesamtbehandlung in der kurzfristigen Ressourcenaktivierung und der Reduktion der depressiven Symptome, allerdings nicht in der Reduktion der Traumafolgesymptome und damit einem zentralen Indikationsbereich. Ebenso wurden keine eindeutigen und belastbaren Effekte gefunden, die auf den Einsatz spezifischer stabilisierender wie auch konfrontierender Einzeltherapieelemente zurückgingen. Die Moderation der Wirksamkeit der PITT durch die

							<p>Traumatische lässt sich durch die Ergebnisse der vorliegenden Arbeit nicht klar beantworten: Während in den Completers-Analysen keine Hinweise auf eine Moderation der Therapiewirksamkeit durch die Traumatische gefunden wurden, erbrachten die (Mehrebenen)Analysen aller verfügbaren Daten (zwar vorsichtige und uneindeutige, aber dennoch) nicht zu vernachlässigende Hinweise auf eine mögliche Moderation der Therapiewirksamkeit durch die Traumatische.</p>
Becker, Sara	2022	Der Einfluss von Stress auf diagnostische Urteilsprozesse bei Lehrkräften					<p>Dieses Buch leistet einen wichtigen Beitrag zur Diskussion über die Diagnostische Kompetenz von Lehrkräften. Es stellt ein aktuelles Forschungsgebiet zur Untersuchung der kognitiven Prozesse während des Diagnostizierens in den Mittelpunkt. Der weitgehend vernachlässigte Einfluss von Stress auf den Diagnoseprozess wird hierbei fokussiert. Neben Theorien und Empirie zur Diagnostischen Kompetenz von Lehrkräften wird die Bedeutung der Untersuchung der kognitiven Informationsverarbeitungsprozesse während des Diagnostizierens dargelegt. Der Einfluss von Stress auf die kognitiven Prozesse wird theoretisch hergeleitet und empirisch begründet. Durch eine experimentelle Studie wird der Einfluss von Stress auf Wahrnehmungs- und Interpretationsprozesse im Bereich der Einschätzung mathematischer Textaufgabenschwierigkeiten untersucht. Anhand der Erhebung und der Analyse von verschiedenen Prozessdaten (u. a. Blickbewegungen und physiologische Daten) wird gezeigt, dass Stress Wahrnehmungs- und Verarbeitungsprozesse von Aufgaben beeinträchtigt und die Aufmerksamkeit unter dem Einfluss von Stress auf potenziell relevante Bereiche einer Aufgabe begrenzt wird. (c) Der/die Autor(en), exklusiv lizenziert durch Springer Fachmedien Wiesbaden GmbH, ein Teil von Springer Nature - Inhalt: &lt;a href="https://d-nb.info/1249018889/04"&gt;https://d-nb.info/1249018889/04&lt;/a&gt;</p>
Beckmann, Jürgen; Strang, Hanno; Hahn, Erwin	1993	Aufmerksamkeit und Energetisierung. Facetten von Konzentration und Leistung					<p>Psychologische Wirkfaktoren der Konzentration werden unter verschiedenen allgemeinspsychologischen und anwendungsbezogenen Perspektiven untersucht. Einen besonderen Schwerpunkt bildet die Bedeutung der Konzentration im Sport. Die Beiträge sind Ergebnis eines Symposiums, das 1991 auf Schloß Ringberg am Tegernsee stattfand. - Inhalt: (A) Theoretische Einführung. (1) J. Beckmann und H. Strang: Konzentration: Überlegungen zu einem vernachlässigten Konstrukt. - (B) Kognitions- und Motorikforschung. (2) J. Hoffmann: Konzentration durch Antizipation. (3) J. Maxeiner und W. Pitsch: Selektivität und Elaboriertheit informationsverarbeitender Netzwerke: Studien zur</p>

						<p>Wahrnehmung und Handlung im Sport. (4) R. Pöhlmann: Die Architektur der psychomotorischen Tätigkeit nach N. A. Bernstein und das Problem des aufmerksamen Verhaltens. - (C) Motivationsforschung. (5) K. Schneider, J. Wegge und U. Konradt: Motivation und Leistung. (6) W. Schönplflug: Mehr Tempo, weniger Fehler, anspruchsvollere Aufgabenwahl - was bewirkt eigentlich die erhöhte Anstrengung? (7) K. Roth: Entscheidungsverhalten im Sportspiel in Abhängigkeit von situations- und personenbezogenen Merkmalen. - (D) Biopsychologische Ansätze. (8) P. Walschburger: Konzentration unter Erfolgs- und Mißerfolgsbedingungen - Biopsychologische Konzepte und ein psychophysiologischer Untersuchungsansatz. (9) R. Bösel u.a.: Evozierte Frequenzen: Neue Indikatoren in der Aufmerksamkeitsforschung. (10) N. Galley: Augenbewegungen, Antizipation und Leistung: Auf dem Wege zu einem neuropsychologischen Konzentrationsmodell. - (E) Leistungssportbezogene Ansätze. (11) H. Langenkamp: Konzentration als Stichwort in Training und Wettkampf von Hochleistungssportlern und bei ihrer psychologischen Betreuung. (12) H.-G. Hoff: Konzentrationsverlauf während körperlicher Aktivität: Entwicklung eines adaptiven Konzentrationstests für dual-task designs. (13) W. Schneider, K. Bös und H. Rieder: Leistungsprognosen bei jugendlichen Spitzensportlern.</p>	
Bedi, Ritu; Muller, Robert T.; Thornback, Kristin	2013	Object relations and psychopathology among adult survivors of childhood abuse	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele ctr oni c), 19 42- 96 81( Pri nt)	233- 240	<p>This study examined the relationship between object relations and psychopathology in a community sample of 60 formerly maltreated adults. Thirty-nine women and 21 men with histories of physical and/or sexual abuse were administered the Thematic Apperception Test (TAT; Murray, 1943). TAT stories were coded for object relations using Westen and colleagues' (1985) Social Cognition and Object Relations Scale. Simultaneous multiple regression analyses revealed that having a lower capacity to invest in relationships in an emotionally and mutually engaging manner significantly contributed to higher levels of posttraumatic stress disorder symptomatology. In addition, viewing the world as malevolent and characterized by threatening and painful interactions with others was the most potent predictor of low self-esteem. Clinical implications of the findings are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
Bedics, Bonnie C.; Rappe, Paula T.; Sansone, Frank Anthony	1998	Trauma of children in a residential Wilderness Treatment Program	Traumatology		10 85- 93 73( Ele	No Paginati on Specifie d-No	<p>This study reports on the results of an exploratory examination of the presenting diagnosis of 48 emotionally disturbed children from 11-16 years old in a residential Wilderness Treatment Program. Researchers explored the presence of symptoms indicative of posttraumatic stress disorder (PTSD). An assessment procedure was developed and</p>

					ctr oni c), 15 34- 76 56( Pri nt)	Paginati on Specifie d	applied by clinicians to review residents' case records. The analysis indicated most residents were diagnosed with conduct disorder at or prior to admission to the program. The DSM-IV criteria were used to assess the life events and symptoms reported in those records with psychosocial histories. Of the 43 records with a psychosocial, findings indicated the potential for alternate diagnoses, including events and symptoms suggesting PTSD with chronic traumatic events experienced for a majority and a single traumatic event and/or both types for a few of the children. Implications for assessment are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Beer, R.	2018	Efficacy of EMDR Therapy for Children with PTSD: A Review of the Literature. 177 , Volume 12, Number 4, 2018	Journal of EMDR Practice and Research	12	4	177–195	The rationale is synthesized for the urgency of empirical studies demonstrating the efficacy of eye movement desensitization and reprocessing (EMDR) therapy for children and adolescents with posttraumatic stress disorder (PTSD), symptoms of PTSD, or other trauma-related symptoms. This literature review examined 15 studies (including nine randomized clinical trials) that tested the efficacy of EMDR therapy for the treatment of children and adolescents with these symptoms. All studies found that EMDR therapy produced significant reductions in PTSD symptoms at posttreatment and also in other trauma-related symptoms, when measured. A methodological analysis identified limitations in most studies, reducing the value of these findings. Despite these shortcomings, the methodological strength of the identified studies has increased over time. The review also summarized three meta-analyses. The need for additional rigorous research is apparent, and in order to profit from experiences of the past, the article provides some guidelines for clinicians seeking to conduct future research in their agencies.
Beer, Renée; Bronner, Madelon B.	2010	EMDR in paediatrics and rehabilitation: an effective tool for reduction of stress reactions?	Developmental neurorehabilitation	13	5	307–309	
Beere, D. B.; Simon, M. J.; Welch, K.	2001	Recommendations and illustrations for combining hypnosis and EMDR in the treatment of psychological trauma	The American journal of clinical hypnosis	43	3-4	217–231	Three experienced therapists, trained in hypnosis and EMDR, distilled some tentative hypotheses about the use of hypnosis in EMDR from fifteen cases, two presented here. When a therapist uses hypnosis with EMDR, it seems that the client is having difficulty or the therapist anticipates that the client will have difficulty managing the experiences processed with EMDR. Hypnosis initiated either during the introduction to EMDR or within a therapy session prior to the initiation of EMDR seems to have served two functions. The first function is to activate inner work that prepares the client to use EMDR successfully, and the second function is to facilitate overtly the

							processing of the traumatic experience. Clients might have two kinds of difficulties in managing affect or distress: (1) they may have a long-standing, irrational and strongly held belief that interferes with managing affect or distress, and (2) they may never have developed the capacity to tolerate intense affect, distress or pain. Should a therapist use hypnosis during the closing down phase of a session without preparing the client with hypnosis during the introduction to EMDR, the therapist should seriously reconsider the pace and focus of EMDR and the client's resources to manage affect and distress.
Beiglböck, Wolfgang; Feselmayer, Senta; Honemann, Elisabeth	2000	Handbuch der klinisch- psychologischen Behandlung					
Bellantuono, Alessandro; Saigh, Philip A.; Durham, Katherine; Dekis, Constance; Hackler, Dusty; McGuire, Leah A.; Yasik, Anastasia E.; Halamandaris, Phill V.; Oberfield, Richard A.	2018	A comparative analysis of family adaptability and cohesion ratings among traumatized urban youth	School Psychology Quarterly	33	1	21–29	Objective: Given the need to identify psychological risk factors among traumatized youth, this study examined the family functioning of traumatized youth with or without PTSD and a nonclinical sample. Method: The Family Adaptability and Cohesion Evaluation Scales, second edition (FACES II; Olson, Portner, & Bell, 1982), scores of youth with posttraumatic stress disorder (PTSD; n = 29) were compared with the scores of trauma-exposed youth without PTSD (n = 48) and a nontraumatized comparison group (n = 44). Child diagnostic interviews determined that all participants were free of major comorbid disorders. Results: The FACES II scores of the participants with PTSD were not significantly different from the scores of trauma-exposed youth without PTSD and the nontraumatized comparison group. FACES II scores were also not significantly different between the trauma-exposed youth without PTSD and the nontraumatized comparison group. Conclusions: PTSD and trauma-exposure without PTSD were not associated with variations in the perception of family functioning as measured by the FACES II. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Benedek, David M.	2011	Posttraumatic stress disorder from Vietnam to today: the evolution of understanding during Eugene Brody's tenure at the journal of nervous and mental disease	The Journal of nervous and mental disease	199	8	544– 552	The psychological and behavioral consequences of exposure to traumatic events have been described throughout our history. However, the term posttraumatic stress disorder (PTSD) was not formally introduced into the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, until after Dr Eugene Brody--whose broad interests included refugee populations and victims of trauma--had already served as editor-in-chief of the Journal of Nervous and Mental Disease (JNMD) for 15 years. Advances in molecular biology, genetics, and imaging that occurred during Brody's tenure at the JNMD contributed significantly to our current understanding of the human fear response and the neurobiology of PTSD. Comprehensive

							treatment guidelines summarizing evidence-based treatment were published during his tenure, and the most recent American Psychiatric Association update to practice standards was published in the year before his passing. Thus, this review of the history and present state of the science of PTSD summarizes the lessons learned while Dr Brody dedicated his life to teaching us.
Bengel, Jürgen; Hubert, Sybille	2010	Anpassungsstörung und Akute Belastungsreaktion					Es wird ein umfassender Überblick zu den Störungsbildern der Anpassungsstörung und der akuten Belastungsreaktion gegeben: Anpassungsstörungen zählen in der ambulanten wie stationären Versorgung zu den am häufigsten vergebenen Diagnosen und äußern sich vor allem in depressiven und Angstsymptomen. Die diagnostische Abgrenzung zu Depressionen und Angststörungen sowie zur normalen, akuten Belastungsverarbeitung erweist sich entsprechend als schwierig. Der Band liefert eine aktuelle Beschreibung des Störungsbildes, erläutert wichtige Modelle zur Entstehung der Störung und informiert praxisorientiert über das diagnostische und therapeutische Vorgehen, welches sich insbesondere auf kognitive Strategien bezieht. Dabei werden notwendige Überschneidungen und Abgrenzungen zum Vorgehen bei depressiven Störungen und Angststörungen aufgezeigt, vor allem aber werden ergänzende therapeutische Strategien vorgestellt. Neben der Anpassungsstörung und der posttraumatischen Belastungsstörung zählt auch die akute Belastungsreaktion zur Gruppe der Anpassungs- und Belastungsstörungen. Akute Belastungsstörungen resultieren aus besonders schwerwiegenden Ereignissen und traumatischen Erfahrungen und treten häufig nach Notfällen und Unglücken auf. Abschließend wird auf eine Beschreibung dieser Störung eingegangen und über therapeutische Maßnahmen referiert. Dem Band ist eine Kurzanleitung für die Exploration in Form eines Merkblattes beigelegt.
Bennett, Diana C.; Kerig, Patricia K.; Chaplo, Shannon D.; McGee, Andrew B.; Baucom, Brian R.	2014	Validation of the five-factor model of PTSD symptom structure among delinquent youth	Psychological trauma : theory, research, practice and policy	6	4	438–447	This study compared the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR; American Psychiatric Association, 2000) diagnostic 3-factor structure of posttraumatic stress disorder (PTSD) symptoms with leading 4-factor models and the newly proposed 5-factor dysphoric arousal model in a sample of 1,363 juvenile-justice-involved adolescents (990 boys, 373 girls). Structural equation modeling suggested that the 5-factor dysphoric arousal model fit significantly better than each of the other models. The model fit better for girls than for boys, and girls evidenced stronger factor loadings for items on all but the Anxious Arousal factor. The factors of the 5-factor model were then tested as mediators of the association between interpersonal and noninterpersonal trauma and mental



							health problems. Interpersonal trauma was associated with PTSD symptoms for boys and girls, whereas noninterpersonal trauma exposure was only associated with PTSD symptoms for boys, despite equal levels of exposure across genders, suggesting that girls may be more sensitive to the effects of interpersonal, but not noninterpersonal, trauma. Patterns in mediation were moderated by gender, as girls' data showed stronger paths leading to depression/anxiety, somatic complaints, and suicidal ideation through PTSD symptoms, whereas for boys, paths were stronger leading to anger/irritability symptoms. Mediation results suggested differential patterns of influence for dysphoric versus anxious arousal and also indicate the importance of numbing for delinquent youth. These results add to the evidence base supporting the 5-factor dysphoric arousal model in establishing developmentally sensitive criteria for the diagnosis of PTSD among traumatized youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Bennett, Diana C.; Modrowski, Crosby A.; Chaplo, Shannon D.; Kerig, Patricia K.	2016	Facets of emotion dysregulation as mediators of the association between trauma exposure and posttraumatic stress symptoms in justice-involved adolescents	Traumatology	22	3	174–183	Recent scholarship on traumatic stress has suggested that particular types of traumatic stressors may result in different patterns of posttraumatic stress disorder (PTSD) symptoms. Specifically, traumatic stressors that are interpersonal and involve betrayal have been found to be particularly detrimental to youths' psychological functioning. In addition, the extent to which youth experience emotion dysregulation (ED) has been demonstrated to mediate the association between betrayal trauma and PTSD. However, research has yet to disentangle whether betrayal trauma impacts specific facets of ED and PTSD symptoms. Elucidating the specific connections between these constructs is important to our understanding of the impact of betrayal trauma on youth development, and could aid in the development of more targeted interventions for traumatized youth. Thus, the current study sought to examine whether facets of ED mediated the association between traumatic experiences characterized by betrayal versus nonbetrayal and PTSD, and whether these associations were consistent across gender. Participants included 845 detained adolescents (220 girls) aged 12–19 (M = 16.12, SD = 1.29). Youth self-reported lifetime trauma exposure, past-month Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM–5) PTSD symptoms, and distinct facets of ED. Results suggested several facets of ED were implicated in the association between betrayal and nonbetrayal trauma exposure and specific symptoms of PTSD. Furthermore, few gender differences were observed, suggesting overall similar impacts of trauma exposure on both girls' and boys'

							emotion regulation capabilities. Results highlight the utility of examining facets of ED from both research and clinical perspectives. Future research should continue to investigate the relation between emotion dysregulation and PTSD in at-risk youth. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Bennett, Diana C.; Modrowski, Crosby A.; Kerig, Patricia K.; Chaplo, Shannon D.	2015	Investigating the dissociative subtype of posttraumatic stress disorder in a sample of traumatized detained youth	Psychological trauma : theory, research, practice and policy	7	5	465–472	In this study, we tested the validity of a dissociative subtype in a sample of 225 detained adolescents (142 boys, 83 girls) likely meeting full or partial criteria for posttraumatic stress disorder (PTSD). Competing theories of dissociation pose controversy regarding dissociation as a taxon versus a continuum, and results of the current study contribute to this debate by providing evidence of distinct group differences between those high and low in dissociation. Mixture modeling revealed 2 groups of youth with differing levels of depersonalization/derealization dissociative symptoms. Differences between the 2 groups of youth were investigated regarding trauma exposure and several posttraumatic reactions: posttraumatic stress symptoms (PTSS), emotion dysregulation, and emotional numbing. Compared with youth classified in the low-dissociation group, youth who exhibited high levels of dissociation demonstrated higher levels of total PTSS, posttraumatic symptom clusters of emotional numbing, intrusion, and associated features, as well as reporting more difficulties with emotion dysregulation. To test theory regarding the factors that increase the likelihood of persistent dissociation, bootstrapped regression analyses were performed to examine the possibility of an indirect effect of peritraumatic dissociation. Results consistent with statistical mediation suggested that the presence of peritraumatic dissociation at the time of trauma may contribute to the continuation of dissociative symptoms as a more generalized pattern. The results of the current study have implications for clinical treatment with traumatized youth. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Benor, Daniel J.	2005	Self-healing interventions for clinical practice: brief psychotherapy with WHEE--the wholistic hybrid of EMDR and EFT	Complementary therapies in clinical practice	11	4	270–274	Potent self-healing approaches are now available to help people to deal with their stresses, anxieties and pains of physical and emotional origins. The author, a wholistic psychiatrist, shares his clinical experiences in helping his clients deal expeditiously and successfully with a variety of physical and psychological symptoms. This article focuses on WHEE, a brief, potent method for releasing psychological and physical pains, negative beliefs and disbeliefs, and for installing positive feelings and beliefs. To use modern terminology, this method allows you to correct the serious but not fatal error you have made in

							letting a child program your lifetime computer. WHEE is a method for reprogramming your default programs.
Berger, Rony; Abu-Raiya, Hisham; Benatov, Joy	2016	Reducing primary and secondary traumatic stress symptoms among educators by training them to deliver a resiliency program (ERASE-Stress) following the Christchurch earthquake in New Zealand	American Journal of Orthopsychiatry	86	2	236–251	The current investigation evaluated the impact of a universal school-based resiliency intervention (ERASE-Stress) on educators who were working with elementary schoolchildren exposed to the Canterbury earthquake in New Zealand. In the context of major disasters, educators may suffer from “dual trauma”; they can experience symptoms of both primary trauma (as a result of the disaster itself) and secondary trauma (as a result of working with traumatized students). Sixty-three educators were randomly assigned to either the ERASE-Stress intervention or an alternative Managing Emergencies and Traumatic Incidents (METI) program which served as a control group. Efficacy of the program was evaluated at the end of the training as well as at 8 months follow-up. Compared with educators in the control group, those in the ERASE-Stress intervention significantly reduced their posttraumatic distress and secondary traumatization symptoms, improved their perceived level of professional self-efficacy as a helper of earthquake survivors, developed an optimistic outlook regarding their personal future and enhanced their sense of hope, and honed some of their positive coping strategies and reduced the utilization of some maladaptive coping methods. These beneficial consequences of the ERASE-Stress training make it a potentially useful tool for educators working with traumatized students in the context of major disasters. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Berger, Rony; Gelkopf, Marc; Heineberg, Yotam; Zimbardo, Philip	2016	A school-based intervention for reducing posttraumatic symptomatology and intolerance during political violence	Journal of Educational Psychology	108	6	761–771	Studies indicate that individuals who are exposed to political violence and who experience personal threat and posttraumatic distress might also develop prejudicial and exclusionist attitudes toward outgroup members. To tackle this destructive dynamics in children, the authors implemented a 2-pronged approach, combining stress-reduction interventions with strategies geared to reducing stereotyping and discriminatory tendencies toward the other. A teacher-delivered universal school-based program, ERASE-Stress-Pro-Social (ESPS), was designed and implemented with Jewish Israeli students exposed to the 2008 Gaza War. Two hundred students from third to sixth grade were assigned to either 16 sessions of ESPS intervention (n = 99) or to a regular social skills (SS) program as a control group (n = 101). They were assessed on posttraumatic symptomatology (PTS), anxiety, somatic complaints, and functional problems, as well as stereotyping and discriminatory tendencies toward White, Arab, and Ethiopian children at 2 time-points: before the intervention and 2 months later.

							Elementary school students exposed to security threats and war exhibited significant levels of PTS distress as well as stereotyping and discriminatory tendencies toward Arab and Ethiopian children. Two months after the program ended, students in the ESPS group showed significant reduction on all measures compared to the SS group. Results show a strong link between PTS reduction and changes in attitudes toward Arabs. The ESPS program might help reduce PTS as well as prejudicial attitudes and discriminatory tendencies toward minorities in children exposed to political violence, thereby helping to preserve the democratic values and the delicate fabric of our multicultural societies. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Berman, Steven L.; Kurtines, William M.; Silverman, Wendy K.; Serafini, Lourdes T.	1996	The impact of exposure to crime and violence on urban youth	American Journal of Orthopsychiatry	66	3	329–336	Assessed the amount and severity of exposure to crime and violence in an urban sample of high school students, determined the extent and nature of consequent posttraumatic stress disorder (PTSD) symptoms, and examined moderating effects of social support and coping style on those symptoms. 96 students (aged 14–18 yrs) were assessed using the Survey of Exposure to Community Violence, the Analysis of Social Support in School Transitions, and the Posttraumatic Stress Disorder Reaction Index. More than 93% of Ss reported having witnessed a violent event, and 44% reported having been a victim. The average number of PTSD symptoms reported by Ss exposed to a traumatic event was 10, and 34.5% of Ss met full %DSM-III-R% criteria for PTSD. Results are consistent with earlier findings (K. Kaniasty and F. Norris; see record 1992-39580-001) that perceived social support is a more effective predictor of positive outcome than social support actually received. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Berquez, Ali; Kelman, Elaine	2018	Methods in Stuttering Therapy for Desensitizing Parents of Children Who Stutter	American journal of speech-language pathology	27	3S	1124–1138	PURPOSE: The aim of this study was to describe a range of methods used in stuttering therapy for desensitizing parents of children who stutter (CWS). METHOD: This clinical tutorial will first briefly explore the rationale and benefit of including parents of CWS of all ages in the therapy process. The construct of desensitization will be defined, and a description will be given of how traditionally it has been incorporated into therapy with adults who stutter and CWS. Research evidence will be presented about the impact of a child's stuttering on parents. The article will then focus on clinical methods for desensitizing parents of CWS using examples of activities conducted in group and individual therapy with parents at the Michael Palin Centre in London with reference to desired outcomes, how to measure them, and how to address potential pitfalls. CONCLUSION: Desensitization activities

							can be implemented with parents of CWS to help them recognize and manage their emotional reactions to their child's stuttering, to support parents to feel knowledgeable and confident in managing their child's stuttering, and ultimately to enhance the child's progress in therapy.
Bers, Susan A.; Besser, Avi; Harpaz- Rotem, Ilan; Blatt, Sidney J.	2013	An empirical exploration of the dynamics of anorexia nervosa: Representations of self, mother, and father	Psychoanalytic Psychology	30	2		Extensive clinical reports and a few empirical investigations indicate that a disrupted relationship with mother and a distorted sense of self are central to Anorexia Nervosa (AN). The present study explores these observations further using the Differentiation-Relatedness Scale (D-RS) to compare AN patients' descriptions of mother, father, and self with those of matched general psychiatric (PC) and nonclinical controls (NC). Results indicate that the AN group is distinguished from the PC group by significantly lower D-R (Differentiation-Relatedness) for mother, and significantly higher D-R for self, as well as a tendency for greater DEQ Self-Criticism ( $p < .05$ , one-tailed). Stepwise discriminant analysis indicates that an equation of D-R Self, D-R Mother, and DEQ Neediness, as well as the interaction of D-R Mother and DEQ Neediness, significantly ( $p < .0001$ ) discriminates 80.5% of the total sample (66.7% of the AN, 73.3% of the PC, and 87.2% of the NC group). These findings support and elaborate clinical reports and provide further understanding of the personality dynamics and character pathology involved in this complex and sometimes life-threatening disorder. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Besh, O. M.; Radchenko, O. M.	2014	Comparative analysis of the effectiveness of different methods of allergen-specific immunotherapy of bronchial asthma	Wiadomosci lekarskie (Warsaw, Poland : 1960)	67	2 Pt 2	387- 390	The article presents a comparative analysis of the effectiveness of different methods of allergen-specific immunotherapy of light and medium-severe persistent asthma using a special questionnaire of quality of life of patients. It is noted that traditional survey methods involving physical, laboratory and instrumental studies do not give an opportunity to get a complete assessment of the patient, because it does not provide information about its psychological and social adjustment to illness. It is proved that a comprehensive description of the physical, psychological and social components of the patient's condition allows the assessment of its quality of life. Established that chronic asthma affects the quality of life of patients, making certain psychological, emotional and social problems. The disease limits the vitality of patients, their performance, leading to social exclusion and psychological discomfort. Studies have shown that holding the base of treatment with different ways ASIT it positively affects the quality of life for patients. However, treatment of sublingual allergen patients perceive better adherence to such treatment was higher.

Besser, Lutz-Ulrich	2002	Vom Vergessen und Wiederholen medizinischer Traumata zum heilsamen Erinnern. Posttraumatische Belastungs- und Somatisierungsstörungen bei Frühgeborenen und Kleinkindern					Die Traumatisierung von Frühgeborenen und Kleinkindern durch medizinisch notwendige Maßnahmen und daraus entstehende posttraumatische Belastungs- und Somatisierungsstörungen werden beschrieben. Zunächst wird auf die Problematik eingegangen, diese Störungen mittels ICD-10 und DSM-IV adäquat zu diagnostizieren. Die neurobiologischen und psychophysiologischen Mechanismen bei präverbaler Traumatisierung werden anschließend skizziert. Vorteile moderner Traumaverarbeitungstechniken, wie der Augenbewegungsdesensibilisierung (eye movement desensitization and reprocessing, EMDR), gegenüber analytischen Verfahren werden betont. Das therapeutische Vorgehen wird an Fallbeispielen eines 16-jährigen Schülers und einer 40-jährigen Psychologin veranschaulicht.
Besser-Siegmund, Cora	2009	Cool wie Konfuzius. Prominente verkörpern für uns meist ein bestimmtes "Thema". Mit wingwave lässt sich deren Ausstrahlung im Ressourcen-Coaching nutzen	Kommunikation & Seminar	18	5	32–35	Thema des Beitrags ist das wingwave-coaching mit Ressourcen-Modeling mithilfe der Reinkultur-Verkörperung von Ressourcen aus Geschichte, Film und Fernsehen, Märchen und Comic. Es wird angenommen, dass diese Ressourcen gezielt die neuronale Konstruktion des Gehirns ansprechen und Coaching-Kunden intensiv und emotional auf diese Figuren reagieren. Die Coachees verbinden mit diesen Symbolgestalten eine starke Ausstrahlung, die dann als Emotionspower und über ein Emotions-Modeling zur Erreichung des persönlichen Coachingziels eingesetzt wird. Die wesentlichen Interventionsbausteine dieser Methode werden vorgestellt: Zum einen arbeitet wingwave mit so genannten wachen REM-Phasen, zum anderen wird mithilfe eines Muskeltests, dem so genannten Myostatik- oder O-Ringstest, der bestmögliche Einsatz der Intervention bestimmt. Anhand einer Studie über die emotionalen Effekte von wingwave-coaching beim Thema Redeangst an der Medizinischen Hochschule Hannover wird verdeutlicht, wie der Einsatz wacher REM-Phasen das subjektive Erlebnis positiver Emotionen verstärken kann. Abschließend wird das Prominenten-Modeling an einem Fallbeispiel erklärt, bei dem die stärkende Vorbildfunktion einer Figur (Konfuzius) als Ressource dient, um sich erfolgreich auf eine schwierige Vorstandssitzung vorzubereiten.
Besser-Siegmund, Cora; Siegmund, Harry	2001	Wingwave - wie der Flügelschlag eines Schmetterlings. EMDR im Coaching	MultiMind - NLP aktuell	10	2	22–25	Die Einbindung von Eye Movement Desensitization and Reprocessing (EMDR) in den Bereich des Coaching wird erläutert. Nach Anmerkungen zum neuronalen Wirkungsprinzip von EMDR (bilaterale Hemisphärenstimulation) wird ein EMDR-Coaching für den Spitzenleistungsbereich skizziert, das in drei Bereichen wirkt: (1) Coaching von "Post-Achievement-Stress", (2) Ressourcen-Coaching, (3) Belief-Coaching. An einem Beispiel wird gezeigt, wie EMDR kombiniert mit Neurolinguistischem Programmieren (NLP)

							angewendet werden kann. Mit dem Wingwave-Coaching, einer Kombination aus EMDR, NLP und Kinesiologie, wird ein eigener Ansatz für den Coaching-Bereich beschrieben.
Besser-Siegmund, Cora; Siegmund, Harry	2001	EMDR im Coaching. Wingwave - wie der Flügelschlag eines Schmetterlings					Die Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) im Coaching wird dargestellt. Dabei wird die Coaching-Methode "Wingwave" als Weiterentwicklung von EMDR erläutert. Es handelt sich um eine Kombination aus bilateraler Hemisphärenstimulation, NLP und Kinesiologie. Kreativität, Selbstbewusstsein und Leistungsvermögen sollen schnell und nachhaltig verbessert werden. Besondere Berücksichtigung findet dabei die Anwendung bei Spitzenleistungsstress. - Inhalt: (1) EMDR im Coaching-Prozess. (2) Verändern durch Verstehen - Stressfördernde Beliefs durch Know-How ersetzen. (3) Die klassische EMDR-Intervention. (4) Wingwave-Ressourcen-Coaching. (5) Belief-Coaching - Konstruktiver Umgang mit Glaubenssätzen. (6) Weitere Coaching-Themen. (7) Wingwave-Coaching - bilaterale Hemisphärenstimulation in Kombination mit NLP und Kinesiologie.
Besser-Siegmund, Cora; Siegmund, Harry	2004	Stell dir vor .. - Imaginative Familienaufstellung mit der wingwave-Methode	MultiMind - NLP aktuell	13	6	10-15	Die "Imaginative Familienaufstellung mit der wingwave-Methode" wird als eine Weiterentwicklung der Reimprinting-Methode nach Robert Dilts vorgestellt, die die Arbeit mit Submodalitäten mit Elementen des "Eye Movement Desensitization and Reprocessing" (EMDR) und der Kinesiologie integriert. Die Klienten vollziehen ihre Familienaufstellung, indem sie ihre "mentalen Orte" in ihrer inneren Vorstellungswelt für die Imagination ihrer Ursprungsfamilie aufsuchen. Die verschiedenen Interventionsformen (etwa visuelle, auditive, körperbezogene Aufstellungsmöglichkeiten, kinesiologisches Testen, stabilisierendes Emotions-Coaching, Einweben von Ressourcen, Veränderung transgenerationaler Muster, Integration) werden beschrieben.
Besser-Siegmund, Cora; Siegmund, Harry	2006	"Der Wink des Coachs": Emotions-Coaching mit Wingwave	Wirtschaftspsychologie aktuell	13	4	14-17	Mit der Wingwave-Methode wird ein auf die Herstellung emotionaler Balance ausgerichtetes Coaching-Modul vorgestellt, das bei der zu coachenden Person schnell zum Abbau von Leistungsstress und zur Steigerung von Kreativität, mentaler Fitness und Konfliktstabilität führen soll. Die Grundintervention umfasst rasche Fingerbewegungen des Coaches von links nach rechts und umgekehrt, denen die gecoachte Person mit schnellen Augenbewegungen folgen soll. Die Intervention erfolgt, während die gecoachte Person an ein stressendes oder wichtiges Erlebnis im Leistungskontext denkt, das bei ihm eine Einschränkung des Wohlbefindens verursacht. Während der raschen Augenbewegungen wird dieses einschränkende Gefühl durch das Erleben von Erleichterung, Stärkung und Handlungsfähigkeit ersetzt.

							Die zentrale Annahme zur Wirkung der Methode geht davon aus, dass durch die schnellen Augenbewegungen eine optimale Zusammenarbeit der beiden Gehirnhälften koordiniert wird, was zu einer Aktivierung der Eigenregulation führt. Die Herkunft von Wingwave aus der Traumatherapie (Eye Movement Desensitization and Reprocessing, (EMDR)), seine Vorteile gegenüber verbalen Coaching-Interventionen sowie sein Einsatz in Kombination mit Methoden aus dem neurolinguistischen Programmieren und dem Myostatiktest aus der Kinesiologie werden erläutert. Des Weiteren wird auf die professionellen Anwender, den Zeitrahmen und die Grenzen des Wingwave-Coaching eingegangen.
Besser-Siegmund, Cora; Siegmund, Harry; Siegmund, Lola; Hartmann-Wolff, Elke	2023	Zukunfts-Resilienz. Stark werden in Krisenzeiten					Zukunftsängste und das Berührtsein von Negativschlagzeilen belasten immer mehr Menschen. Bei vielen wird eine subjektive Untergangsstimmung nicht allein durch objektive Fakten über globale Krisen, sondern auch durch professionell gesteuerte Medienkampagnen erzeugt und aufrechterhalten. Als Gegenmittel wird das Konzept der Zukunfts-Resilienz benötigt, um die Zukunft kreativ und aktiv gestalten zu können. Es werden Coaching- und Selbstcoaching-Möglichkeiten mit der wingwave-Methode für ein effektives Emotionsmanagement vorgestellt. Neben den neurobiologischen Grundlagen spielen auch die ressourcenreichen Gehirnaktivitäten eine Rolle. Berichtet wird über "Doomscrolling" und über Möglichkeiten, durch bewusstes Medienverhalten für mentale Gesundheit zu sorgen. - Inhalt: <a href="https://d-nb.info/1287053092/04">https://d-nb.info/1287053092/04</a>
Besser-Siegmund, Cora; Siegmund, Harry	2015	wingwave-Coaching: Wie der Flügelschlag eines Schmetterlings					Mit dem "wingwave"-Coaching wird eine Kurzzeit-Coachingmethode vorgestellt. Dabei handelt es sich um eine Kombination von Elementen aus dem Neurolinguistischen Programmieren (NLP), einem Muskeltest aus der Kinesiologie und der Nutzung wacher REM-(Rapid Eye Movement-)Phasen. Erkenntnisse aus der wissenschaftlichen Überprüfung des Verfahrens werden präsentiert. Eine beiliegende Musik-CD ermöglicht unter anderem einen direkten Einstieg ins Selbst-Coaching. - Inhalt: (1) Erfolgsfaktor Emotions-Coaching. (2) EMDR und wingwave im Coachingprozess. (3) wingwave-Coaching: die Methoden-Elemente. (4) Die Prozess-Schritte der wingwave-Intervention. (5) Verändern durch Verstehen: Know-how-Coaching. (6) wingwave auf dem Prüfstand der Wissenschaft. (7) Ressourcen-Selbstcoaching mit und ohne wingwave-Musik. (8) Belief-Coaching: Konstruktiver Umgang mit Glaubenssätzen. (9) Weitere Coaching-Themen. (10) Glossar. (11) Weitere Informationen über die wingwave-



							Coachingmethode. - Das Buch wurde für die vorliegende dritte Auflage überarbeitet.
Beutel, Manfred E.; Michal, Matthias; Subic-Wrana, Claudia	2012	Stationäre Kurzzeittherapie einer posttraumatischen Belastungsstörung nach Reanimation	Psychotherapeut	57	6	522–524	Ein Fallbeispiel wird vorgelegt, das zeigt, wie die stationäre psychosomatisch-psychotherapeutische Behandlung hinreichend Sicherheit gewähren kann, um bei einem 60-jährigen Patienten mit Zustand nach Reanimation eine Traumakonfrontation durchzuführen. Integriert in eine tiefenpsychologisch orientierte Behandlung gelang es in diesem Fall mit EMDR (Eye Movement Desensitization and Reprocessing), eine wirksame Konfrontation mit dem akuten Trauma durchzuführen. Die Traumakonfrontation im stationären Setting wird besonders dann für indiziert gehalten, wenn die für den Patienten zentrale Beziehung durch das kardiale Ereignis und die daran anschließende PTBS (Posttraumatische Belastungsstörung) deutlich destabilisiert wird und die traumabezogenen Ängste nicht mehr integriert werden können.
Biesold, Karl-Heinz	2006	Bundeswehrsoldaten in Auslandseinsätzen. Posttraumatische Belastungsstörungen (PTBS) bei Kriseninterventionskräften der Bundeswehr	Polizei & Wissenschaft	2		17–28	Es werden stress- und traumapräventive Maßnahmen sowie traumatherapeutische Kapazitäten der deutschen Bundeswehr vorgestellt und erläutert. Zuerst wird auf Stressoren bei Bundeswehreinheiten und Belastungsreaktionen im militärischen Umfeld eingegangen. Weiter werden die Einflussfaktoren auf den Heilungsprozess bei einer akuten Belastungsreaktion und die Entstehung einer Posttraumatischen Belastungsstörung (PTBS) beschrieben. Es wird die Symptomtrias, Komorbidität und Neurobiologie der PTBS erörtert. Dann wird das Medizinisch-psychologische Stresskonzept der Bundeswehr vorgestellt, ein modifiziertes zielgruppenorientiertes Verfahren psychosozialer Unterstützung. Auch auf die Trauma(psycho)therapie mit den Schritten Stabilisierung, Traumabearbeitung und Neuorientierung in den Bundeswehrkrankenhäusern wird eingegangen. Speziell die Augenbewegungsdesensibilisierung (Eye Movement Desensitization and Reprocessing; EMDR) wird kurz erklärt. Zuletzt wird noch die Möglichkeit einer unterstützenden Pharmakotherapie aufgezeigt.
Bilewicz, Michał; Wojcik, Adrian Dominik	2018	Visiting Auschwitz: Evidence of secondary traumatization among high school students	American Journal of Orthopsychiatry	88	3	328–334	Secondary traumatic stress has been intensively studied among survivors' therapists, family members, and trauma researchers. We claim that people who are exposed to reminders of past traumatic experiences when visiting places of memory or museum exhibitions could also develop secondary trauma symptoms. Thus, scholars and practitioners must better understand how such places related to historical traumatization (e.g., Holocaust memorial sites) can affect the psychological well-being of visitors. The main aim of this quantitative longitudinal study was to assess the scale of secondary

							traumatization among visitors to such places. The study found that the syndrome of secondary traumatic stress was observed among 13.2% of high school visitors to the Auschwitz memorial museum. Longitudinal analysis revealed that empathic reactions to the visit in Auschwitz (e.g., a greater inclusion of victims into the self) were associated with higher levels of secondary traumatic stress levels 1 month after the visit. This study suggests that visits to places related to traumatic past events should be preceded by a more intense elaboration of Holocaust history and by proper psychological preparations. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Bird, Christine; Jenzer, Tiffany; Read, Jennifer P.	2023	Youth experiencing, and youth at risk of, homelessness: Associations between trauma type, posttraumatic negative cognitions, and posttraumatic stress disorder	Traumatology			No Paginat on Specifie d-No Paginat on Specifie d	Background: Experiencing homelessness as an adolescent or young adult confers risk for trauma experiences and posttraumatic stress disorder (PTSD). Despite being a unique and at-risk group, research on the mechanisms that can impact PTSD symptom severity in this population is scant. One variable that has been found to follow both interpersonal trauma (IPT; e.g., acts of violence or neglect by a perpetrator) and noninterpersonal trauma (non-IPT; e.g., natural disasters, motor vehicle accidents) is posttraumatic cognitions (PTCs), or negative thoughts about the self, the world, and self-blame, following a traumatic experience. Method: This study aimed to describe the experiences of IPT and non-IPT in this sample. Second, we aimed to be the first to identify how IPT and non-IPT impact PTCs for youth experiencing and youth at risk for homelessness. Finally, we examined the impact of PTCs on PTSD following both IPT and non-IPT. Data derived from a sample of youth at risk for homelessness and youth experiencing homelessness (N = 63) in Buffalo, New York, United States were analyzed. Results: PTCs have been found to follow trauma exposure which was corroborated by mediation analyses in our study. Mediation models identified that PTCs about the self ( $\beta = .34$ , SE = 0.12, 95% confidence interval [CI] [.14, .6]), and self-blame ( $\beta = .14$ , SE = 0.07, [.01, .3]), partially mediated the relationship between IPT and PTSD. Significant mediation pathways of PTCs were not found between non-IPT and PTSD. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Birnbaum, Aiton	2005	Israelis' attitudes toward the disengagement plan, perceived risk, and knowledge of Biblical events	Perceptual and motor skills	101	1	42	A sample of 73 Israeli students perceived current risks related to the disengagement plan but showed low awareness of Biblical civil wars and political assassinations. Attitude toward disengagement did not correlate with current perceived risks or awareness of Biblical violence. Left-leaning subjects were more supportive of

							disengagement and perceived greater risk of political assassination in its wake.
Black, Pamela J.; Woodworth, Michael; Tremblay, Moreen; Carpenter, Tara	2012	A review of trauma-informed treatment for adolescents	Canadian Psychology / Psychologie canadienne	53	3	192–203	Experiencing trauma as a child or youth often has a variety of serious repercussions that have the potential to follow an individual into adulthood. These may include experiencing difficulties in key areas of functioning such as academic achievement and social interactions, the development of posttraumatic stress disorder (PTSD), or coming into contact with the criminal justice system. Unfortunately, it is estimated that approximately 1 in 4 youth will experience some type of substantive trauma during his or her developmental years (Duke, Pettingell, McMorris, & Borowsky, 2010). The current article provides a summary of the main trauma-informed therapies that are currently available for treating adolescents with PTSD or trauma-related symptoms, as well as the therapeutic techniques that are common to all of these main treatments. Further, recommendations are provided concerning trauma-informed therapies that might be most beneficial to employ with adolescents. Implementing therapies that specifically consider a youth's potential exposure to trauma will facilitate a reduction of negative trauma-related symptoms as well as an improvement in life functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Blake Crabb, E.; Franco, R. Lee; Bowen, Mary K.; Huang, Chun-Jung; Caslin, Heather L.; Acevedo, Edmund O.	2016	G protein-coupled receptor kinase-2 in peripheral blood mononuclear cells following acute mental stress	Life sciences	145		184–189	AIMS: This study investigated G-protein-coupled receptor kinase-2 (GRK2) density in peripheral blood mononuclear cells (PBMC) and its relationship to plasma pro-inflammatory cytokine concentrations following acute mental stress. MAIN METHODS: Apparently healthy males (n=20; 21.3±0.55years) participated in an acute mental stress task. Heart rate was measured at baseline and throughout mental stress. Plasma epinephrine (EPI), norepinephrine (NE), tumor necrosis factor-alpha (TNF-α) and interleukin-6 (IL-6) were assessed via enzyme-linked immunosorbent assays before, immediately following, and 30, 60 and 120min after the mental stress task. GRK2 density was measured by western blot technique at the same time points. KEY FINDINGS: Acute mental stress elicited significant elevations in HR, and plasma EPI and NE. Additionally, GRK2 density increased significantly across time following the stress task. Post hoc analyses revealed that GRK2 density was significantly elevated at 30 and 60min following acute stress. A significant positive correlation was observed between GRK2 density and plasma EPI, while a significant negative correlation was revealed between GRK2 density and TNF-α across all time points. SIGNIFICANCE: Acute mental stress significantly increased GRK2 density in PBMCs of young adult males. Furthermore,

							although plasma IL-6 and TNF- $\alpha$ did not change following mental stress, it remains unknown whether a longer time period was needed to observe a pro-inflammatory state associated with the desensitization of $\beta$ -adrenergic receptor activity. Our findings that GRK2 expression is promptly increased in PBMC following an acute stress task, may suggest a link between stress and intracellular inflammatory signaling.
Blanchard, Edward B.; Hickling, Edward J.; Buckley, Todd C.; Taylor, Ann E.; Vollmer, Alisa; Loos, Warren R.	1996	Psychophysiology of posttraumatic stress disorder related to motor vehicle accidents: Replication and extension	Journal of consulting and clinical psychology	64	4	742– 751	Psychophysiological assessment data, including heart rate (HR), blood pressure, and frontal electromyogram (EMG) responses to mental arithmetic, idiosyncratic audiotape descriptions of motor vehicle accidents (MVAs), and a standard videotape of MVAs, were collected on 105 injured victims of recent MVAs and 54 non-MVA controls. Their data replicated data from an earlier report (E. B. Blanchard et al; see record 1995-29407-001) and support the utility of HR response to the audiotaped description of the MVA as useful in distinguishing MVA victims with posttraumatic stress disorder (PTSD) from those with subsyndromal PTSD and non-PTSD. At a 1-year follow-up, the psychophysiological assessment was repeated on 125 MVA victims; results showed a general diminution of psychophysiological responding. Initial psychophysiological assessment results predicted 1-year follow-up clinical status (continued PTSD or full or partial remission) for 37 of 48 individuals who initially met criteria for PTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Blood, I. M.; Wertz, H.; Blood, G. W.; Bennett, S.; Simpson, K. C.	1997	The effects of life stressors and daily stressors on stuttering	Journal of speech, language, and hearing research : JSLHR	40	1	134– 143	This study systemically documented the effect of perceived daily stress on subjective and objective measures of disfluencies in 12 adults who stuttered and 12 adults who did not stutter. Subjects participated in a prospective research study for 22 consecutive days. Measures of life stress, daily stress, and self-ratings of fluency were obtained. Subjects were trained in rating their fluency levels (self-ratings of fluency) and perceived daily stress levels (frequency and perceived impact of daily stressors). Results revealed a significantly higher number of daily stressors endorsed by subjects who stutter. Subjects who stuttered also displayed a significantly greater number of disfluencies and higher self-ratings of disfluencies on "high-stress" days. No significant differences were found between the mean total scores for life stress or impact scores for daily stress for the two groups. These data suggest that day-to-day variations in stuttering could be related to multiple, minor, daily stressors in some persons who stutter. Implications for treatments involving cognitive restructuring and desensitization are discussed.

Blore, David	2005	New tricks or a new dawn? EMDR and the Energy Therapies: Psychoanalytic Perspectives. By: Phil Mollon, London: Karnac Books, 2005, 300pp	Psychother. Politics Int. (Psychotherapy and Politics International)	3	3	224–226	
Blunden, Sarah; Nair, Divya	2010	An unusual clinical phenomenon: a case of bedtime ritual with apparent sexual overtones	Clinical child psychology and psychiatry	15	1	55–64	A 6-year-old boy attended a psychology clinic with a history of separation anxiety, delayed bedtime and problematic daytime behaviour. In addition, his mother described that at bedtime he would rock over a particular soft toy (teddy bear) on the floor of his bedroom with the bear straddled between his legs in what appeared to be a sexualized ritual. Clinical history taking and a psychological assessment led to a diagnosis of Separation Anxiety and sleep related Rhythmic Movement Disorder (RMD). Systematic desensitization, token-reward systems and play therapy were used to reduce separation anxiety. Alternative bedtime rocking routines without sexual overtones were developed and resulted in reduced time for sleep initiation, increased total sleep time and improved daytime behaviour. This case study demonstrates a case of severe RMD used as a self-soothing and anxiety-reduction strategy which was initially misinterpreted as a sexualized activity. Caution should be exercised in misinterpreting similar case presentations. Correct diagnosis was increased in this case with a psychologist with expertise in sleep and therefore presents a potentially unmet clinical need for sleep psychologists.
Boada, Leticia; Parellada, Mara	2017	Seeing the doctor without fear: www.doctortea.org for the desensitization for medical visits in Autism Spectrum Disorders	Revista de psiquiatria y salud mental	10	1	28–32	INTRODUCTION: Doctor Tea is an online website designed to facilitate medical visits for those with autism spectrum disorder and other disabilities. People diagnosed with autism not only have greater medical needs than the general population, but also have particular characteristics that are often not accommodated by medical services. This lack of medical accommodation often creates a very complicated, and sometimes traumatic experience, when visiting medical facilities. Individuals with autism have great difficulty understanding social situations and contexts, such as medical tests or consultations, as well as difficulty in tolerating new situations and atypical sensory thresholds. Doctor Tea aims to reduce anxiety before medical consultations and procedures from a safe and well-known environment (school, home, etc.). MATERIAL AND METHOD: The website, www.doctortea.org, provides information and materials (videos, cartoon, 3D animations, pictogram sequences, etc.) about the most frequent medical procedures and practices for patients with autism. The website also offers information to the doctors and families

							of patients with autism about the most common medical problems associated with autism. RESULTS: A total of 17,199 different users visited the website during 2015, with a total of 23,348 online visitors from more than 70 different countries since the website's release in November 2014. CONCLUSIONS: The familiarisation with the medical procedures and its environment appears to decrease the anxiety in patients with disabilities during medical visits, as well as optimising the effectiveness of their medical visits and tests.
Bodas, Jae; Ollendick, Thomas H.; Sovani, Anuradha V.	2008	Test anxiety in Indian children: a cross-cultural perspective	Anxiety, stress, and coping	21	4	387–404	The present investigation examined test anxiety in Indian children from a cross-cultural perspective. Test anxiety has been studied extensively in western countries but much less so in eastern countries. Furthermore, the cross-cultural research conducted in eastern countries possesses significant limitations and continues to possess a western bias. The present research attempted to advance cross-cultural research on test anxiety by adopting Berry's imposed etic-emic-derived etic methodology. Participants included 231 schoolchildren. Qualitative data were collected to examine culture-specific variables (emic considerations) using structured focus groups and open-ended questions. Next, quantitative data were collected using translated and adapted versions of Spielberger's Test Anxiety Inventory and the FRIEDBEN Test Anxiety Scale. Qualitative data indicated culture-specific elements of test anxiety in Indian youth, including the high stakes associated with exam performance and future schooling as well as the role of somatization and social derogation in the phenomenological experience of test anxiety. Although quantitative findings failed to confirm the importance of high-stakes environments on test anxiety, the importance of somatization and social derogation was substantiated. Ongoing desensitization to test anxiety and enhanced coping responses were proposed as possible explanations for the obtained relations.
Bode, Georg	2002	Traumabehandlung - EMDR in der forensischen Psychiatrie					Der Einsatz der Augenbewegungsdesensibilisierung (Eye Movement Desensitization and Reprocessing (EMDR)) in der Traumabehandlung bei forensisch-psychiatrischen Patienten wird skizziert. Die acht Phasen der EMDR werden aufgelistet, Indikationen und Kontraindikationen für diese Behandlung werden aufgezeigt, und es wird kurz auf Behandlungsbeispiele verwiesen.
Böðvarsdóttir, Íris; Elklit, Ask; Gudmundsdóttir, Drífa Björk	2006	Post-traumatic Stress Reactions in Children after two large Earthquakes in Iceland	Nordic Psychology	58	2	91–107	The aim of the study was to explore the psychological consequences of two earthquakes in Iceland in two probability samples of children aged 10-15 years (67 exposed and 73 nonexposed). Three months after the earthquakes, children answered demographic questions, stressor questions, and completed the Child Posttraumatic Stress

							Reaction Index (CPTS-RI), the Trauma Symptom Checklist (TSC) and the Crisis Support Scale (CSS). Thirty-three percent of the exposed group and 6% of the control group fulfilled the diagnostic criteria for PTSD. Experiences of great horror during the earthquake and thoughts about future earthquakes explained 49% of the variance in PTSD. Wish for relocation, arousal, and avoidance symptoms predicted psychological distress, as measured by the TSC total score, explaining 65% of the variance. The exposed children reported more emotional support than controls immediately after the earthquake, but not at three months post earthquake. Exposed children who did not receive crisis intervention but reported that they would have wanted it had significantly more PTSD symptoms than all other groups, suggesting that all exposed children should be offered crisis intervention and receive continuous attention from adults even after a moderate disaster. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Boger, Katrin	2023	Innovative Integrative Approach in the Trauma Treatment in the First Years of Life: Integrative Attachment-Based TraumaTherapy for Infants and Toddlers	Praxis der Kinderpsychologie und Kinderpsychiatrie	72	2	113–128	Untreated trauma in the first years of life has profound consequences for the further psychological, neurobiological and physical development of those affected. The earlier psychotherapeutic treatment takes place, the sooner the consequences can be mitigated or even prevented. Integrative Attachment-Based TraumaTherapy for Infants and Toddlers (I.B.T.®) describes an innovative approach that incorporates treatment aspects of proven trauma integrative methods such as EMDR and trauma narrative, as well as elements of systemic, attachment-oriented and stressor-based psychotherapy. Treatment includes work with attachment figures, improving the quality of attachment between caregivers and child, as well as direct trauma integrative work on the infant and toddler themselves. Experience to date shows a rapid, complete remission of symptoms, as well as an improvement in the quality of attachment between caregivers and child.
Bohart, Arthur C.; Greenberg, Leslie	2003	EMDR und erlebensorientierte Psychotherapie					Die EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung wird mit erlebnisorientierten Psychotherapieansätzen verglichen. Zunächst werden die grundlegenden Aspekte folgender drei erlebnisorientierter Ansätze erläutert: focusing-orientierte Psychotherapie von E. Gendlin, klientenzentrierte Therapie von C. Rogers und Prozess-Erlebens-Psychotherapie von L. S. Greenberg und Mitarbeitern. Dann werden die Ähnlichkeiten dieser Ansätze zur EMDR aufgezeigt, und auch die Unterschiede zwischen EMDR und prozessorientierter Psychotherapie werden benannt. Abschließend werden Möglichkeiten einer Integration von erlebnisorientierten Therapien und EMDR aufgezeigt und anhand eines konstruierten

							Fallbeispiels, in das Elemente aus mehreren realen Fällen eingeflossen sind, veranschaulicht.
Böhm, Karsten	2016	EMDR in der Psychotherapie der PTBS. Traumatherapie praktisch umsetzen					Dieses Buch zeigt, wie Psychotherapeuten und Psychiater EMDR in der Traumatherapie einsetzen können. Die Psychotherapie der Posttraumatischen Belastungsstörung (PTSD, PTBS) konfrontiert Patienten mit grausamen und oft schwer zu ertragenden Bildern und Erinnerungen, um ihnen die Verarbeitung dieser Erlebnisse zu ermöglichen. EMDR erfreut sich bei Patienten hoher Akzeptanz, denn sie werden "abgeholt" - Forschung und Praxis zeigen, dass Therapieabbrecher selten sind. Die WHO hat EMDR längst anerkannt. Fachleute erfahren in diesem Buch, wie sie EMDR in ihre Therapie integrativ einbauen können und welche Besonderheiten zu berücksichtigen sind. Dabei liegt der Schwerpunkt auf der Anwendung - Fallbeispiele verdeutlichen die komplexe Methode, der Text ist leicht verständlich aufgebaut. Geschrieben für psychologische Psychotherapeuten (sowohl verhaltenstherapeutisch als auch tiefenpsychologisch orientiert), Traumatherapeuten, Ärzte, Psychotherapeuten in der Ausbildung oder interessierte Leser. Mit einem Geleitwort von Dr. Arne Hofmann. (c) Springer-Verlag Berlin Heidelberg - Inhalt: (1) Behandlungshintergrund mit EMDR und Symptomatik der posttraumatischen Belastungsstörung. (2) Beziehungsgestaltung in der EMDR-Behandlung. (3) Sicherheit und das passende therapeutische Setting. (4) Stabilisierungsphase im EMDR. (5) Traumabearbeitung. (6) Konfliktbearbeitung. (7) Häufige Komorbiditäten der PTBS. (8) Selbstmanagement mit EMDR. (c) ZPID
Böhm, Karsten	2021	EMDR in der Psychotherapie der PTBS. Traumatherapie schonend und nachhaltig umsetzen					Dieses Buch zeigt, wie psychologische und ärztliche Psychotherapeuten EMDR in der Traumatherapie einsetzen können. Die Psychotherapie der Posttraumatischen Belastungsstörung (PTSD, PTBS) konfrontiert Patienten mit grausamen und oft schwer zu ertragenden Bildern und Erinnerungen, um ihnen die Verarbeitung dieser Erlebnisse zu ermöglichen. Patienten sagen dabei, dass sie sich leicht auf EMDR einlassen können - es gerne anwenden. Forschung und Praxis bestätigen, dass Therapieabbrecher bei EMDR selten sind. Die WHO hat EMDR längst anerkannt. Fachleute erfahren in diesem Buch, wie sie EMDR in ihre Therapie integrativ einbauen können und welche Besonderheiten zu berücksichtigen sind - auch bei komplexen Fällen und bestehenden Komorbiditäten. Dabei liegt der Schwerpunkt auf der Anwendung - Fallbeispiele verdeutlichen die komplexe EMDR-Therapie, der Text ist leicht verständlich aufgebaut. Mit einem Geleitwort von Dr. Arne Hofmann. (c) Springer-Verlag GmbH Deutschland - Inhalt: (1) Behandlungshintergrund mit EMDR und



							Symptomatik der posttraumatischen Belastungsstörung. (2) Beziehungsgestaltung in der EMDR-Behandlung. (3) Sicherheit und das passende therapeutische Setting. (4) Stabilisierungsphase im EMDR. (5) Traumabearbeitung. (6) Konfliktbearbeitung. (7) Weitere Störungsbilder. (8) Selbstmanagement mit EMDR. - Das Buch wurde für die vorliegende zweite Auflage überarbeitet. (c) ZPID
Böhm, Karsten R.	2021	Psychosoziale Unterstützung (PSU) als Teil moderner PSNV (Psychosoziale Notfallversorgung)	Trauma. Zeitschrift für Psychotraumatologie und ihre Anwendungen	19	2	36–47	Psychosoziale Unterstützung (PSU) ist eine Methode, die vornehmlich zur akuten Bewältigung von Notfallsituationen bei Betroffenen, Zeugen und Einsatzkräften eingesetzt wird. Sie ist als Teil der Psychosozialen Notfallversorgung (PSNV) zu sehen und betrachtet im Detail, wie Gesprächsstrategien mit Betroffenen in der Notfallsituation am besten umgesetzt werden können. Die hierbei eingesetzten Strategien werden dargestellt. Darüber hinaus wird als Aufgabe der PSU beschrieben, eine weitere Behandlungsnotwendigkeit zu erkennen und gegebenenfalls den Weg dorthin zu ebnet.
Böhm, Karsten; Voderholzer, Ulrich	2010	EMDR in der Behandlung von Zwangsstörungen: Eine Fallserie	Verhaltenstherapie	20	3	175–181	Die kognitive Verhaltenstherapie mit Exposition und Reaktionsverhinderung ist die am besten untersuchte und derzeit wirksamste Therapie bei Zwängen. 15 bis 40 Prozent der Patienten können jedoch nicht von diesem Verfahren profitieren. Sie berichten Motivationsprobleme, brechen die Behandlung vorzeitig ab oder zeigen anhaltende Probleme in der Emotionsregulation. Der zusätzliche Einsatz der Therapiemethode "Eye Movement Desensitization and Reprocessing" (EMDR) zur Reduktion dieser Schwierigkeiten wird vorgestellt und beschrieben. Es werden drei Kasuistiken vorgestellt, die mittels deskriptiver Analysen ausgewertet werden. Hierbei wird auf das inhaltliche Vorgehen sowie die Therapiemotivation und Emotionsregulation im Therapieverlauf eingegangen. Ein Patient mit Kontrollzwängen erhielt zunächst EMDR-Sitzungen und anschließend Expositionsübungen. Eine andere Patientin mit vorwiegend Zwangsgedanken wurde zuerst mit Expositionen und danach mit EMDR behandelt. Im dritten Fall wurden Expositionen und EMDR-Sitzungen abwechselnd durchgeführt. Die drei behandelten Patienten berichteten eine Reduktion der Zwänge um etwa 60 Prozent. EMDR wurde von allen drei Patienten als motivierend und hilfreich beschrieben. Die Arbeit an den Emotionen konnte durch EMDR angeregt und verstärkt werden. Eine deutliche Reduktion der Zwänge durch die Expositionen zeigte sich bei zwei Patienten, während diese im Zuge der EMDR-Sitzungen nur leicht abnahmen. Es wird festgehalten, dass EMDR eine vielversprechende Augmentationsoption bei der Behandlung von Zwängen darstellen

							könnte. Für eine bessere Beurteilung werden kontrollierte und randomisierte Studien als erforderlich angesehen.
Bohne, Michael; Ohler, Matthias; Schmidt, Gunther; Bernhard, Trenkle	2016	Reden reicht nicht!?. Bifokal-multisensorische Interventionsstrategien für Therapie und Beratung					Dokumentiert werden Beiträge zu einer Tagung zum Thema "Bifokal-multisensorische Interventionsstrategien für Therapie und Beratung". Das Potenzial von Ansätzen wie "Eye Movement Integration", "Eye Movement Desensitization and Reprocessing", Klopfen oder "Prozess- und Embodimentfokussierte Psychologie", hypnosystemische und verhaltenstherapeutische Ansätze sowie die Ego-State-Therapie wurde im Rahmen der Tagung zur Diskussion gestellt. Im Vergleich werden Gemeinsamkeiten und Unterschiede sichtbar gemacht. - Inhalt: (1) Michael Bohne: Prozess- und Embodimentorientierte Psychologie (PEP) - weit mehr als eine Klopftechnik. (2) Bernhard Trenkle: Der Kopf ist rund, damit das Denken seine Richtung wechseln kann - Explizite und implizite Musterunterbrechungstechniken. (3) Martin Grunwald: Neurobiologie der spontanen Selbstberührung. (4) Matthias Wittfoth: Über die Wiederentdeckung des Körpers. (5) Matthias Ohler: Atmosphären lesen - Vom Verstehen und Behandeln menschlicher Umgebungen. (6) Gary Bruno Schmid: Empowerment. (7) Evelyn Beverly Jahn: Embodied Emotional Master (EEM) - Mit Selbstmodifikation von der Einsicht zur Handlung. (8) Eva Pollani: Hypnose - Ego-State-Therapie - Eye Movement Integration: Drei wirkungsvolle Behandlungsmöglichkeiten in der Traumatherapie. (9) Gunther Schmidt: Das Orchester der Sinne nutzen für erfolgreiche "Lösungssinfonien" - Hypnosystemische multisensorische Strategien für kraftvolle ganzheitliche Lösungen.
Boj, J. R.; Davila, J. M.	1995	Differences between normal and developmentally disabled children in a first dental visit	ASDC journal of dentistry for children	62	1	52-56	Twenty-eight three- and four-year-old normal children participated in a study where they were exposed to a tape-slide series before a first dental examination. The audiovisual product gives an explanation about a first examination, the children having no previous dental experience. The purposes of the study were to evaluate the behavior modification that took place and to see whether differences could be found with the results of the same study performed four years before, with developmentally disabled children. The results obtained with normal children were the opposite of those obtained with special children. The normal population subjected to the audiovisual technique behaved better and had a lower heart rate throughout the appointment.
Bonato, Frederick; Bubka, Andrea; Krueger, Wesley W. O.	2015	A Wearable Device Providing a Visual Fixation Point for the Alleviation of Motion Sickness Symptoms	Military medicine	180	12	1268-1272	OBJECTIVES: Motion sickness (MS) can be problematic for many military operations. Some pharmaceutical countermeasures are effective but can lead to side effects. Non-pharmaceutical countermeasures vary in effectiveness and can require time to be

							beneficial (e.g., desensitization). Previous research suggests that visual fixation can alleviate MS symptoms. In the current experiment we tested the effectiveness of a user-worn device that provides a visual fixation point that moves with the user. METHODS: Fourteen subjects viewed the interior of a rotating optokinetic drum (60°/s) through a visor that displayed either a clear view of the scene (control) or the scene with a fixation point (experimental). After 5 minutes of viewing, symptoms were assessed using (1) the Simulator Sickness Questionnaire that yields four scores (total, nausea, oculomotor, and disorientation) and (2) a 0 to 10 MS overall scale. RESULTS: Viewing the fixation point resulted in significantly lower scores for all measures. Control condition scores were as much as 400% higher than when the fixation point was viewed. CONCLUSIONS: A wearable device that presents a visual fixation point that moves with the user may reduce MS. The device's portability suggests that it may be suitable for some military operations, and additional research in the field is warranted.
Bonekamp, E.	2008	Posttraumatische Belastungsstörungen					
Boney-McCoy, Sue; Finkelhor, David	1995	Psychosocial sequelae of violent victimization in a national youth sample	Journal of consulting and clinical psychology	63	5	726–736	In a national telephone sample of youths aged 10–16 years, over one third reported having been the victims of an assault. Victimized respondents displayed significantly more psychological and behavioral symptomatology than did non victimized respondents (more symptomatology related to post traumatic stress disorder, more sadness, and more school difficulties), even after controlling for some other possible sources of distress. Sexual assault was associated with particularly high levels of symptomatology. However, victims of other forms of assault—nonfamily assaults involving weapons or physical injury (aggravated assaults), assaults by parents, violence to genitals, and attempted kidnappings—also evidenced levels of distress that were not statistically lower than those suffered by victims of sexual assault. The findings suggest that substantial mental health morbidity in the general child and adolescent population is associated with victimization. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Boney-McCoy, Sue; Finkelhor, David	1998	Psychopathology associated with sexual abuse: A reply to Nash, Neimeyer, Hulsey, and Lambert (1998)	Journal of consulting and clinical psychology	66	3		This article is a reply to M. R. Nash, R. A. Neimeyer, T. L. Hulsey, and W. Lambert's (1998) article in which concerns are expressed about S. Boney-McCoy and D. Finkelhor's (1996) research. The authors concur with Nash et al.'s position that a variety of samples and designs are valuable to the study of child sexual abuse (CSA), although the position is maintained that the independent contributions of family

							functioning and CSA to child psychopathology are most accurately evaluated with the use of longitudinal data. Additional research questions concerning the interaction of family environment and CSA are raised. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Boney-McCoy, Sue; Finkelhor, David	1996	Is youth victimization related to trauma symptoms and depression after controlling for prior symptoms and family relationships? A longitudinal, prospective study	Journal of consulting and clinical psychology	64	6		The common finding linking symptoms such as posttraumatic stress disorder (PTSD) and depression with youth victimization (e.g., sexual abuse) might well be artifactual if preexisting psychopathology or disturbed family relationships create a common risk for both later victimization and later symptoms. This study used a longitudinal, prospective design to examine this issue. In a national random sample telephone survey, children 10 to 16 years old were interviewed and then reinterviewed approximately 15 months later about psychological problems, family relationships and victimization experiences that had occurred in the interim. Victimization in the interim was associated with PTSD-related symptoms and depression measured at Time 2, even after controlling for these symptoms and the quality of the parent-child relationship at Time 1. The association was particularly strong for sexual abuse, parental assault, and kidnapping experiences. However, these data also suggest that some of the apparent association found in cross-sectional studies between victimization and psychopathology may be due to prior psychopathology (but not parent-child relationship problems), which puts children at risk for both victimization and later symptoms. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Bossini, Letizia; Santarnecchi, Emiliano; Casolaro, Ilaria; Koukouna, Despoina; Caterini, Claudia; Cecchini, Federica; Fortini, Valentina; Vatti, Giampaolo; Marino, Daniela; Fernandez, Isabel; Rossi, Alessandro; Fagiolini, Andrea	2017	Morphovolumetric changes after EMDR treatment in drug-naïve PTSD patients	Rivista di psichiatria	52	1	24–31	INTRODUCTION: Few studies have investigated the effects of efficacious psychotherapy on structural alterations of discrete brain regions associated with posttraumatic stress disorder (PTSD). We therefore proposed to evaluate the neurobiological effects of eye movement desensitization and reprocessing (EMDR) on 19 patients with drug-naïve PTSD without comorbidity, matched with 19 untreated healthy controls. METHODS: We administered the Clinician Administered PTSD Scale (CAPS) and conducted brain MRI measurements (with Optimized Voxel-Based Morphometry). Patients received 12 EMDR sessions over three months. Then patients and controls were reassessed. RESULTS: At baseline, grey matter volume (GMV) differed significantly between patients and controls ( $F_{1,35} = 3.674$ ; $p = .008$ ; $\eta^2 = .298$ ). Analyses of 3-month scans showed no changes for controls, while significant changes were highlighted for patients post-EMDR, with a significant increase in GMV in left parahippocampal gyrus, and a significant decrease in GMV in the left

							thalamus region. The diagnosis of PTSD was effectively eliminated in 16 of 19 patients, reflected in a significant improvement on the CAPS ( $t(35)=2.132, p<.004$ ). DISCUSSION AND CONCLUSIONS: Results indicated post-EMDR changes for patients in brain morphology. We discuss whether EMDR's mechanism of action may work at the level of the thalamus, an area implicated in PTSD pathology.
Boterhoven de Haan, Katrina L.; Lee, Christopher W.; Correia, Helen; Menninga, Simone; Fassbinder, Eva; Köehne, Sandra; Arntz, Arnoud	2021	Patient and therapist perspectives on treatment for adults with PTSD from childhood trauma	Journal of Clinical Medicine, 2021				This study aimed to explore patients' and therapists' experiences with trauma-focused treatments in patients with posttraumatic stress disorder from childhood trauma (Ch-PTSD). Semi-structured interviews were conducted with patients ( $n = 44$ ) and therapists ( $n = 16$ ) from an international multicenter randomized clinical trial comparing two trauma-focused treatments (IREM), imagery rescripting and eye movement and desensitization (EMDR). Thematic analysis was used to identify key themes within the data. Patients and therapists commented about the process of therapy. The themes that emerged from these comments included the importance of the patients' willingness to engage and commit to the treatment process; the importance and difficulty of the trauma work, observations of how the trauma-focused therapy produced changes in insight, and sense of self and empowerment for the future. In addition, therapists made suggestions for optimizing the therapist role in the trauma-focused treatment. This included the importance of having confidence in their own ability, confronting their own and their client's avoidance, and the necessity and difficulties of adhering to the treatment protocols. These reported experiences add further support to the idea that trauma-focused treatments, without a stabilization phase, can be tolerated and deepens our understanding of how to make this palatable for individuals with Ch-PTSD.
Boterhoven de Haan, Katrina L; Lee, Christopher W.; Fassbinder, Eva; van Es, Saskia M.; Menninga, Simone; Meewisse, Marie-Louise; Rijkeboer, Marleen; Kousemaker, Margriet; Arntz, Arnoud	2020	Imagery rescripting and eye movement desensitisation and reprocessing as treatment for adults with post-traumatic stress disorder from childhood trauma: randomised clinical trial	The British journal of psychiatry : the journal of mental science	217	5	609–615	BACKGROUND: Investigation of treatments that effectively treat adults with post-traumatic stress disorder from childhood experiences (Ch-PTSD) and are well tolerated by patients is needed to improve outcomes for this population. AIMS: The purpose of this study was to compare the effectiveness of two trauma-focused treatments, imagery rescripting (ImRs) and eye movement desensitisation and reprocessing (EMDR), for treating Ch-PTSD. METHOD: We conducted an international, multicentre, randomised clinical trial, recruiting adults with Ch-PTSD from childhood trauma before 16 years of age. Participants were randomised to treatment condition and assessed by blind raters at multiple time points. Participants received up to 12 90-min sessions of either ImRs or EMDR, biweekly. RESULTS: A total of 155 participants were included in the final intent-to-treat analysis.

							Drop-out rates were low, at 7.7%. A generalised linear mixed model of repeated measures showed that observer-rated post-traumatic stress disorder (PTSD) symptoms significantly decreased for both ImRs (d = 1.72) and EMDR (d = 1.73) at the 8-week post-treatment assessment. Similar results were seen with secondary outcome measures and self-reported PTSD symptoms. There were no significant differences between the two treatments on any standardised measure at post-treatment and follow-up. CONCLUSIONS: ImRs and EMDR treatments were found to be effective in treating PTSD symptoms arising from childhood trauma, and in reducing other symptoms such as depression, dissociation and trauma-related cognitions. The low drop-out rates suggest that the treatments were well tolerated by participants. The results from this study provide evidence for the use of trauma-focused treatments for Ch-PTSD.
Boterhoven de Haan, Katrina L; Lee, Christopher W.; Fassbinder, Eva; Voncken, Marisol J.; Meewisse, Mariel; van Es, Saskia M.; Menninga, Simone; Kousemaker, Margriet; Arntz, Arnoud	2017	Imagery rescripting and eye movement desensitisation and reprocessing for treatment of adults with childhood trauma-related post-traumatic stress disorder: IREM study design	BMC psychiatry	17	1	165	BACKGROUND: Post-traumatic stress disorder (PTSD) that originates from childhood trauma experiences can develop into a chronic condition that has lasting effects on an individual's functioning and quality of life. While there are evidence-based guidelines for treating adult onset PTSD, treatments for adults with childhood trauma-related PTSD (Ch-PTSD) are varied and subject to ongoing debate. This study will test the effectiveness of two trauma-focused treatments, imagery rescripting (ImRs) and eye movement desensitisation and reprocessing (EMDR) in participants with Ch-PTSD. Both have been found effective in treatment of adult PTSD or mixed onset PTSD and previous research indicates they are well-tolerated treatments. However, we know less about their effectiveness for treating Ch-PTSD or their underlying working mechanisms. METHODS: IREM is an international multicentre randomised controlled trial involving seven sites across Australia, Germany and the Netherlands. We aim to recruit 142 participants (minimum of n = 20 per site), who will be randomly assigned to treatment condition. Assessments will be conducted before treatment until 1-year follow-up. Assessments before and after the waitlist will assess change in time only. The primary outcome measure is change in PTSD symptom severity from pre-treatment to 8-weeks post-treatment. Secondary outcome measures include change in severity of depression, anger, trauma-related cognitions, guilt, shame, dissociation and quality of life. Underlying mechanisms of treatment will be assessed on changes in vividness, valence and encapsulated belief of a worst trauma memory. Additional sub-studies will include qualitative investigation of treatment experiences from the participant and therapists'

							perspective, changes in memory and the impact of treatment fidelity on outcome measures. DISCUSSION: The primary aims of this study are to compare the effectiveness of EMDR and ImRs in treating Ch-PTSD and to investigate the underlying working mechanisms of the two treatments. The large-scale international design will make a significant contribution to our understanding of how these treatments address the needs of individuals with Ch-PTSD and therefore, potentially improve their effectiveness. TRIAL REGISTRATION: Australian New Zealand Clinical Trials Registry ACTRN12614000750684 . Registered 16 July 2014.
Boudewyns, Patrick A.; Hyer, Leon A.	1996	Eye Movement Desensitization and Reprocessing (EMDR) as Treatment for Post-Traumatic Stress Disorder (PTSD)	Clinical psychology & psychotherapy	3	3	185–195	Abstract Eye Movement Desensitization and Reprocessing is a new and controversial cognitive-behavioural treatment technique that combines cognitive processing and exposure methodology to treat conditioned emotional responding and other trauma-related symptoms. EMDR is controversial in part due to initial excessive claims by its originator, Francine Shapiro, and also because of what many believe to be Shapiro's proprietary emphasis in controlling who may use the technique with patients. In this paper our aim is to take an objective look at the process and effectiveness of this technique. The purpose here is to (1) offer a brief objective review of the outcome literature to date on EMDR; (2) present a short summary of results of an 'early look' at an ongoing controlled study of this method that we are presently conducting; (3) speculate on the merits of this approach based on both scientific and clinical experience with EMDR and (4) offer a brief description of the evolved process of EMDR along with a commentary on that process.
Boukezzi, Sarah; El Khoury-Malhame, Myriam; Auzias, Guillaume; Reynaud, Emmanuelle; Rousseau, Pierre-François; Richard, Emmanuel; Zendjidjian, Xavier; Roques, Jacques; Castelli, Nathalie; Correard, Nadia; Guyon, Valérie; Gellato, Caroline; Samuelian, Jean-	2017	Grey matter density changes of structures involved in Posttraumatic Stress Disorder (PTSD) after recovery following Eye Movement Desensitization and Reprocessing (EMDR) therapy	Psychiatry research. Neuroimaging	266		146–152	Recovery of stress-induced structural alterations in Posttraumatic Stress Disorder (PTSD) remains largely unexplored. This study aimed to determine whether symptoms improvement is associated with grey matter (GM) density changes of brain structures involved in PTSD. Two groups of PTSD patients were involved in this study. The first group was treated with Eye Movement Desensitization and Reprocessing (EMDR) therapy and recovered from their symptoms (recovery group) (n = 11); Patients were scanned prior to therapy (T1), one week (T2) and five months after the end of therapy (T3). The second group included patients which followed a supportive therapy and remained symptomatic (wait-list group) (n = 7). They were scanned at three time-steps mimicking the same inter-scan intervals. Voxel-based morphometry (VBM) was used to characterize GM density evolution. GM density values showed a significant group-by-time interaction effect between T1 and T3 in prefrontal cortex areas. These interaction

Claude; Cancel, Aida; Comte, Magali; Latinus, Marianne; Guedj, Eric; Khalfa, Stéphanie							effects were driven by a GM density increase in the recovery group with respect to the wait-list group. Symptoms removal goes hand-in-hand with GM density enhancement of structures involved in emotional regulation.
Bouman, T. K.; Visser, S.	1998	Cognitive and behavioural treatment of hypochondriasis	Psychotherapy and psychosomatics	67	4-5	214–221	BACKGROUND: This study investigates the feasibility and effectiveness of time-limited treatment protocols based upon cognitive and behavioural interventions. METHOD: Seventeen patients with DSM-IV diagnoses of hypochondriasis were offered 12 1-hour sessions of either 'pure' cognitive or 'pure' behavioural (i.e. exposure in vivo and response prevention) treatment. Patients were used as their own controls by observing a 4-week period without interventions before and after treatment. RESULTS: Patients in both treatment conditions improved on specific measures of hypochondriasis (Kellner's Illness Attitude Scales) and depression. These changes took place during the active treatment period, whereas in the control periods scores remained unchanged. Furthermore, no differential treatment effectiveness could be demonstrated. CONCLUSIONS: Cognitive and behavioural interventions seem to be active ingredients in the treatment of hypochondriasis, although the contribution of nonspecific factors (e.g. patient motivation, therapist attitudes, and the therapeutic relationship) requires further study.
Bourgou, S.; Ben Mansour, N.; Bouasker, A.; Ridha, R.; Zaghrou, M.; Belhadj, A.	2020	The Eyes Movement Desensitization and Reprocessing for children with traumatic traumatic stress disorder: A Tunisian experience	L'Encephale	46	4	235–240	OBJECTIVES: Evaluate the effectiveness of the Eyes Movement Desensitization and Reprocessing psychotherapy for children with Post-Traumatic Stress Disorder. METHODS: A retrospective study was conducted in the Child Psychiatry Department of CHU Mongi Slim, Marsa (Tunis, Tunisia). All Outpatients with a Post-Traumatic Stress Disorder diagnosis and who had Eyes Movement Desensitization and Reprocessing psychotherapy during the period from July 2016 to May 2018 were included. They were evaluated according to DSM 5 criteria in pre and post therapy. RESULTS: The sample consisted of sixteen children with a sex-ratio of 1.6. Their age ranged from 3 to 17 years old with a mean age of 9.5±4.6 years. Five patients were less than six years old. Our patients were exposed to a sexual assault (4 cases), a death of a family member (3 cases), a road accident (3 cases), a physical assault (4 cases), an arrest of the father (1 case) and burglary of the house (1 case). In 15 cases, the traumatic event was unique while it was repeated in one sexual assault case. The total number of follow-up sessions ranged from one to seven sessions with an average of 3±2.4 sessions. The average number of sessions for preschool children was 2.6±0.5 sessions. Bilateral tactile stimulations were used



							with thirteen children in our population, including the five children younger than six years old. At the end of the therapy all patients no longer met the criteria for Post-Traumatic Stress Disorder diagnosis. All the preschool patients and eight children older than 6 years did not respond to any of the four Post-Traumatic Stress Disorder criteria. The difference between the scores of the DSM 5 criteria in pre and post EMDR was statistically significant. We found $P=10^{-3}$ for children over six years and $P<0.05$ for children under six years old. CONCLUSION: Eyes Movement Desensitization and Reprocessing is a therapy that has several advantages. First, it is effective in Post Traumatic Stress Disorder in children. Second, its protocol is flexible and adaptable to all ages and developmental level of the child. Third, the number of sessions is usually reduced, which is a great advantage over other trauma-focused psychotherapies.
Boyer, Bret A.; Knolls, Michelle L.; Kafkalas, Christina M.; Tollen, Lawrence G.; Swartz, Mercedes	2000	Prevalence and relationships of posttraumatic stress in families experiencing pediatric spinal cord injury	Rehabilitation Psychology	45	4	339–355	Objective: To investigate the severity of posttraumatic stress (PTS) and the prevalence of posttraumatic stress disorder (PTSD) in individuals with pediatric spinal cord injury (SCI) and their parents and to assess relationships among family members' degree of PTS and PTSD diagnoses. Study Design: Cross-sectional mail survey. Setting: A pediatric orthopedic surgical and rehabilitation hospital. Participants: A volunteer sample of 64 pediatric SCI patients (59% male and 41% female), 64 mothers, and 49 fathers. Main Outcome Measures: The Posttraumatic Diagnostic Scale was used for parents and for patients more than 18 years of age and the Child Posttraumatic Stress Scale was used for patients 18 years of age and under. Results: Sixteen (25.4%) patients, 25 (41%) mothers, and 16 (35.6%) fathers reported current PTSD. Mothers' total PTS scores statistically predicted patients' and fathers' PTS scores, and patients' PTS scores statistically predicted mothers' PTS scores. In addition, mothers' and patients' PTSD diagnoses related significantly. Conclusions: PTSD may be among the most prevalent psychological comorbidities in families experiencing pediatric SCI. Screening and treatment for PTSD appear warranted as part of standard psychosocial care for these families. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Boyer, Bret A.; Nowcid, Catherine A.; Ware, Christine	2012	Functional independence in pediatric-onset spinal cord injury: Two levels of mediation	Rehabilitation Psychology	57	4	328–336	Purpose/Objective: To test 3 models that examine the relationship of posttraumatic stress (PTS), family functioning (FF), and level of spinal cord injury (SCI) to functional independence (FI) among patients with pediatric-onset SCI. Research Method/Design: Participants were 109 pediatric spinal cord injury patients, ages 11–24 years, from 2 surgical and rehabilitation hospitals. Data from 2 previous cross-sectional studies included the Posttraumatic Diagnostic Scale, the Family

							Assessment Device, and the Pediatric Orthopedic Surgeons of North America Pediatric Musculoskeletal Functional Health Questionnaire. Path analyses were used to test 3 hypothesized models: that PTS would mediate the relationship between FF and FI, that PTS Avoidance symptoms would mediate the relationship between other PTS symptom clusters and FI, and that these 2 models would show adequate fit to the data when integrated into an overarching model to depict the interrelationship of level of SCI (tetraplegia v. paraplegia), FF, PTS symptom clusters, and FI. Results: Results from the first model indicated that PTS mediated the relationship between FF and FI. In addition, the Avoidance symptom cluster of PTS mediated the relationships between PTS Reexperiencing symptoms and FI and between the PTS Arousal symptom cluster and FI. A third model integrated the previous 2 models and supported these 2 levels of mediation. Conclusions/Implications: Level of SCI related directly to FI, and PTS mediated the relationship between FF and FI; PTS Avoidance mediated the relationships between Intrusive Reexperiencing and FI and between PTS Arousal and FI. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Boyer, Brett A.; Knolls, Michelle L.; Kafkalas, Christina M.; Tollen, Lawrence G.; Swartz, Merceded	2001	"Prevalence and relationships of posttraumatic stress in families experiencing pediatric spinal cord injury": Correction to Boyer et al. (2000)	Rehabilitation Psychology	46	3	287	Reports an error in the original article by B. A. Boyer et al. (Rehabilitation Psychology, 2000, Nov, Vol. 45, No. [4], pp. 339–355). The authors used the same patient sample as a study titled "Prevalence of Posttraumatic Stress Disorder in Patients with Pediatric Spinal Cord Injury: Relationship to Functional Independence", but did not list the reference. The reference list for the Rehabilitation article should include: Boyer, B. A., Knolls, M. L., Kafkalas, C. M., & Tollen, L. G. (2000). Prevalence of posttraumatic stress disorder in patients with pediatric spinal cord injury: Relationship to functional independence. Topics in Spinal Cord Injury Rehabilitation, 6(Suppl.), 125–133. (The following abstract appeared in record 2000-02948-001). Objective: To investigate the severity of posttraumatic stress (PTS) and the prevalence of posttraumatic stress disorder (PTSD) in individuals with pediatric spinal cord injury (SCI) and their parents and to assess relationships among family members' degree of PTS and PTSD diagnoses. Study Design: Cross-sectional mail survey. Setting: A pediatric orthopedic surgical and rehabilitation hospital. Participants: A volunteer sample of 64 pediatric SCI patients (59% male and 41% female), 64 mothers, and 49 fathers... (PsycINFO Database Record (c) 2017 APA, all rights reserved)

Boyes, Mark E.; Cluver, Lucie D.	2013	Performance of the Revised Children's Manifest Anxiety Scale in a sample of children and adolescents from poor urban communities in Cape Town	European Journal of Psychological Assessment		21-26 (Electronic), 10-15-57-59 (Print)	113-120	The Revised Children's Manifest Anxiety Scale (RCMAS) is regularly used with South African children, although its performance in this context has yet to be empirically evaluated. This study assessed the basic psychometric properties of the RCMAS using data collected in a large study examining the mental health of children and adolescents living in poor urban communities around Cape Town. Reliability of the full-scale was good, and the predicted relationships between anxiety, depression, PTSD, delinquency, age, sex, and somaticism scores offered evidence of construct validity. However, the reliabilities for the physiological, worry/oversensitivity, and concentration subscales were low, and confirmatory factor analysis revealed the hypothesized three-factor model did not adequately fit the data. Exploratory analyses suggested a four-factor solution consisting of social evaluation, worry, affective responses, and physiological symptoms/sleep disturbance factors. Further confirmatory research examining this four-factor structure is needed. Given the continued use of the RCMAS in South Africa, these findings provide an important first step in establishing its reliability and validity for use with South African youth; however, scores obtained on the three subscales should be interpreted with caution and further detailed psychometric evaluation of the RCMAS in South African samples is clearly required. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Brabeck, Kalina M.; Cardoso, Jodi Berger; Chen, Tzuan; Bjugstad, Arlene; Capps, Randy; Capoverde, Elizabeth; Trull, Allyson	2022	Discrimination and PTSD among Latinx immigrant youth: The moderating effects of gender	Psychological trauma : theory, research, practice and policy	14	1	11-19	Objective: Discrimination is a minority-related stressor that contributes to mental health disparities between Latinx youth and their racial/ethnic peers. Discrimination activates the body's stress response system, resulting in a higher allostatic load that can cause mental health problems such as PTSD. We explored 1) the relation between perceived discrimination and PTSD symptoms among Latinx immigrant youth, and 2) how gender moderates this relation. Methods: We conducted surveys with 306 Latinx first- and second-generation immigrant youth during the 2018-19 school year in Harris County, Texas and Rhode Island. Results: We found that youth who perceived more discrimination were more likely to report PTSD symptoms. Female participants reported higher levels of PTSD symptoms than males, including higher levels of avoidance and reexperiencing symptoms. Perceived discrimination was associated with increased PTSD symptoms, including hypervigilance and avoidance symptoms, for female participants but not males. These interactions did not differ by location. Conclusion: These results further provide support for research into discrimination as a potentially traumatic experience linked to PTSD and underscore the importance of including

							discrimination in assessments of trauma and adverse childhood outcomes among Latinx immigrant youth. Results further suggest the importance of an intersectional approach to understanding how discrimination relates to PTSD among Latinx immigrant youth. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Brächter, Hiltrud	2014	Der singende Pantomime. Ego-State-Therapie und Telearbeit mit Kindern und Jugendlichen					
Brand, A. A.	1999	The child dental patient. Part II: An approach to the management of fearful children	SADJ : journal of the South African Dental Association = tydskrif van die Suid-Afrikaanse Tandheelkundige Vereniging	54	11	552–554	The first part of this review, published last month, dealt with understanding the nature and prevalence of dental fears among children. This article is concerned with investigating ways in which these fears could best be managed.
Bremer, Susanne; van Vliet, Noortje I.; van Bronswijk, Suzanne; Huntjens, Rafaele; Jongh, Ad de; van Dijk, Maarten K.	2023	Predicting optimal treatment outcomes in phase-based treatment and direct trauma-focused treatment among patients with posttraumatic stress disorder stemming from childhood abuse	Journal of traumatic stress	36	6	1044–1055	Research over the last few decades has demonstrated the effectiveness of various treatments for posttraumatic stress disorder (PTSD). However, the question of which treatment works best remains, especially for patients with PTSD stemming from childhood abuse. Using the Personalized Advantage Index (PAI), we explored which patients benefit more from phase-based treatment and which benefit more from direct trauma-focused treatment. Data were obtained from a multicenter randomized controlled trial (RCT) comparing a phase-based treatment condition (i.e., eye-movement desensitization and reprocessing [EMDR] therapy preceded by Skills Training in Affect and Interpersonal Regulation [STAIR]; n = 57) and a direct trauma-focused treatment (EMDR only; n = 64) among individuals with PTSD related to childhood abuse. Machine learning techniques were used to examine all pretreatment variables included in the trial as potential predictors and moderators, with selected variables combined to build the PAI model. The utility of the PAI was tested by comparing actual posttreatment outcomes of individuals who received PAI-indicated treatment with those allocated to a non-PAI-indicated treatment. Although eight pretreatment variables between PTSD treatment outcome and treatment condition were selected as moderators, there was no significant difference between participants assigned to their PAI-indicated treatment and those randomized to a non-PAI-indicated treatment, $d = 0.25$ , $p = .213$ . Hence, the results of this study do not support the need for personalized medicine for patients with PTSD and a history of

							childhood abuse. Further research with larger sample sizes and external validation is warranted.
Brennstuhl, Marie-Jo; Tarquinio, Cyril; Strub, Lionel; Montel, Sebastien; Rydberg, Jenny Ann; Kapoula, Zoi	2013	Benefits of immediate EMDR vs. eclectic therapy intervention for victims of physical violence and accidents at the workplace: a pilot study	Issues in mental health nursing	34	6	425–434	This study focuses on 34 victims of aggression at the workplace, less than 48 hours following the incident of aggression. We compared victims who received an EMDR emergency protocol (URG-EMDR; n = 19) that we developed with those who received a method of intervention called eclectic therapy (n = 15). The results show that URG-EMDR therapy, provided within 48 hours, resulted in a greater decrease in perceived stress and a lower PCL-S score than eclectic therapy did. The scores were lower in both groups after 24 hours, and after 3 months, the drop was significantly greater among the victims treated with the URG-EMDR protocol; none of the EMDR-treated patients exhibited symptoms of posttraumatic stress.
Brewin, Chris R.	2014	Episodic memory, perceptual memory, and their interaction: Foundations for a theory of posttraumatic stress disorder	Psychological bulletin	140	1	69–97	A number of autobiographical memory theories and clinical theories of posttraumatic stress disorder (PTSD) make claims that are different from standard views of memory and have been the subject of controversy. These claims include the existence of a long-term perceptual memory system supporting conscious experience separate to episodic memory; greater involvement of perceptual memory in the response to emotion-laden and personally meaningful events; increased perceptual memory intrusions accompanied by impaired episodic memory for the traumatic event among PTSD patients; and a lack of association, or inverse association, between indices of voluntary recall and involuntary images relating to the same traumatic materials. In this article I review current research on perceptual memory, which supports the presence of long-term representations that are selective or incomplete reflections of sensory input. The functional independence of perceptual and episodic memory is illustrated by research on verbal overshadowing but is most clearly exemplified by the strong evidence in favor of enhanced perceptual memory and impaired episodic memory in PTSD. Theoretical predictions concerning the relation between perceptual priming and the development of intrusive images, the effect of verbal versus visuospatial secondary tasks on intrusive trauma images, and the independence of voluntary and involuntary memory for the same materials have garnered widespread support. Reasons for the continuing controversy over traumatic memory are discussed, and some implications of the review for general theories of recall and recognition, clinical theories of PTSD, and “special mechanism” views of memory are set out. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<p>Briggs, Ernestine C.; Fairbank, John A.; Greeson, Johanna K. P.; Layne, Christopher M.; Steinberg, Alan M.; Amaya-Jackson, Lisa M.; Ostrowski, Sarah A.; Gerrity, Ellen T.; Elmore, Diane L.; Belcher, Harolyn M. E.; Pynoos, Robert S.</p>	<p>2013</p>	<p>Links between child and adolescent trauma exposure and service use histories in a national clinic-referred sample</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>	<p>5</p>	<p>2</p>		<p>The National Child Traumatic Stress Network (NCTSN) is a federally funded child mental health service initiative designed to raise the standard of care and increase access to evidence-based services for traumatized children and their families across the United States. As part of the quality improvement goal, a Core Data Set (CDS) was established to standardize data collection and examine treatment outcomes across participating centers. This paper describes baseline demographic characteristics, prevalence of trauma exposure, and service use for children and adolescents served by a broad range of NCTSN service delivery centers. Data were collected from children 0–18 years (52% girls, 82% were 6–18 years old) who reported exposure to at least one trauma and who received trauma-related services (n = 11,104). Approximately half the sample was White; more than three quarters reported exposure to multiple types of trauma. Sixty-three percent were eligible for state- or federally funded insurance. The two most commonly reported traumatic events were traumatic loss/separation/bereavement and domestic violence. Number and type of trauma exposure varied by gender and age. Type and number of services utilized prior to entering an NCTSN center varied by number of trauma exposures. Systematically assessing children's trauma exposure provides clinically useful information, particularly for those exposed to multiple types of traumatic events. Identifying subgroups, and markers of risk for trauma-related sequelae, may inform policies, programs, and best practices to meet specific needs of children and families. Future research may clarify high-risk trauma profiles for coordinated utilization of systems of care. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
<p>Brisch, Karl-Heinz</p>	<p>2008</p>	<p>Bindung und Trauma - Diagnostik und Anwendung der Bindungstheorie in der Psychotherapie von traumatisierten Kindern und Erwachsenen</p>					<p>Mit dem Ziel einer gezielten Integration von Diagnose und Anwendung der Bindungstheorie in der Traumatherapie werden grundlegende Erkenntnisse und Zusammenhänge der Bindungsforschung zusammengefasst und in ihrer Relevanz für die gesunde als auch gestörte Bindungsentwicklung eines Kindes dargestellt. Eine sichere emotionale Bindung an seine Eltern, die das Kind unter optimalen Bedingungen entwickelt, dient als Schutzfaktor für die weitere gesunde Persönlichkeitsentwicklung und macht das Kind bei emotionaler Belastung "widerstandsfähig". Dagegen können desorganisierte Bindungen oder gar Bindungsstörungen auftreten, wenn Eltern oder Kinder über einen längeren Zeitraum traumatisierenden Erfahrungen ausgesetzt werden, entweder durch schweren emotionalen und physischen Missbrauch durch Bindungspersonen oder auch durch Trennungserlebnisse bzw. Verlust</p>

							bei Tod, Naturkatastrophen oder Krieg. Neben einer Betrachtung der Entstehung von Posttraumatischen Belastungsstörungen bei Kindern werden auch die Zusammenhänge von Bindung, Genetik und Neurobiologie und der Einfluss von traumatischen Erfahrungen auf Funktion und Struktur des Gehirns diskutiert. Eine besondere Risikokonstellation für das Entstehen von Bindungsstörungen liegt vor, wenn bereits die Schwangerschaft und Geburt in ihrem normalen Verlauf durch Komplikationen gefährdet sind und dadurch bei Eltern eine starke emotionale Belastung auslösen. Auch die akute Traumatisierung der Eltern durch die Frühgeburtserfahrung sowie die anschließende chronische Traumatisierung durch die ständige Konfrontation mit den Entwicklungsdefiziten dieser Kinder kann die Eltern-Kind-Interaktion beeinträchtigen. In der Psychotherapie geht es daher um die Herstellung einer sicheren Bindungsbeziehung zwischen Patient und Therapeut und um den Einsatz spezifischer therapeutischer Techniken (etwa Eye Movement Desensitization and Reprocessing (EMDR)). Hingewiesen wird auf ein breit angelegtes Präventionsprogramm für Eltern (SAFE), das auf umfangreichen Forschungsergebnissen zur Bindungsforschung und jahrelangen Praxiserfahrungen basiert.
Brisch, Karl-Heinz	2008	In: Vogt, Ralf (Ed.), Körperpotenziale in der traumaorientierten Psychotherapie. Aktuelle Trends in körperorientierter Psychotraumatologie, Hirnforschung und Bewegungswissenschaften (S. 17-38). Gießen: Psychosozial-Verlag, 2008				17-38	
Broad, Robert D.; Wheeler, Kathleen	2006	An adult with childhood medical trauma treated with psychoanalytic psychotherapy and EMDR: a case study	Perspectives in psychiatric care	42	2	95-105	PROBLEM: Adverse childhood experiences have been found to be a strong predictor of emotional and physical problems in adulthood. However, the long-term sequelae for children who have suffered critical illness and exposure to invasive medical procedures are less well documented. METHODS: This is a case study of an adult client who sought treatment for depression and attention deficit disorder. The psychotherapy treatment is discussed and the use of eye movement desensitization and reprocessing (EMDR) is described targeting a memory of a medical trauma resulting from a tonsillectomy when the client was 8 years old. CONCLUSIONS: Significant healing outcomes were attained as a result of the therapy, i.e., decreased

							depression, less hypervigilance, and increased ability to concentrate, which resulted in the discontinuation of medication for depression and ADHD as well as significant improvement in overall functioning.
Brockman, Callie; Snyder, James; Gewirtz, Abigail; Gird, Suzanne R.; Quattlebaum, Jamie; Schmidt, Nicole; Pauldine, Michael R.; Elish, Katie; Schrepferman, Lynn; Hayes, Charles; Zettle, Robert; DeGarmo, David	2016	Relationship of service members' deployment trauma, PTSD symptoms, and experiential avoidance to postdeployment family reengagement	Journal of Family Psychology	30	1	52–62	This research examined whether military service members' deployment-related trauma exposure, posttraumatic stress disorder (PTSD) symptoms, and experiential avoidance are associated with their observed levels of positive social engagement, social withdrawal, reactivity-coercion, and distress avoidance during postdeployment family interaction. Self reports of deployment related trauma, postdeployment PTSD symptoms, and experiential avoidance were collected from 184 men who were deployed to the Middle East conflicts, were partnered, and had a child between 4 and 13 years of age. Video samples of parent–child and partner problem solving and conversations about deployment issues were collected, and were rated by trained observers to assess service members' positive engagement, social withdrawal, reactivity-coercion, and distress avoidance, as well as spouse and child negative affect and behavior. Service members' experiential avoidance was reliably associated with less observed positive engagement and more observed withdrawal and distress avoidance after controlling for spouse and child negative affect and behavior during ongoing interaction. Service members' experiential avoidance also diminished significant associations between service members' PTSD symptoms and their observed behavior. The results are discussed in terms of how service members' psychological acceptance promotes family resilience and adaption to the multiple contextual challenges and role transitions associated with military deployment. Implications for parenting and marital interventions are described. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Brockmyer, Jeanne Funk	2015	Playing violent video games and desensitization to violence	Child and adolescent psychiatric clinics of North America	24	1	65–77	This article examines current research linking exposure to violent video games and desensitization to violence. Data from questionnaire, behavioral, and psychophysiologic research are reviewed to determine if exposure to violent video games is a risk factor for desensitization to violence. Real-world implications of desensitization are discussed.
Bronner, Madelon Brigitte; Beer, Renée; Jozine van Zelm van Eldik, Margreet; Grootenhuis, Martha	2009	Reducing acute stress in a 16-year old using trauma-focused cognitive behaviour therapy and eye movement desensitization and reprocessing	Developmental neurorehabilitation	12	3	170–174	OBJECTIVE: To assess the effects of trauma-focused cognitive behaviour therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) for the treatment of acute stress in an adolescent. METHODS: A combination of TF-CBT and EMDR was provided to a 16-year-old girl with distressing memories, anxiety and flashbacks. For measurement of the efficacy of the treatment



Alexandra; Last, Bob Fred							package, the Children's Revised Impact of Event Scale (CRIES-13) was used. RESULTS: Acute stress reactions decreased considerably after treatment and remained stable. CRIES-13 scores showed substantial reduction in stress scores. The girl reported no more flashbacks of the injury, sleeping difficulties or recurrent and distressing memories. CONCLUSION: This case study illustrates the potential efficacy of a combination of TF-CBT and EMDR for patients with acute stress reactions. Future studies should examine the efficacy of this treatment package in a large sample of children.
Brooks, Gary R.	1991	Therapy pitfalls with Vietnam veteran families: Linearity, contextual naïveté, and gender role blindness	Journal of Family Psychology	4	4	446–461	Reviews the shortcomings in the literature of systemic perspectives in psychotherapy approaches to veteran families with post-Vietnam adjustment problems and provides case material to illustrate an alternative therapy model for Vietnam veteran families. The case is a family of 6, a Vietnam veteran, his wife and 4 children. The father had recently been admitted to a psychiatric unit with symptoms of posttraumatic stress disorder (PTSD). A family therapy plan was developed that emphasized fashioning a strong parental alliance, recognizing each child's developmental needs, developing a stronger marital subsystem with detriangulation of daughters, and successful launching of the oldest adolescent. The struggle between the pull of the veteran's surrogate family in the VA and his actual family was exemplified in the case illustration. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Brown, Laura S.	2003	Feministische Therapie und EMDR: Theorie trifft auf Praxis					Die Nutzung von Elementen der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung in der feministischen Therapie wird erörtert. Zunächst werden zentrale Grundannahmen der feministischen Therapie zusammengefasst, die feministische Auffassung vom Patriarchat wird erläutert, und grundlegende Ziele feministischer Praxis werden besprochen. Anschließend wird der Frage nachgegangen, wie EMDR zur Entwicklung eines feministischen Bewusstseins beitragen kann. Dabei wird die Behandlung einer Frau, die mehrfach Opfer sexueller Gewalt geworden war, beschrieben. Die Bedeutung der Schaffung einer egalitären therapeutischen Beziehung und der mögliche Beitrag der EMDR dabei werden diskutiert und anhand der Behandlung einer Frau mit einem ausgeprägten Hass auf den eigenen Körper und einer fälschlichen Selbstwahrnehmung als zu dick sowie der Behandlung einer depressiven Patientin mit multiplen Missbrauchserfahrungen veranschaulicht. Insgesamt wird die wechselseitige Befruchtung von EMDR und feministischer Therapie als vielversprechend angesehen.

Brown, Laura S.	2003	In: Shapiro, Francine (Ed.), EMDR als integrativer psychotherapeutischer Ansatz. Experten verschiedenster psychotherapeutischer Orientierungen erforschen das Paradigmenprisma (S. 321-350). Paderborn: Junfermann, 2003				321–350	
Brown, R. C.; Witt, A.; Fegert, J. M.; Keller, F.; Rassenhofer, M.; Plener, P. L.	2017	Psychosocial interventions for children and adolescents after man-made and natural disasters: a meta-analysis and systematic review	Psychol. Med. (Psychological Medicine)	47	11	1893–1905	Children and adolescents are a vulnerable group to develop post-traumatic stress symptoms after natural or man-made disasters. In the light of increasing numbers of refugees under the age of 18 years worldwide, there is a significant need for effective treatments. This meta-analytic review investigates specific psychosocial treatments for children and adolescents after man-made and natural disasters. In a systematic literature search using MEDLINE, EMBASE and PsycINFO, as well as hand-searching existing reviews and contacting professional associations, 36 studies were identified. Random- and mixed-effects models were applied to test for average effect sizes and moderating variables. Overall, treatments showed high effect sizes in pre-post comparisons (Hedges' $g = 1.34$ ) and medium effect sizes as compared with control conditions (Hedges' $g = 0.43$ ). Treatments investigated by at least two studies were cognitive-behavioural therapy (CBT), eye movement desensitization and reprocessing (EMDR), narrative exposure therapy for children (KIDNET) and classroom-based interventions, which showed similar effect sizes. However, studies were very heterogenic with regard to their outcomes. Effects were moderated by type of profession (higher level of training leading to higher effect sizes). A number of effective psychosocial treatments for child and adolescent survivors of disasters exist. CBT, EMDR, KIDNET and classroom-based interventions can be equally recommended. Although disasters require immediate reactions and improvisation, future studies with larger sample sizes and rigorous methodology are needed.
Brunet, Alain; Boyer, Richard; Weiss, Daniel S.; Marmar, Charles R.	2001	The effects of initial trauma exposure on the symptomatic response to a subsequent trauma	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement	33	2	97–102	The effect of initial trauma on the symptomatic response to a subsequent trauma was investigated in a cross-sectional study of urban bus drivers. Comparisons were made among 175 drivers (mean age 42.2 yrs) who had developed either high or low symptoms of %PTSD% as a result of the initial trauma, and a third group exposed to only a single trauma. The group with high levels Of PTSD symptoms after the initial trauma reported high PTSD symptoms for a subsequent trauma (75%) significantly more often than the other two groups who

							did not differ from each other (Low PTSD symptoms group 49%, No prior trauma group 41 %). These results suggest that unless trauma exposure leads to significant PTSD symptoms, it is not a risk factor for high PTSD symptoms after exposure to a subsequent traumatic event. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Bruno, Jennifer Lynn; Garrett, Amy S.; Quintin, Eve-Marie; Mazaika, Paul K.; Reiss, Allan L.	2014	Aberrant face and gaze habituation in fragile x syndrome	The American journal of psychiatry	171	10	1099–1106	OBJECTIVE: The authors sought to investigate neural system habituation to face and eye gaze in fragile X syndrome, a disorder characterized by eye-gaze aversion, among other social and cognitive deficits. METHOD: Participants (ages 15-25 years) were 30 individuals with fragile X syndrome (females, N=14) and a comparison group of 25 individuals without fragile X syndrome (females, N=12) matched for general cognitive ability and autism symptoms. Functional MRI (fMRI) was used to assess brain activation during a gaze habituation task. Participants viewed repeated presentations of four unique faces with either direct or averted eye gaze and judged the direction of eye gaze. RESULTS: Four participants (males, N=4/4; fragile X syndrome, N=3) were excluded because of excessive head motion during fMRI scanning. Behavioral performance did not differ between the groups. Less neural habituation (and significant sensitization) in the fragile X syndrome group was found in the cingulate gyrus, fusiform gyrus, and frontal cortex in response to all faces (direct and averted gaze). Left fusiform habituation in female participants was directly correlated with higher, more typical levels of the fragile X mental retardation protein and inversely correlated with autism symptoms. There was no evidence for differential habituation to direct gaze compared with averted gaze within or between groups. CONCLUSIONS: Impaired habituation and accentuated sensitization in response to face/eye gaze was distributed across multiple levels of neural processing. These results could help inform interventions, such as desensitization therapy, which may help patients with fragile X syndrome modulate anxiety and arousal associated with eye gaze, thereby improving social functioning.
Bryan, Craig J.; Bryan, AnnaBelle O.	2019	Financial strain, suicidal thoughts, and suicidal behavior among US military personnel in the National Guard	Crisis: The Journal of Crisis Intervention and Suicide Prevention	40	6	437–445	Background: Although financial strain is an identified risk factor for suicide among US military personnel, research is limited regarding the specific dimensions of financial strain that confer the greatest risk. Aims: The present study examined the associations among multiple indicators of financial strain, suicide ideation, and suicide attempts in a sample of US National Guard personnel, a high-risk subgroup of the US military. Method: National Guard personnel from Utah and Idaho (n = 997) completed an anonymous online self-report survey. Weighted univariate and multivariate logistic regression was used to test

							hypothesized associations. Results: Lifetime history of suicide ideation was significantly more common among participants reporting recent income decrease, credit problems, and difficulty making ends meet, even when adjusting for other covariates. Lifetime history of suicide attempt was significantly associated with recent foreclosure or loan default, credit problems, and difficulty making ends meet, but only in univariate analyses. Recent credit problems were the only financial strain indicator that significantly predicted a history of suicide attempt among participants with a history of suicide ideation. Limitations: The present study includes self-report methodology and cross-sectional design. Conclusion: Although multiple indicators of financial strain are associated with increased risk for suicidal thinking among National Guard military personnel, credit problems had the strongest association with suicide attempts. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Bryan, Craig J.; Bryan, AnnaBelle O.; Roberge, Erika; Leifker, Feea R.; Rozek, David C.	2018	Moral injury, posttraumatic stress disorder, and suicidal behavior among National Guard personnel	Psychological trauma : theory, research, practice and policy	10	1	36-45	Objective: To empirically examine similarities and differences in the signs and symptoms of posttraumatic stress disorder (PTSD) and moral injury and to determine if the combination of these 2 constructs is associated with increased risk for suicidal thoughts and behaviors in a sample of U.S. National Guard personnel. Method: 930 National Guard personnel from the states of Utah and Idaho completed an anonymous online survey. Exploratory structural equation modeling (ESEM) was used to test a measurement model of PTSD and moral injury. A structural model was next constructed to test the interactive effects of PTSD and moral injury on history of suicide ideation and attempts. Results: Results of the ESEM confirmed that PTSD and moral injury were distinct constructs characterized by unique symptoms, although depressed mood loaded onto both PTSD and moral injury. The interaction of PTSD and moral injury was associated with significantly increased risk for suicide ideation and attempts. A sensitivity analysis indicated the interaction remained a statistically significant predictor of suicide attempt even among the subgroup of participants with a history of suicide ideation. Conclusion: PTSD and moral injury represent separate constructs with unique signs and symptoms. The combination of PTSD and moral injury confers increased risk for suicidal thoughts and behaviors, and differentiates between military personnel who have attempted suicide and those who have only thought about suicide. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Bryant, Richard A.; Harvey, Allison G.; Dang, Suzanne T.; Sackville, Tanya	1998	Assessing acute stress disorder: Psychometric properties of a structured clinical interview	Psychological Assessment	10	3	215– 220	This study presents the development of a structured clinical interview to diagnose acute stress disorder (ASD). The Acute Stress Disorder Interview (ASDI) is a 19-item, dichotomously scored interview schedule that is based on criteria from the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994). It was validated against clinician-based diagnoses of ASD on 65 trauma survivors assessed between 1 and 3 weeks posttrauma. It possessed good internal consistency ( $r = .90$ ), sensitivity (91%), and specificity (93%). Test-retest reliability was evaluated on 60 trauma survivors between 1 and 3 weeks posttrauma, with a readministration interval of 2 to 7 days. Test-retest reliability of ASDI severity scores was strong ( $r = .88$ ), and diagnostic agreement for presence (88%) and absence (94%) of ASD diagnosis was high. The ASDI appears to be a useful tool to identify those individuals who suffer ASD and are at risk of long-term posttraumatic stress disorder. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Bryant, Richard A.; Harvey, Allison G.; Guthrie, Rachel M.; Moulds, Michelle L.	2000	A prospective study of psychophysiological arousal, acute stress disorder, and posttraumatic stress disorder	Journal of abnormal psychology	109	2		This study investigated the role of acute arousal in the development of posttraumatic stress disorder (PTSD). Hospitalized motor-vehicle-accident survivors ( $n = 146$ ) were assessed for acute stress disorder (ASD) within 1 month of the trauma and were reassessed ( $n = 113$ ) for PTSD 6 months posttrauma. Heart rate (HR) and blood pressure (BP) were assessed on the day of hospital discharge. Participants with subclinical ASD had higher HR than those with ASD and no ASD. Participants who developed PTSD had higher HR in the acute posttrauma phase than those without PTSD. Diagnosis of ASD and resting HR accounted for 36% of the variance of the number of PTSD symptoms. A formula composed of a diagnosis of ASD or a resting HR of $>90$ beats per minute possessed strong sensitivity (88%) and specificity (85%) in predicting PTSD. These findings are discussed in terms of acute arousal and longer term adaptation to trauma. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Bryant, Richard A.; Moulds, Michelle L.; Guthrie, Rachel M.	2000	Acute stress disorder scale: A self-report measure of acute stress disorder	Psychological Assessment	12	1	61–68	The Acute Stress Disorder Scale (ASDS) is a self-report inventory that (a) indexes acute stress disorder (ASD) and (b) predicts posttraumatic stress disorder (PTSD). The ASDS is a 19-item, inventory that is based on Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV, American Psychiatric Association, 1994) criteria. The ASDS possessed good sensitivity (95%) and specificity (83%) for identifying ASD against the ASD Interview on 99 civilian trauma survivors. Test-retest reliability of the ASDS scores between 2 and 7 days was strong ( $r = .94$ ). The ASDS predicted 91% of bushfire survivors who developed PTSD and 93% of those who did not; one third of those identified by the

							ASDS as being at risk did not develop PTSD, however. The ASDS shows promise as a screening instrument to identify acutely traumatized individuals who warrant more thorough assessment for risk of PTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Bryant, Richard A.; Moulds, Michelle L.; Guthrie, Rachel M.; Dang, Suzanne T.; Mastrodomenico, Julie; Nixon, Reginald D. V.; Felmingham, Kim L.; Hopwood, Sally; Creamer, Mark	2008	A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder	Journal of consulting and clinical psychology	76	4	695–703	Previous studies have reported that adding cognitive restructuring (CR) to exposure therapy does not enhance treatment gains in posttraumatic stress disorder (PTSD). This study investigated the extent to which CR would augment treatment response when provided with exposure therapy. The authors randomly allocated 118 civilian trauma survivors with PTSD to receive 8 individually administered sessions of either (a) imaginal exposure (IE), (b) in vivo exposure (IVE), (c) IE combined with IVE (IE/IVE), or (d) IE/IVE combined with CR (IE/IVE/CR). There were fewer patients with PTSD in the IE/IVE/CR (31%) condition than the IE (75%), IVE (69%), and IE/IVE (63%) conditions at a 6-month follow-up assessment. The IE/IVE/CR condition resulted in larger effect sizes than each of the other conditions in terms of PTSD and depressive symptoms. These findings suggest that optimal treatment outcome may be achieved by combining CR with exposure therapy in treating PTSD patients. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Bučan-Varatanović, Ajsela; Šabanović, Šemsa	2018	EMDR Therapy in Treating Posttraumatic Stress Disorder in Adolescents - A Case Report	Psychiatria Danubina	30	Su ppl 5	291–296	
Bučan-Varatanović, Ajsela; Šabanović, Šemsa	2021	The Application of EMDR Therapy in Treating Adolescents with the Adjustment Disorder: A Case Report	Psychiatria Danubina	33	Su ppl 1	49–53	
Buchanan, A. W.; Meng, K. S.; Marks, I. M.	1996	What predicts improvement and compliance during the behavioral treatment of obsessive compulsive disorder?	Anxiety	2	1	22–27	The aim of the study was to identify factors associated with treatment compliance and clinical improvement when obsessive compulsive disorder is treated with graded exposure and response prevention. The sample consisted of all patients with a diagnosis of obsessive compulsive disorder admitted over a 3-year period to a unit specialising in behavioral treatment. All subjects were diagnosed using reliable diagnostic criteria and all were followed-up for 12 months. A range of social and clinical variables was examined using stepwise regression analysis. Treatment compliance was associated with being employed during treatment and living with one's family. Clinical improvement was associated with never having been treated previously, being employed during treatment, having a fear of contamination, having overt ritualistic behaviour, the absence of depression and living with one's family.

Buckwalter, Karen Doyle; Maxon, Danielle; Moody, Kristi	2019	Prevention of Medical Trauma in Children With Early Onset Scoliosis and the Use of Mehta Casting	Creative nursing	25	2	103–112	Despite recent emergence of information about treatment of medical trauma in children, the literature remains sparse regarding prevention of medical trauma. Health-care professionals are in an ideal position to educate about and advocate for ways to prevent the far-reaching consequences of medical trauma, yet policies remain which at times contribute to the problem. This article presents practical approaches intended to reduce the likelihood of medical trauma in children receiving serial casting for treatment of progressive infantile scoliosis (PIS). The majority of the suggestions apply not only to children being treated for PIS, but to children receiving medical treatment for many conditions. The article also provides suggestions for parents who are enduring the stress of their child undergoing repeated surgeries and hospital stays. The authors interviewed a variety of experts in the field and draw on their own experiences as clinical social workers specializing in the treatment of post-traumatic stress disorder and developmental trauma in children.
Budde, Malene; Benzel, Bärbel	2014	Ego-State-Arbeit und EMDR - eine gute Verbindung					Anhand von Fallvignetten wird die Verbindung von Ego-State-Arbeit mit Jungen und Mädchen und EMDR (Eye Movement Desensitization and Reprocessing) veranschaulicht. Beschrieben wird die Behandlung eines 14-jährigen Jungen, der an Ängsten litt, die ihn seit einiger Zeit hinderten, den Schulunterricht zu besuchen; außerdem wies er eine sehr ausgeprägte somatoforme Symptomatik (Übelkeit, Erbrechen, starkes körperliches Schwächeempfinden) auf. Beim anschließend beschriebenen Fall handelt es sich um ein ebenfalls 14-jähriges Mädchen mit multiplen Beeinträchtigungen. Bei ihr war wegen früher und komplexer Traumatisierung ein multimodaler Ansatz mit psychodynamischem Hintergrund angezeigt und notwendig. Die psychotraumatologischen Parameter Beziehungsaufbau, Stabilisierung, Ressourcenarbeit, Biografiearbeit unter Einbeziehung der erwachsenen Bezugspersonen bildeten hierbei die Grundlage. Eine gezielte, vorsichtige, schonende Bearbeitung der erlebten traumatisierenden Ereignisse gelang mit Screentechniken und EMDR. Anstehende, aber auch neue Entwicklungsschritte waren zu beobachten, eine Integration erfolgte, Blockaden lösten sich auf, und das Leben veränderte sich positiv. Nach einer weiteren Phase der Stabilisierung und Ressourcenarbeit, auch mit bilateraler Stimulation zur Verankerung und Verstärkung, konnte über den Einsatz nur von EMDR nur wenig Symptomänderung erreicht werden. Die Ego-State-Therapie als eine sehr effektive Methode in der Behandlung komplexer, früher Traumatisierung brachte hingegen grundlegende Veränderungen und Verbesserung.

Buka, Stephen L.; Stichick, Theresa L.; Birdthistle, Isolde; Earls, Felton J.	2001	Youth exposure to violence: Prevalence, risks, and consequences	American Journal of Orthopsychiatry	71	3		Recent empirical work on the distribution, determinants, and consequences of children and adolescents' witnessing of community violence are reviewed. Major findings across studies indicate that males, ethnic minorities, and urban residents are at increased risk for witnessing violence, and that higher rates of posttraumatic stress disorder (PTSD), depression, distress, aggression, and externalizing behavior disturbances are reported among those who witness violence. Degree of family conflict, domestic violence, and family support were demonstrated to modify the impact of exposure to violence. Research and policy recommendations are offered. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Bulik, C. M.; Sullivan, P. F.; Carter, F. A.; McIntosh, V. V.; Joyce, P. R.	1998	The role of exposure with response prevention in the cognitive-behavioural therapy for bulimia nervosa	Psychol. Med. (Psychological Medicine)	28	3	611–623	BACKGROUND: One hundred and thirty-five women with bulimia nervosa participated in a randomized clinical trial designed to determine whether the addition of exposure with response prevention to a core of cognitive-behavioural therapy (CBT) leads to greater clinical improvement and lower risk of relapse. We present results from the end of treatment and 6- and 12-month follow-up. METHODS: Participants received eight sessions of CBT and were then randomized to either exposure to pre-binge cues (B-ERP), exposure to pre-purge cues (P-ERP), or a relaxation training control condition (RELAX). RESULTS: CBT produced significant clinical change. At the end of the behavioural treatments, there were no significant differences across the three groups on abstinence (66% in B-ERP, 45% in P-ERP and 47% in RELAX), or frequency of bingeing and purging. B-ERP, but not P-ERP, significantly reduced anxiety on the cue reactivity assessment, food restriction, body dissatisfaction and depression. These differences were not maintained at 6-month follow-up. At 12-months, B-ERP was independently associated with lower food restriction and better global functioning. CONCLUSIONS: CBT is a highly effective treatment for bulimia nervosa. B-ERP was modestly superior to P-ERP at post-treatment; however, the advantage did not remain throughout the follow-up interval. ERP for bulimia nervosa is an expensive and logistically complicated treatment that does not appear to offer any significant additive benefits that are proportional to the amount of effort required to implement the treatment.
Burger, Simone R.; Hardy, Amy; van der Linden, Tineke; van Zelst, Catherine; Bont, Paul A. J. de; van der Vleugel, Berber;	2023	The bumpy road of trauma-focused treatment: Posttraumatic stress disorder symptom exacerbation in people with psychosis	J. Trauma. Stress. (Journal of traumatic stress)	36	2	299–309	Abstract Concern for symptom exacerbation and treatment drop-out is an important barrier to the implementation of trauma-focused therapy (TFT), especially in people with a psychotic disorder. This study, which was part of a multicenter randomized controlled trial, investigated posttraumatic stress disorder (PTSD) symptom exacerbation during eye movement desensitization reprocessing



<p>Staring, Anton B. P.; Roos, Carlijn de; Jongh, Ad de; Marcelis, Machteld; van Minnen, Agnes; van der Gaag, Mark; van den Berg, David P. G.</p>							<p>(EMDR) therapy and prolonged exposure (PE) in a sample of 99 participants with PTSD and psychosis. Symptom exacerbations during the first four sessions (early exacerbation) and between-session exacerbations over the course of therapy were monitored using the PTSD Symptom Scale?Self Report. Analyses of covariance and chi-square tests were conducted to investigate exacerbation rates and their associations with treatment response and drop-out. Both early exacerbation and between-session exacerbation were relatively common (32.3% and 46.5%, respectively) but were unrelated to poor treatment response or an increased likelihood of treatment drop-out. Both clinicians and patients need to be aware that symptom exacerbation during TFT is common and not related to poor outcomes. Symptom exacerbation can be part of the therapeutic process, should be acknowledged and guided, and should not be a barrier to the implementation of TFT in people with psychosis.</p>
<p>Burger, Simone R.; van der Linden, Tineke; Hardy, Amy; Bont, Paul de; van der Vleugel, Berber; Staring, Anton B. P.; Roos, Carlijn de; van Zelst, Catherine; Gottlieb, Jennifer D.; Mueser, Kim T.; van Minnen, Agnes; Jongh, Ad de; Marcelis, Machteld; van der Gaag, Mark; van den Berg, David</p>	<p>2022</p>	<p>Trauma-focused therapies for post-traumatic stress in psychosis: study protocol for the RE.PROCESS randomized controlled trial</p>	<p>Trials</p>	<p>23</p>	<p>1</p>	<p>851</p>	<p>INTRODUCTION: Many people with psychotic disorders experience symptoms of post-traumatic stress disorder (PTSD). In recent years, several trauma-focused therapies (TFTs), including cognitive restructuring (CR), prolonged exposure (PE), and eye movement desensitization and reprocessing (EMDR) have been studied and found to be safe and effective in reducing PTSD symptoms in individuals with psychosis. However, studies were conducted in different countries, with varying inclusion criteria, therapy duration, control groups, and trial outcomes. RE.PROCESS will be the first study to compare the impact of CR, PE, and EMDR with a waiting list control condition within the same context. METHODS AND ANALYSIS: This is the protocol of a pragmatic, single-blind, multicentre, superiority randomized controlled trial, in which CR, PE, and EMDR are compared to a waiting list control condition for TFT (WL) in a naturalistic treatment setting. Inclusion criteria are as follows: age <math>\geq</math> 16 years; meeting full DSM-5 diagnostic criteria for PTSD on the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), with a total CAPS score <math>\geq</math> 23; and a psychotic disorder in the schizophrenia spectrum confirmed by the Structured Clinical Interview for DSM-5 (SCID-5). Participants (N=200) will be randomly allocated to 16 sessions of one of the TFTs or WL, in addition to receiving treatment as usual (TAU) for psychosis. The primary objective is to compare the effects of CR, PE, and EMDR to WL on researcher-rated severity of PTSD symptoms over time from baseline to 6-month follow-up. Secondary objectives are to examine these effects at the separate time-points (i.e., mid-treatment, post-treatment, and at 6-month follow-up) and to test the effects for</p>

							<p>clinician-rated presence of PTSD diagnosis, and self-rated severity of (complex) PTSD symptoms. DISCUSSION: This is the first RCT to directly compare the effects of CR, PE, and EMDR within the same context to TAU on PTSD symptoms in individuals with psychosis and PTSD. Secondary effects on clinical and functional outcomes will be investigated both directly after therapy and long term. TRIAL REGISTRATION: ISRCTN ISRCTN56150327 . Registered 18 June 2019.</p>
Burkart, Thomas	2009	EMDR bei Bulimia nervosa					<p>Es wird informiert über die Integration von EMDR (Eye Movement Desensitization and Reprocessing) in die Behandlung von essgestörten Patientinnen. Dabei wird auf folgende Punkte eingegangen: (1) Befunde zur Wirksamkeit der psychotherapeutischen Behandlung von Bulimia nervosa, (2) Grenzen des Traumabegriffs und Definition von Trauma in den psychiatrischen Diagnosesystemen, (3) das Konzept der Posttraumatischen Verbitterungsstörung (Linden), (4) die Diagnosekriterien der Bulimia nervosa, (5) ein Störungsmodell der Bulimia nervosa auf der Basis der Bindungstheorie, (6) Bindungsmerkmale von Therapeuten, (7) das emotiozentrische Prinzip und die Funktionsweise von psychischen Selbstheilungsprozessen, (8) das Vier-Phasen-Modell (Stabilisierungsphase, Ressourcenorganisation, Expositionsphase, Neuorientierung). Das praktische Vorgehen wird anhand eines Fallbeispiels (18-jährige Patientin mit Bulimie) veranschaulicht. Unterschiede zwischen verhaltenstherapeutischer Konfrontationsbehandlung und dem Vorgehen im Rahmen des EMDR-Prozesses werden herausgearbeitet. In einem Anhang wird ein Arbeitsblatt für EMDR angefügt mit folgenden Inhalten: spezifische Instruktion, Ausgangssymptome oder Erinnerung, Desensibilisierung/Reprozessierung, Verankerung, Körper-Test, Abschluss.</p>
Burkhardt, Lucien	2016	Behandlung der dissoziativen Identitätsstörung mit EMDR					<p>Die Anwendung der EMDR-(Eye Movement Desensitization and Reprocessing-)Methode in der Behandlung von Patienten mit einer dissoziativen Identitätsstörung wird erörtert. Zunächst wird auf einige Besonderheiten dieser Patienten in der EMDR-Praxis hingewiesen. Dann werden adaptierte Techniken der Ressourcenstabilisierung, die in der Behandlung dieser Patienten angewendet werden, beschrieben und mit Fallvignetten veranschaulicht ("Position of Power", spezifische Ressource zur Besserung der Affektregulierung, Ressourcen im System verschieben und aktivieren, Beziehungserfahrungen mit Tieren als Ressource aktivieren, Fotos als Quelle von Ressourcen). Im nächsten Abschnitt wird die Arbeit am Trauma mit dem modifizierten EMDR-Schema dargestellt und mit einem weiteren Fallbeispiel illustriert. Zusammenfassend wird betont, dass der Einsatz von EMDR</p>

							bei DIS-Patientinnen und Patienten mit einer dissoziativen Identitätsstörung hilfreich und lohnend sein kann, wenn man die Methode vorsichtig, wohlüberlegt und vor allem nicht zu früh in der Behandlung anwendet. Bei allen eingesetzten EMDR-Techniken dürfe man aber nicht vergessen, dass die therapeutische Beziehung von essenzieller Bedeutung ist.
Burlingame, Gary M.; Cox, Jonathan C.; Davies, D. Rob; Layne, Christopher M.; Gleave, Robert	2011	The Group Selection Questionnaire: Further refinements in group member selection	Group Dynamics: Theory, Research, and Practice	15	1	60–74	The Group Selection Questionnaire (GSQ), a promising measure intended to aid clinicians in managing group selection and composition, was tested in a two-phase study. Phase 1 was conducted in postwar Bosnia with war-traumatized secondary school students participating in a group treatment program in 10 schools. Results indicated that the GSQ demonstrated a factor structure consistent with theory, and the GSQ factors demonstrated predictive abilities for group process and outcome over multiple measures and multiple time periods. Phase 2 was conducted with college-age students participating in group treatment at a university counseling center. Phase 2 replicated the procedures of Phase 1 and tested 10 new items. Results indicated that the GSQ demonstrated a similar factor structure to Phase 1, and the revised scale was again predictive of group process and outcome, as well as attrition, across multiple time periods. The GSQ may be helpful to clinicians seeking to apply evidence-based practices in their group work. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Bushman, Brad J.; Anderson, Craig A.	2009	Comfortably numb: desensitizing effects of violent media on helping others	Psychological science	20	3	273– 277	Two studies tested the hypothesis that exposure to violent media reduces aid offered to people in pain. In Study 1, participants played a violent or nonviolent video game for 20 min. After game play, while completing a lengthy questionnaire, they heard a loud fight, in which one person was injured, outside the lab. Participants who played violent games took longer to help the injured victim, rated the fight as less serious, and were less likely to "hear" the fight in comparison to participants who played nonviolent games. In Study 2, violent- and nonviolent-movie attendees witnessed a young woman with an injured ankle struggle to pick up her crutches outside the theater either before or after the movie. Participants who had just watched a violent movie took longer to help than participants in the other three conditions. The findings from both studies suggest that violent media make people numb to the pain and suffering of others.
Busse, Michael; Low, Yin Fen; Corona- Strauss, Farah I.; Delb,	2008	Neurofeedback by neural correlates of auditory selective attention as possible application for tinnitus therapies	Annual International Conference of the IEEE Engineering in	2008		5136– 5139	More and more people are suffering from tinnitus. There are many treatments for tinnitus that have been claimed based on different causes. Unfortunately, until now none of the existing treatments has been found to be effective in general. Here, we would like to suggest a

Wolfgang; Strauss, Daniel J.			Medicine and Biology Society. IEEE Engineering in Medicine and Biology Society. Annual International Conference				treatment to tinnitus based on neurofeedback using neural correlates of auditory selective evoked potentials (ASEPs). We have shown that the wavelet phase synchronization of auditory late responses (ALR) single sweeps allows for a direct online monitoring of phase locked auditory attention. The results show that after a simple training, subjects learned to control their attention to the auditory modality. To improve the ability in the attention control system is an objective of many tinnitus treatments, so that the perception of the patients towards the tinnitus noise can be reduced to a minimum. It is concluded that our proposed neurofeedback system by wavelet phase synchronization measure might be used in a clinical treatment of tinnitus patients and it is possible to extent to other therapeutic based control systems.
Butler, Oisin; Herr, Kerstin; Willmund, Gerd; Gallinat, Jürgen; Kühn, Simone; Zimmermann, Peter	2020	Trauma, treatment and Tetris: Video gaming increases hippocampal volume in male patients with combat-related posttraumatic stress disorder	Journal of Psychiatry & Neuroscience	45	4	279–287	
Byrne, Gary	2022	A Systematic Review of Treatment Interventions for Individuals With Intellectual Disability and Trauma Symptoms: A Review of the Recent Literature	Trauma, violence & abuse	23	2	541–554	Individuals with intellectual disabilities (IDs) are at increased susceptibility to adverse life experiences and trauma sequelae. There is a disparate range of therapeutic interventions for post-traumatic stress disorder (PTSD) and associated symptoms. This systematic review aimed to appraise the effectiveness of both cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) for PTSD and associated symptoms for both adults and children with mild, moderate, or severe intellectual delay. A systematic search, in line with Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines, of the PsychInfo, PubMed, Cochrane Database of Systematic Reviews, and MEDLINE databases were performed, and all relevant articles published between 2010 and March 2020 were included. A total of 11 articles were included, eight that focused on EMDR and three on CBT. The methodological quality of many of these articles was generally weak. Tentative findings suggest that EMDR and CBT are both acceptable and feasible treatment options among adults and children with varying levels of intellectual delay, but no firm conclusions can be drawn regarding effectiveness due to small sample sizes, lack of standardized assessment, and a paucity of methodological rigorous treatment designs. This review highlights the continued use of therapeutic approaches with clients presenting with IDs and PTSD. It adds to the extant literature by providing an expansive and broad

							overview of the current effectiveness of both EMDR and CBT. Further high-quality research is needed to provide more conclusive findings regarding treatment effectiveness and modifications to treatment needed with this population.
Calancie, Olivia G.; Khalid-Khan, Sarosh; Booj, Linda; Munoz, Douglas P.	2018	Eye movement desensitization and reprocessing as a treatment for PTSD: current neurobiological theories and a new hypothesis	American Journal of Orthopsychiatry	1426	1	127–145	Abstract Eye movement desensitization and reprocessing (EMDR), a form of psychotherapy for individuals with post-traumatic stress disorder (PTSD), has long been a controversial topic, hampered in part by a lack of understanding of the neural mechanisms that contribute to its remedial effect. Here, we review current theories describing EMDR's potential neurobiological mechanisms of action involving working memory, interhemispheric communication, de-arousal, and memory reconsolidation. We then discuss recent studies describing the temporal and spatial aspects of smooth pursuit and predictive saccades, which resemble those made during EMDR, and their neural correlates within the default mode network (DMN) and cerebellum. We hypothesize that if the production of bilateral predictive eye movements is supportive of DMN and cerebellum activation, then therapies that shift the brain towards this state correspondingly would benefit the processes regulated by these structures (i.e., memory retrieval, relaxation, and associative learning), all of which are essential components for PTSD recovery. We propose that the timing of sensory stimulation may be relevant to treatment effect and could be adapted across different patients depending on their baseline saccade metrics. Empirical data in support of this model are reviewed and experimental predictions are discussed.
Campos, Susana; Núñez, Daniel; Bravo, Patricia; Fresno, Andrés; Olf, Miranda	2023	Preliminary evidence for internal structure, sensitivity, and specificity of a brief PTSD and complex PTSD measure in adolescents		55	4		Early detection of trauma-related psychopathology is fundamental for preventing symptom escalation in adolescents, and this strategy can be carried out by developing accurate measures. The aim of this study is to provide preliminary evidence for the internal structure, construct validity, reliability, sensitivity, and specificity of a brief screening instrument for posttraumatic stress disorder (PTSD) and complex PTSD (C-PTSD) in general population adolescents. 1,501 Chilean adolescents participated by responding to the Brief PTSD scale (BPTSD) along with a battery of additional questionnaires. The internal structure of the eight-item BPTSD was assessed through exploratory and confirmatory factor analyses, while criterion validity was assessed through receiver-operating characteristic (ROC) curves. Confirmatory factor analysis (CFA) demonstrated a two-dimensional internal structure that is in accordance with literature regarding C-PTSD. Our results suggest that BPTSD may measure PTSD with complex features rather than C-PTSD. The scale showed adequate

							reliability, and criterion validity. The BPTSD is a brief, reliable, and simply-worded measure for PTSD symptoms and C-PTSD features in adolescents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cardazzone, Elisa; Gallucci, Marcello; Callerame, Chiara; Cussino, Martina; Gelo, Omar; Pasca, Paola; Zaccagnino, Maria	2021	Linguistic changes during EMDR sessions: A preliminary single-case study	Couns Psychother Res (Counselling and Psychotherapy Research)	21	2	422–432	Abstract Several studies have used text analysis software such as Linguistic Inquiry and Word Count (LIWC) to study how language modification reflects improvements in individuals? psychophysical health. The aim of this preliminary single-case study was to evaluate the linguistic changes occurring during EMDR sessions in a patient suffering from anorexia nervosa. Each weekly session (NÂ =Â 73) of an entire one-and-a-half-year treatment was divided into three different stages (pre-stimulation, stimulation and post-stimulation phase): the patient's speech was analysed at each phase. Results showed significant changes in the examined linguistic categories: affective processes, cognitive processes, biological processes and non-fluency words. These changes were observed before, during and after the bilateral stimulations. These results are discussed in the light of previous studies concerning the linguistic changes occurring in traumatic event disclosure. They suggest access and reprocessing of painful events during each session, especially when the clinician uses bilateral stimulation. It is possible to suppose the patient's progressive processing of the traumatic experience, followed by its integration into more adaptive mnemonic networks at the end of the therapeutic session. In conclusion, the observed linguistic changes could be representative of an adaptive resolution of adverse life experiences, allowing the patient to create new connections between thoughts, images and bodily sensations linked to the target memories. The clinical implications and limits of this single-case study are also discussed.
Cardeña, Etzel; Marcusson-Clavertz, David; Cervin, Matti	2022	The relation between peritraumatic dissociation and coping strategies: A network analysis	Psychological trauma : theory, research, practice and policy			No Paginati on Specifie d-No Paginati on Specifie d	Objective: Peritraumatic dissociation (PD) and coping strategies (CS) around the time of trauma are significant predictors of acute and long-term posttraumatic symptomatology (PTS), but it is unclear how they relate to each other. The aim of this study was to examine their association using a nationwide, representative sample following the September 11 attacks in the United States (N = 3,134). Method: We used exploratory and confirmatory network analyses to estimate reliable associations between PD and CS, as well as looking at those variables as predictors of PTS at 2, 6, and 12 months after the attack. Results: Analyses showed that: (a) PD formed 3 factors (alterations of consciousness, depersonalization, and compartmentalization) distinct from coping strategies; (b) PD related only to some CS; (c)

							<p>coping through denial had a particularly strong link to alterations of consciousness among adults. Both altered consciousness and denial predicted PTS significantly 2, 6, and 12 months after the attack, with altered consciousness being the stronger predictor (and a better predictor of PTS than other types of PD). For teens, the only significant link between PD and CS was for compartmentalization and substance abuse. Conclusion: PD and CS were related in adults and contributed independently to later PTS. Future research should evaluate longitudinally the interactions between specific types of PD and CS. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Carletto, Sara; Borghi, Martina; Bertino, Gabriella; Oliva, Francesco; Cavallo, Marco; Hofmann, Arne; Zennaro, Alessandro; Malucchi, Simona; Ostacoli, Luca</p>	2016	<p>Treating post-traumatic stress disorder in patients with multiple sclerosis: A randomized controlled trial comparing the efficacy of eye movement desensitization and reprocessing and relaxation therapy</p>	<p>Frontiers in Psychology , 2016</p>				<p>Objective: Multiple Sclerosis (MS) is a demyelinating autoimmune disease that imposes a significant emotional burden with heavy psychosocial consequences. Several studies have investigated the association between MS and mental disorders such as depression and anxiety, and recently researchers have focused also on posttraumatic stress disorder (PTSD). This is the first study that investigates the usefulness of proposing a treatment for PTSD to patients with MS. Methods: A randomized controlled trial with patients with MS diagnosed with PTSD comparing eye movement desensitization and reprocessing (EMDR; n = 20) and relaxation therapy (RT; n = 22). The primary outcome measure was the proportion of participants that no longer meet PTSD diagnosis as measured with Clinician Administered PTSD Scale 6-months after the treatment. Results: The majority of patients were able to overcome their PTSD diagnosis after only 10 therapy sessions. EMDR treatment appears to be more effective than RT in reducing the proportion of patients with MS suffering from PTSD. Both treatments are effective in reducing PTSD severity, anxiety and depression symptoms, and to improve quality of life. Conclusion: Although our results can only be considered preliminary, this study suggests that it is essential that PTSD symptoms are detected and that brief and cost-effective interventions to reduce PTSD and associated psychological symptoms are offered to patients, in order to help them to reduce the psychological burden associated with their neurological condition.</p>
<p>Carletto, Sara; Malandrone, Francesca; Berchiulla, Paola; Oliva, Francesco; Colombi, Nicoletta; Hase,</p>	2021	<p>Eye movement desensitization and reprocessing for depression: A systematic review and meta-analysis</p>	<p>European Journal of Psychotraumatology, 2021</p>				<p>Background: In recent years, eye movement desensitization and reprocessing (EMDR) has been applied to different psychiatric conditions beyond post-traumatic stress disorder (PTSD), and an increasing number of studies have evaluated its effect on depression. To date, no quantitative synthesis of the efficacy of EMDR on depression has been conducted. Objective: To meta-analytically review the studies on EMDR for depression as the primary target for</p>

Michael; Hofmann, Arne; Ostacoli, Luca							<p>treatment. Method: Studies with a controlled design evaluating the effect of EMDR on depression were searched on six electronic databases (PubMed, Embase, CINAHL, PsycINFO, Cochrane database, and Francine Shapiro Library) and then selected by two independent reviewers. A systematic review and meta-analysis was conducted. Results: Eleven studies were included for qualitative synthesis. Nine studies were included in the meta-analysis, involving 373 participants. The overall effect size of EMDR for depressive symptoms is large (<math>n = 9</math>, Hedges' <math>g = -1.07</math>; 95%CI [-1.66; -0.48]), with high heterogeneity (<math>I^2 = 84\%</math>), and corresponds to a 'number needed to treat' of 1.8. At follow-up (range 3-6 months), the effect remains significant but moderate (<math>n = 3</math>, Hedges' <math>g = -0.62</math>; 95%CI [-0.97; -0.28]; <math>I^2 = 0\%</math>). The effect of EMDR compared with active controls is also moderate (<math>n = 7</math>, <math>g = -0.68</math>; 95%CI [-0.92; -0.43]; <math>I^2 = 0\%</math>). No publication bias was found, although the results are limited by the small number and poor methodological quality of the included studies. Conclusions: Review findings suggest that EMDR may be considered an effective treatment for improving symptoms of depression, with effects comparable to other active treatments. However, findings need to be interpreted in light of the limited number of the studies and their quality. Further research is required to understand the longer-term of effects EMDR in treating depression and preventing depression relapse.</p>
Carlson, John G.; Chemtob, Claude M.; Rusnak, Kristin; Hedlund, Nancy L.; Muraoka, Miles Y.	1998	Eye movement desensitization and reprocessing (EDMR) treatment for combat-related posttraumatic stress disorder	J. Traum. Stress (Journal of traumatic stress)	11	1	3-24	<p>Abstract Despite the clinical and social impact of posttraumatic stress disorder (PTSD), there are few controlled studies investigating its treatment. In this investigation, the effectiveness of two psychotherapeutic interventions for PTSD were compared using a randomized controlled outcome group design. Thirty five combat veterans diagnosed with combat-related PTSD were treated with either (a) 12 sessions of eye movement desensitization and reprocessing, EMDR (<math>n = 10</math>), (b) 12 sessions of biofeedback-assisted relaxation (<math>n = 13</math>), or (c) routine clinical care, serving as a control (<math>n = 12</math>). Compared with the other conditions, significant treatment effects in the EMDR condition were obtained at posttreatment on a number of self-report, psychometric, and standardized interview measures. Relative to the other treatment group, these effects were generally maintained at 3-month follow-up. Psychophysiological measures reflected an apparent habituation effect from pretreatment to posttreatment but were not differentially affected by treatment condition.</p>



Carmin, Cheryl N.	2005	The role of cognitions in OCD treatment: toward rapprochement	Cognitive behaviour therapy	34	3	193–200	The authors of the papers in this special issue have underscored the efficacy of both psychological and pharmacological treatments for OCD. Despite the potency of these interventions, complete symptom remission rarely occurs. Furthermore, problems related to treatment drop-out, the persistence of residual symptoms despite adequate therapy, patients' vulnerability to relapse and recurrence, and the lack of a clear method for managing co-morbidity or treating OCD subtypes remain incompletely addressed. This response to the authors' papers evaluates their positions and extends their papers by examining issues such as how cognitive therapy and exposure and response prevention can best be integrated, the role of medication in OCD treatment, factors that impact treatment readiness and/or resistance, and the need for effectiveness research.
Caro, Paola; Turner, William; Caldwell, Deborah M.; Macdonald, Geraldine	2023	Comparative effectiveness of psychological interventions for treating the psychological consequences of sexual abuse in children and adolescents: a network meta-analysis	The Cochrane database of systematic reviews	6	6	CD013361	<b>BACKGROUND:</b> Following sexual abuse, children and young people may develop a range of psychological problems, including anxiety, depression, post-traumatic stress disorder (PTSD), and a range of behaviour problems. Those working with children and young people experiencing these problems may use one or more of a range of psychological approaches. <b>OBJECTIVES:</b> To assess the relative effectiveness of psychological interventions compared to other treatments or no treatment controls, to overcome psychological consequences of sexual abuse in children and young people up to 18 years of age. <b>Secondary objectives</b> To rank psychotherapies according to their effectiveness. To compare different 'doses' of the same intervention. <b>SEARCH METHODS:</b> In November 2022 we searched CENTRAL, MEDLINE, Embase, PsycINFO, 12 other databases and two trials registers. We reviewed the reference lists of included studies, alongside other work in the field, and communicated with the authors of included studies. <b>SELECTION CRITERIA:</b> We included randomised controlled trials comparing psychological interventions for sexually abused children and young people up to 18 years old with other treatments or no treatments. Interventions included: cognitive behavioural therapy (CBT), psychodynamic therapy, family therapy, child centred therapy (CCT), and eye movement desensitisation and reprocessing (EMDR). We included both individual and group formats. <b>DATA COLLECTION AND ANALYSIS:</b> Two review authors independently selected studies, extracted data and assessed the risk of bias for our primary outcomes (psychological distress/mental health, behaviour, social functioning, relationships with family and others) and secondary outcomes (substance misuse, delinquency, resilience, carer distress and efficacy). We considered the effects of the

						<p>interventions on all outcomes at post-treatment, six months follow-up and 12 months follow-up. For each outcome and time point with sufficient data, we performed random-effects network and pairwise meta-analyses to determine an overall effect estimate for each possible pair of therapies. Where meta-analysis was not possible, we report the summaries from single studies. Due to the low number of studies in each network, we did not attempt to determine the probabilities of each treatment being the most effective relative to the others for each outcome at each time point. We rated the certainty of evidence with GRADE for each outcome. MAIN RESULTS: We included 22 studies (1478 participants) in this review. Most of the participants were female (range: 52% to 100%), and were mainly white. Limited information was provided on socioeconomic status of participants. Seventeen studies were conducted in North America, with the remaining studies conducted in the UK (N = 2), Iran (N = 1), Australia (N = 1) and Democratic Republic of Congo (N = 1). CBT was explored in 14 studies and CCT in eight studies; psychodynamic therapy, family therapy and EMDR were each explored in two studies. Management as usual (MAU) was the comparator in three studies and a waiting list was the comparator in five studies. For all outcomes, comparisons were informed by low numbers of studies (one to three per comparison), sample sizes were small (median = 52, range 11 to 229) and networks were poorly connected. Our estimates were all imprecise and uncertain. Primary outcomes At post-treatment, network meta-analysis (NMA) was possible for measures of psychological distress and behaviour, but not for social functioning. Relative to MAU, there was very low certainty evidence that CCT involving parent and child reduced PTSD (standardised mean difference (SMD) -0.87, 95% confidence intervals (CI) -1.64 to -0.10), and CBT with only the child reduced PTSD symptoms (SMD -0.96, 95% CI -1.72 to -0.20). There was no clear evidence of an effect of any therapy relative to MAU for other primary outcomes or at any other time point. Secondary outcomes Compared to MAU, there was very low certainty evidence that, at post-treatment, CBT delivered to the child and the carer might reduce parents' emotional reactions (SMD -6.95, 95% CI -10.11 to -3.80), and that CCT might reduce parents' stress. However, there is high uncertainty in these effect estimates and both comparisons were informed only by one study. There was no evidence that the other therapies improved any other secondary outcome. We attributed very low levels of confidence for all NMA and pairwise estimates for the following reasons. Reporting limitations resulted in judgements of</p>
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							<p>'unclear' to 'high' risk of bias in relation to selection, detection, performance, attrition and reporting bias; the effect estimates we derived were imprecise, and small or close to no change; our networks were underpowered due to the low number of studies informing them; and whilst studies were broadly comparable with regard to settings, the use of a manual, the training of the therapists, the duration of treatment and number of sessions offered, there was considerable variability in the age of participants and the format in which the interventions were delivered (individual or group). AUTHORS' CONCLUSIONS: There was weak evidence that both CCT (delivered to child and carer) and CBT (delivered to the child) might reduce PTSD symptoms at post-treatment. However, the effect estimates are uncertain and imprecise. For the remaining outcomes examined, none of the estimates suggested that any of the interventions reduced symptoms compared to management as usual. Weaknesses in the evidence base include the dearth of evidence from low- and middle-income countries. Further, not all interventions have been evaluated to the same extent, and there is little evidence regarding the effectiveness of interventions for male participants or those from different ethnicities. In 18 studies, the age ranges of participants ranged from 4 to 16 years old or 5 to 17 years old. This may have influenced the way in which the interventions were delivered, received, and consequently influenced outcomes. Many of the included studies evaluated interventions that were developed by members of the research team. In others, developers were involved in monitoring the delivery of the treatment. It remains the case that evaluations conducted by independent research teams are needed to reduce the potential for investigator bias. Studies addressing these gaps would help to establish the relative effectiveness of interventions currently used with this vulnerable population.</p>
Caron, A. J.; Caron, R. F.; Carlson, V. R.	1979	Infant perception of the invariant shape of objects varying in slant	Child development	50	3	716–721	<p>In a previous study employing habituation-recovery techniques, partial confirmation for shape constancy in 12-week-old infants was found. The infants may have been responding to changes in slant or slant-related cues, leaving unresolved the question of whether shape perception should be considered proximal (retinal) or distal (objective). In the present experiment 12-week-old infants were desensitized to changes in slant prior to test. Following habituation to a shape exposed at varying slants, magnitude of recovery was overwhelmingly greater for a different shape than for the same shape, indicating that the constant real shape of the habituated figure had been perceived across rotational transformations.</p>

Carrion, Victor G.; Hull, Katherine	2010	Treatment manual for trauma-exposed youth: case studies	Clinical child psychology and psychiatry	15	1	27–38	Witnessing community violence and experiencing abuse in the home are two examples of interpersonal trauma that can have a devastating impact on children and adolescents. Recent research on the treatment of children exposed to interpersonal violence has focused on cognitive-behavioral interventions, often delivered in school settings. We describe the application of a new manual-based psychotherapy protocol for treating pediatric trauma in a middle school. Two case studies illustrate the protocol application to children from an inner-city neighborhood. The Stanford Cue-Centered Therapy (CCT) is a short-term, multimodal therapy for youths who have experienced trauma, focusing primarily on exposure to trauma-related cues. These cases provide early data on the feasibility and effectiveness of providing CCT for high-risk youth within a school setting and training of school mental-health personnel in the use of the Stanford CCT Manual.
Carter, Frances A.; Bulik, Cynthia M.; McIntosh, Virginia V.; Joyce, Peter R.	2002	Cue reactivity as a predictor of outcome with bulimia nervosa	The International journal of eating disorders	31	3	240–250	The present study sought to evaluate specific hypotheses concerning the relation between cue reactivity and outcome among women with bulimia nervosa. Participants were 135 women aged between 17 and 45 years with a current, primary diagnosis of bulimia nervosa who participated in a randomized clinical trial evaluating the additive efficacy of exposure and nonexposure-based behavior therapy, to a core of cognitive behavior therapy (CBT). Physiological, self-report, and behavioral measures of cue reactivity to individualized high-risk binge foods were obtained at pretreatment and posttreatment. Primary, secondary, and tertiary outcome measures are reported for posttreatment and six-month follow-up. Self-report measures of cue reactivity at posttreatment were significantly positively associated with symptomatology at posttreatment. Cue reactivity at posttreatment was significantly positively associated with symptomatology at 6-month follow-up. However, cue reactivity at posttreatment did not contribute to the prediction of outcome at follow-up over and above posttreatment outcome. The notion that pretreatment cue reactivity may predict which treatment modality will be most beneficial (exposure or nonexposure-based treatment), as measured by reductions in symptomatology at posttreatment could not be supported. Implications for future research are discussed.
Carter, Frances A.; McIntosh, Virginia V. W.; Joyce, Peter R.; Bulik, Cynthia M.	2008	Weight suppression predicts weight gain over treatment but not treatment completion or outcome in bulimia nervosa	Journal of abnormal psychology	117	4	936–940	The authors attempted to replicate previous findings that weight suppression is a significant predictor of treatment completion and treatment outcome (M. L. Butryn, M. R. Lowe, D. L. Safer, & W. S. Agras, 2006) and weight gain over treatment (M. R. Lowe, W. Davis, D. Lucks, R. A. Annunziato, & M. L. Butryn, 2006) among women with

							bulimic disorders. The authors also examined 2 alternative measures of weight variability. Participants were 132 women with bulimia nervosa treated with cognitive-behavioral therapy. Participants who dropped out of treatment did not have significantly higher levels of weight suppression than did treatment completers. Among those who completed treatment, weight suppression did not significantly predict binge eating and purging at post-treatment. Weight suppression did significantly predict weight change and, in particular, weight gain ( $\geq 5$ kg) over treatment. Alternative measures of weight variability did not significantly predict treatment completion or treatment outcome, but 1 measure significantly predicted weight gain over treatment. In conclusion, the authors failed to replicate the previous finding that weight suppression predicts treatment compliance and treatment outcome, but they did replicate the finding that weight suppression predicts weight gain over treatment.
Carter, M. M.; Marin, N. W.; Murrell, K. L.	1999	The efficacy of habituation in decreasing subjective distress among high anxiety-sensitive college students	Journal of anxiety disorders	13	6	575–589	While there is mounting evidence that the concept of anxiety sensitivity (AS) is linked to the expression of anxiety (specifically, panic), there has been little research comparing the efficacy of interoceptive exposure alone with interoceptive exposure coupled with cognitive restructuring among high AS participants. The present investigation addressed this issue in a sample of high anxiety-sensitive college students (scores above 29 on the Anxiety Sensitivity Index). Participants were randomly assigned to receive either five consecutive trials of voluntary hyperventilation or five consecutive trials of hyperventilation with cognitive restructuring instructions. It was expected that while repeated hyperventilation would be associated with a significant reduction in self-reported anxiety, catastrophic cognitions, and somatic sensations across trials, the greatest reduction in symptoms would occur with the addition of cognitive restructuring. These predictions were partially supported. As expected, high AS participants evidenced significant decreases in anxiety symptoms when habituation was accompanied by cognitive restructuring. Contrary to predictions, however, interoceptive exposure alone was not effective in reducing anxious symptoms. These results suggest that brief habituation alone may not be an effective strategy for high AS participants and are discussed as providing further support for a cognitive model of anxiety.
Caspar, Emilie A.; Pech, Guillaume P.; Gishoma, Darius;	2023	On the impact of the genocide on the intergroup empathy bias between former perpetrators,		78	7		Studying what factors influence the ability to resonate with the pain of others in the aftermath of a genocide and how this extends to the following generation is critical to better understand the perpetuation of conflicts. In the present study conducted in Rwanda, we recruited

Kanazayire, Clémentine		survivors, and their children in Rwanda					former genocide perpetrators and survivors, and their respective children and investigated how their neural response to the pain of others is modulated when they visualized pictures of former perpetrators or survivors, or their offspring. We further evaluated how the impact of the genocide and psychological factors associated with trauma influenced the results. Results showed that the intergroup empathy bias—that is, a reduced neural response to the pain of the outgroup—is present for both individuals alive during the genocide and their offspring. We also observed that a higher number of stressors experienced during the genocide was associated with a higher reduction of the neural response to the pain of others, even toward the children of one’s own ingroup. Finally, we observed that a deliberate and free decision to reconcile is associated with a higher neural response to the pain of others. The results may be central to encouraging reconciliation in peacebuilding programs and to fostering empathic repair after trauma. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cassidy, Galen P.; McQuaid, Jennifer; Heatherington, Laurie; Su, Chi Jiun	2023	Asylee perspectives on psychotherapies for posttraumatic stress	J. Trauma. Stress. (Journal of traumatic stress)	36	2	373–384	Abstract Asylees (i.e., asylum seekers) have a higher prevalence of mental health concerns, particularly posttraumatic distress, than the general population due to both their exposure to traumatic experiences and prolonged uncertain status in a new country. Meta-analyses of randomized controlled trials with asylees have found that culturally adapted cognitive behavioral therapy (CA-CBT), eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy (NET) are efficacious in treating trauma-related symptoms and posttraumatic stress disorder (PTSD); however, treatment utilization remains low. Thus, it is imperative to determine what PTSD interventions are effective, credible, and acceptable for asylees. We employed structured virtual interviews with 40 U.S. asylees from diverse countries living with one or more symptoms of PTSD. Participants were asked about treatment engagement, perceived barriers to treatment, goals for psychotherapy, and perceptions of the effectiveness and difficulty of engaging in CA-CBT, EMDR, NET, and (non?exposure-based) interpersonal therapy (IPT) for PTSD. Participants perceived IPT to be significantly less difficult than all exposure-based treatments, with medium effect sizes, $d_s = 0.55?0.71$ . A qualitative analysis of asylees’ comments provided valuable insights into how they think about these treatments. Ways in which these results can be considered when informing recommendations for improving interventions for asylees are discussed.

Caughter, Sarah; Kelman, Elaine; Delpeche, Sarah	2022	A Multidimensional Approach for School-Aged Children who Stutter	Seminars in speech and language	43	2	67–81	Therapy for school-aged children who stutter (CWS) and their parents should be holistic, individualized, and multidimensional, considering the child within their real-life context and using a solution rather than problem-focused approach; highlighting and drawing on the strengths, resources, values; and coping skills that each family brings. Therapy at the Michael Palin Centre draws on a number of psychological approaches, including solution-focused brief therapy, cognitive behavior therapy, acceptance and commitment therapy, and compassion-focused therapy. Aspects of these approaches are discussed in this article to describe the therapeutic intervention for two school-aged CWS (aged 8 and 15 years). The Palin Model (2019) is used to conceptualize the factors that influence stuttering, as well as the different components of therapy that may be relevant for each individual family. The overarching aim of therapy, for children to become competent and effective communicators, whether they stutter or not, is described through a range of practical therapeutic activities, including exploring communication skills, openness and desensitization, exploring thoughts and feelings around stuttering, building confidence, expanding comfort zones, and developing self-efficacy. Qualitative and quantitative outcomes are presented for each clinical case.
Cautela, J. R.	1993	Insight in behavior therapy	Journal of behavior therapy and experimental psychiatry	24	2	155–159	Behavior therapists make frequent use of insight, but avoid the term because dynamic therapists have formulated it in terms of the unconscious. Insight does not necessarily imply belief in the existence of the "unconscious mind." Behavioral insight consists of making the client aware of the antecedents and consequences of target behavior. Case studies are presented in which behavioral insight was involved in therapeutic change. Implications of behavioral insight for behavior therapy are discussed.
Cazzoli, Dario; Hopfner, Simone; Preisig, Basil; Zito, Giuseppe; Vanbellingen, Tim; Jäger, Michael; Nef, Tobias; Mosimann, Urs; Bohlhalter, Stephan; Müri, René M.; Nyffeler, Thomas	2016	The influence of naturalistic, directionally non-specific motion on the spatial deployment of visual attention in right-hemispheric stroke	Neuropsychologia	92		181–189	Investigated the impact of naturalistic motion on the deployment of visual attention in right-hemispheric stroke. 24 right-hemispheric stroke patients (aged 25-76 years) were compared to 8 healthy age-matched controls. Eight patients had left-sided visual neglect and visual field defect (VFD), 8 had left-sided VFD but no neglect, and 8 had neither neglect nor VFD. Eye movements were recorded while participants viewed a virtual traffic scene showing an intersection, a pedestrian crossing, as well as buildings and trees. Subjects freely explored the scene with (dynamic condition) and without (static condition) the naturalistic motion of moving cars from the left/right. Under static conditions, all patients demonstrated similar visual exploration behavior that differed from controls. Under dynamic

							conditions, patients' visual attention patterns became re-distributed in accordance with typical acute stroke features. While neglect patients with VFD displayed a significant decrease of visual exploration in the contralesional space, patients with VFD but no neglect displayed a significant increase. The data for patients without neglect or VFD was comparable to that of healthy controls.
Cazzoli, Dario; Nyffeler, Thomas; Hess, Christian W.; Müri, Rene M.	2011	Vertical bias in neglect: A question of time?	Neuropsychologia	49	9	2369–2374	Examined whether a vertical bias is present in top-down driven tasks in neglect patients. Participants included 13 patients with left-sided neglect (mean age 54 years) and 13 healthy adults (mean age 52 years). Eye movement patterns and performance were recorded while participants searched for a small target object embedded in different visual-field quadrants of photographs of everyday scenes. Results showed that neglect patients required a significantly longer amount of time to find objects than healthy controls did. Furthermore, neglect patients were observed to find significantly fewer targets than healthy controls, especially when target objects were embedded in the upper and lower left quadrants. However, patients also required more fixations and more time to detect targets in the lower left quadrant. The results suggest a time-dependent vertical bias which may be a reflection of top-down compensatory mechanisms. It is concluded that vertical bias in neglect may occur more frequently than previously assumed and should be considered in future research.
Cazzoli, Dario; Rosenthal, Clive R.; Kennard, Christopher; Zito, Giuseppe A.; Hopfner, Simone; Müri, René M.; Nyffeler, Thomas	2015	Theta burst stimulation improves overt visual search in spatial neglect independently of attentional load	Cortex	73		317–329	Focused on the recognized positive effects of continuous theta burst stimulation (cTBS) on visual neglect following stroke. The authors tested the hypothesis that repeated applications of cTBS also has a positive effect on the severity of visual neglect in conditions of heightened attentional load. Stroke patients with left-hemispheric visual neglect were given overt visual-search tests with both low and high visual-attention load. These included two paper-and-pencil tests; the Star Cancellation Test and Random Shape Cancellation Task, and a computerized version of the Balloons Test. Subjects received repeated cTBS over the contralesional posterior parietal cortex (PPC) during testing. Eye movements and target detection rates were used as measures of performance. Findings supported the hypothesis, showing that cTBS significantly improved target detection ability independently of attentional load. Target detection was confirmed in both conditions, with significantly greater positive effects in the high attentional-load condition than in the low attentional-load condition. Application of cTBS improved target detection and was associated with a redistribution of visual fixations towards the contralesional visual field. It is concluded that repeated cTBS results in



							unprecedented improvements in overt visual-search efficiency in conditions of both high and low attentional load.
Chadwick, Barbara L.	2002	Assessing the anxious patient	Dental update	29	9	448–454	Dental anxiety is a problem for many adults and children and for many patients anxiety acts as a barrier to treatment: avoidance of treatment, irregular attendance or attendance for emergency treatment only being typical ways of dealing with the problem. For the dental team a patient's anxiety poses major management problems, as an anxious patient may require more time for treatment, is very likely to miss appointments and may have raised pain thresholds. A major cause of stress for clinicians is the management of anxiety in their patients.
Chan, Edmond S.; Dinakar, Chitra; Gonzales-Reyes, Erika; Green, Todd D.; Gupta, Ruchi; Jones, Douglas; Wang, Julie; Winders, Tonya; Greenhawt, Matthew	2020	Unmet needs of children with peanut allergy: Aligning the risks and the evidence	Annals of allergy, asthma & immunology : official publication of the American College of Allergy, Asthma, & Immunology	124	5	479–486	BACKGROUND: Peanut allergy is a potentially severe and lifelong allergy, with few effective treatments or preventive measures. OBJECTIVE: To convene an expert panel of allergists, pediatricians, and advocates to discuss and highlight unmet needs in the prevention and management of peanut allergies. METHODS: Literature searches of PubMed were performed. The panel evaluated published data on the prevention of peanut allergy, treatment of existing peanut allergy, and management of reactions after unintentional peanut exposures. RESULTS: The following key unmet needs in the prevention and management of peanut allergy were identified: (1) enhancing and optimizing implementation of early peanut introduction as a means of preventing the development of peanut allergy, (2) developing knowledge translation strategies regarding the safety and efficacy data for current and emerging immunotherapies for peanut-allergic children to support their use in clinical practice, and (3) promoting understanding of true exposure risk in allergic individuals and ensuring access to epinephrine for unintentional exposures that provoke severe reactions. Practitioners should help educate caregivers about the actual risks associated with peanut allergy and its prevention and management so that treatment decisions can be evidence based rather than fear based. Support tools are needed to help address caregiver goals, expectations, and psychological barriers, as well as identify facilitators for prevention and treatment strategies. CONCLUSION: There are significant unmet needs in our understanding of peanut allergy; addressing these needs will help to enhance understanding of how to most effectively prevent and treat peanut allergy, as well as educate the food-allergic and nonallergic community regarding current evidence-based practices.
Chang, Cindy; Kaczurkin, Antonia	2018	Emotion regulation is associated with PTSD and depression among	Psychological Trauma: Theory, Research,	10	3		Objective: Sexual abuse experienced in childhood and adolescence is associated with severity of posttraumatic stress disorder (PTSD), depressive symptoms, and emotion regulation difficulties. The current

N.; McLean, Carmen P.; Foa, Edna B.		female adolescent survivors of childhood sexual abuse	Practice, and Policy			study examined the relationships among these factors in a sample of adolescents with sexual abuse-related PTSD. It was hypothesized that (a) self-perceived emotion regulation difficulties would predict severity of PTSD and depressive symptoms, and that (b) depressive symptoms would mediate the relationship between emotion regulation difficulties and PTSD. Method: Ninety treatment-seeking female adolescents with a history of sexual abuse were evaluated using the Child PTSD Symptom Scale-Interview and completed the Negative Mood Regulation Questionnaire and the Beck Depression Inventory as part of a baseline evaluation. Results: Greater emotion regulation difficulties were associated with greater severity of PTSD and depressive symptoms. In addition, the relationship between emotion regulation difficulties and PTSD severity was mediated by depressive symptoms. However, the reverse was also true: the relationship between emotion regulation difficulties and depressive symptoms was mediated by PTSD symptoms. Conclusions: Mediation analyses showed that emotion regulation difficulties were associated with both PTSD and depressive symptoms rather than fitting a unidirectional model. These findings are consistent with and extend previous research and highlight the importance of emotion regulation in adolescent survivors of sexual abuse. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Charak, Ruby; Cano-Gonzalez, Ines; Shevlin, Mark; Ben-Ezra, Menachem; Karatzias, Thanos; Hyland, Philip	2022	Dimensional latent structure of ICD-11 posttraumatic stress disorder, complex PTSD, and adjustment disorder: Evidence from Ghana, Kenya, and Nigeria	Traumatology	28	2	With the release of International Classification of Diseases, 11th Revision (ICD-11) in 2018, there has been a surge in studies examining the nosology of mental disorders, including disorders associated with stress, namely, posttraumatic stress disorder (PTSD), complex PTSD (CPTSD), and adjustment disorder (AjD). Few studies have examined the same in low- and middle-income countries that have disproportionate levels of exposure to trauma and stressors and are underresourced in mental health services. The present study examined the latent factor structure of a joint model comprising PTSD, CPTSD, and AjD symptoms and their association with stressful and traumatic life events to assess the degree of distinctiveness between these disorders. Participants were 2,524 adults in the age range of 18 and 71 years (M/SDage = 30.44/8.67) from Ghana, (n = 500; 50% female), Kenya (n = 1,006; 49.8% female), and Nigeria (n = 1,018; 50% female). Findings obtained through confirmatory factor analyses indicated that a dimensional and hierarchical second-order model comprising correlated latent factors of PTSD, DSO, and AjD provided the best goodness-of-fit indices. Furthermore, it was found that stressors were positively associated with AjD and PTSD, and traumatic

							life events largely with PTSD. Findings support the ICD-11 classification of related-although distinct stress-related disorders in adults from 3 African nations. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Chard, Kathleen M.	2005	An evaluation of cognitive processing therapy for the treatment of posttraumatic stress disorder related to childhood sexual abuse	Journal of consulting and clinical psychology	73	5	965–971	This study compared the effectiveness of cognitive processing therapy for sexual abuse survivors (CPT-SA) with that of the minimal attention (MA) given to a wait-listed control group. Seventy-one women were randomly assigned to 1 of the 2 groups. Participants were assessed at pretreatment and 3 times during posttreatment: immediately after treatment and at 3-month and 1-year follow-up, using the Clinician-Administered Posttraumatic Stress Disorder (PTSD) Scale (D. Blake et al., 1995), the Beck Depression Inventory (A. T. Beck, R. A. Steer, & G. K. Brown, 1996), the Structured Clinical Interview for the DSM-IV (R. L. Spitzer, J. B. W. Williams, & M. Gibbon, 1995; M. B. First et al., 1995), the Dissociative Experiences Scale-II (E. M. Bernstein & F. W. Putnam, 1986), and the Modified PTSD Symptom Scale (S. A. Falsetti, H. S. Resnick, P. A. Resick, & D. G. Kilpatrick, 1993). Analyses suggested that CPT-SA is more effective for reducing trauma-related symptoms than is MA, and the results were maintained for at least 1 year. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Charney, Meredith E.; Keane, Terence M.	2007	Psychometric analyses of the Clinician-Administered PTSD Scale (CAPS)--Bosnian Translation	Cultural Diversity and Ethnic Minority Psychology	13	2		Methods for assessing psychological distress in culturally diverse populations are not firmly established. This study was designed to examine the psychometric properties of the Bosnian translation of the Clinician-Administered PTSD Scale (CAPS; D. D. Blake, F. W. Weathers, L. M. Nagy, D. Kaloupek, G. Klauminzer, D. Charney, et al., 1995) in a Bosnian refugee sample. The authors interviewed 115 help-seeking Bosnian refugees with the CAPS-Bosnian translation to examine its internal consistency and convergent validity, and to provide an assessment of its factor structure. This study demonstrated optimal fit with a 2-factor model of posttraumatic stress disorder (PTSD); the authors also found high reliability with a coefficient alpha of 0.92 and strong convergent validity with instruments measuring depression, anxiety, and levels of psychosocial functioning. Future directions for the assessment of PTSD in cross-cultural populations are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Chemali, Zeina; Meadows, Mary-Ellen	2004	The use of eye movement desensitization and reprocessing in the treatment of psychogenic seizures	Epilepsy & behavior : E&B	5	5	784–787	We present a case illustrating the use of eye movement desensitization and reprocessing (EMDR) in the treatment of psychogenic seizures. These seizures were events lasting many hours, necessitating frequent emergency room visits and an extensive medical work up. Given the patient's history, posttraumatic stress

							disorder (PTSD) was diagnosed. EMDR is widely used as a treatment modality for PTSD, and the patient was referred for once-per-week treatment, with complete recovery after 18 months of therapy. The impact of her recovery on her quality of life was astonishing. This case supports the notion that EMDR can be an effective alternative treatment for psychogenic seizures, especially when the history reveals a traumatic event or abusive experiences.
Chemtob, Claude M.; Carlson, John G.	2004	Psychological Effects of Domestic Violence on Children and Their Mothers	International Journal of Stress Management	11	3	209– 226	While domestic violence and child abuse are known to be highly correlated, several related areas of functioning of victim mothers and children are not well researched and have implications for the provision of services. Fifty mothers and children were referred by service agencies for independent structured interviews and psychological assessment. Assessment focused on evidence of posttraumatic reexperiencing, avoidance, physiological arousal, associated symptoms, and parenting skills. A complex pattern of results documented high levels of abuse and associated trauma disorders in both the children and their mothers. However, the presence of disorders was generally not correlated between children and mothers, and affected mothers were less likely to seek mental health services for their children (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Chemtob, Claude M.; Nakashima, Joanne; Carlson, John G.	2002	Brief treatment for elementary school children with disaster- related posttraumatic stress disorder: a field study	Journal of clinical psychology	58	1	99–112	Effective psychological intervention is needed to help children recover from disaster-related posttraumatic stress disorder (PTSD). This controlled study evaluated the effectiveness of a brief intervention for disaster-related PTSD. At one-year follow-up of a prior intervention for disaster-related symptoms, some previously treated children were still suffering significant trauma symptoms. Using a randomized lagged-groups design, we provided three sessions of Eye Movement Desensitization and Reprocessing (EMDR) treatment to 32 of these children who met clinical criteria for PTSD. The Children's Reaction Inventory (CRI) was the primary measure of the treatment's effect on PTSD symptoms. Associated symptoms were measured using the Revised Children's Manifest Anxiety Scale (RCMAS) and the Children's Depression Inventory (CDI). Treatment resulted in substantial reductions in both groups' CRI scores and in significant, though more modest, reductions in RCMAS and CDI scores. Gains were maintained at six-month follow-up. Health visits to the school nurse were significantly reduced following treatment. Psychosocial intervention appears useful for children suffering disaster-related PTSD. Conducting controlled studies of children's treatment in the postdisaster environment appears feasible.

Chen, Jieling; Zebrack, Bradley; Embry, Leanne; Freyer, David R.; Aguilar, Christine; Cole, Steve	2020	Profiles of emotional distress and growth among adolescents and young adults with cancer: A longitudinal study	Health Psychology	39	5	370–380	Objective: This study investigated profiles of emotional distress and growth in adolescents and young adults (AYAs) with cancer. Clinical, demographic, and psychosocial factors were examined for their potential to distinguish these profiles and predict health-related quality of life (HRQoL) of AYAs with cancer. Method: This was a multicenter, longitudinal study of AYAs diagnosed with cancer at 14–39 years of age. Participants were assessed 3 times over 24 months following a baseline survey administered at diagnosis. Four profiles (resilient, resilient growth, distressed, distressed growth) were derived using published cutoff points on standardized measures of depression, anxiety, posttraumatic stress disorder, and posttraumatic growth. Mixed-effects models were used to examine profile correlates and the extent to which profiles were associated with HRQoL. Results: Among 179 participants at Time 1, the proportion of profiles ranged from 18.8% for the resilient profile to 30.4% for the distressed-growth profile. These proportions remained consistent over time. Factors that appeared to distinguish these profiles included work or school status, sex, race, age at diagnosis, treatment status, prognosis, and personality characteristics. When compared to AYAs with resilient-growth profiles, HRQoL was significantly worse for AYAs reporting distressed and distressed-growth profiles, controlling for demographic, clinical, and social characteristics. Conclusion: The current study found 4 patterns of psychological adjustment in AYAs with cancer. The resilient-growth profile was associated with better HRQoL, whereas distressed and distressed-growth profiles were associated with worse HRQoL. (PsychoInfo Database Record (c) 2020 APA, all rights reserved)
Chen, Runsen; Gillespie, Amy; Zhao, Yanhui; Xi, Yingjun; Ren, Yanping; McLean, Loyola	2018	The Efficacy of Eye Movement Desensitization and Reprocessing in Children and Adults Who Have Experienced Complex Childhood Trauma: A Systematic Review of Randomized Controlled Trials	Front. Psychol. (Frontiers in Psychology)	9			
Chen, Shuquan; Bi, Kaiwen; Sun, Pei; Bonanno, George A.	2022	Psychopathology and resilience following strict COVID-19 lockdowns in Hubei, China: Examining person- and context-level predictors for longitudinal trajectories	American Psychologist		19	262–275	In Hubei, China, where the coronavirus disease (COVID-19) epidemic first emerged, the government has enforced strict quarantine and lockdown measures. Longitudinal studies suggest that the impact of adverse events on psychological adjustment is highly heterogeneous. To better understand protective and risk factors that predict longitudinal psychopathology and resilience following strict COVID-19 lockdowns, this study used unsupervised machine learning to identify

					c), 00 03- 06 6X( Pri nt)	half-year longitudinal trajectories (April, June, August, and October, 2020) of three mental health outcomes (depression, anxiety, and posttraumatic stress disorder [PTSD]) among a sample of Hubei residents (N = 326), assessed a broad range of person- and context-level predictors, and applied least absolute shrinkage and selection operator (LASSO) logistic regression, a supervised machine learning approach, to select best predictors for trajectory memberships of resilience and chronic psychopathology. Across outcomes, most individuals remained resilient. Models with both person- and context-level predictors showed excellent predictive accuracy, except for models predicting chronic anxiety. The person-level models showed either good or excellent predictive accuracy. The context-level models showed good predictive accuracy for depression trajectories but were only fair in predicting trajectories of anxiety and PTSD. Overall, the most critical person-level predictors were worry, optimism, fear of COVID, and coping flexibility, whereas important context-level predictors included features of stressful life events, community satisfaction, and family support. This study identified clinical patterns of response to COVID-19 lockdowns and used a combination of risk and protective factors to accurately differentiate these patterns. These findings have implications for clinical risk identifications and interventions in the context of potential trauma. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Chen, Xiao-Yan; Wang, Dongfang; Scherffius, Andrew; Shi, Xuliang; Wang, Anqi; Hu, Xinhui; Fan, Fang	2023	Comorbid trajectories of posttraumatic stress disorder symptoms and depressive symptoms in a 10-year cohort of Chinese Wenchuan earthquake survivors: Course, predictors, and consequences	Psychological Trauma: Theory, Research, Practice, and Policy			Objectives: Survivors may suffer mental health problems following disasters, particularly posttraumatic stress disorder (PTSD) and depressive symptoms. However, few studies have explored longitudinal processes of co-occurring PTSD and depressive symptoms among adolescent survivors and their associated predictors and consequences. The present study examines the codevelopment of both symptoms postearthquake using a 10-year cohort. Method: A total of 1,357 senior high school students reported PTSD and depressive symptoms at 6, 12, 18, and 24 months after the 2008 Wenchuan earthquake. Self-report measures were also used to evaluate earthquake exposure, negative life events, social support, and trait resilience. At the 10-year follow-up (T10y), 799 participants reported their quality of life (QoL) online and 744 of them provided available data. A parallel-process latent class growth analysis was used to identify trajectories. Multinomial logistic and linear regressions were used, respectively, to analyze the predictors and consequences of these trajectories. Results: Three comorbid trajectories were found: a resilient group (56.7%), a vulnerable group

							(33.3%), and a chronic high-risk group (9.9%). Gender, injury/missing/killed of family members, witnessing of traumatic sciences, negative life events, social support, and trait resilience were significant predictors of vulnerable and chronic high-risk groups. Finally, adolescents in these two groups were more likely to experience poorer QoL in adulthood. Conclusion: The results highlight the heterogeneity of depression-PTSD comorbidities among adolescent survivors. They also emphasize PTSD-depression symptoms predictors and their adverse impacts on life outcomes in adulthood. Individualized interventions should be provided for adolescents affected by natural disasters, especially those in the vulnerable and higher risk groups. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Chen, Yoke Yong; Ghazali, Siti Raudzah	2022	Lifetime trauma exposure and PTSD symptoms in relation to health-related behaviors and physiological measures among Malaysian adolescents	Traumatology	28	1	160–166	Lifetime trauma exposure may result in serious consequences for mental health. It can lead to posttraumatic stress disorder diagnosis, and when traumatic experience occurs among adolescents, the consequences may affect their mental and physical health later in their adulthood. This is a cross-sectional research design aiming to determine the relationship between lifetime trauma experience with health-related behaviors and physiological measures among Malaysian adolescents. A total of 606 adolescents with mean age of 16.9 years (SD = 1.28) responded to the survey questionnaires. Their height, weight, blood pressure, and heart rate were measured. Adolescents with traumatic experiences were significantly more likely to engage in unhealthy behaviors such as drinking alcohol and smoking. Their physiological readings (i.e., heart rate) were significantly higher than those without traumatic experience. The significant relationship between trauma exposure, unhealthy behavior, and physical health are discussed in this article. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Chendamarai, Ezhilarasi; Ganesan, Saravanan; Alex, Ansu Abu; Kamath, Vandana; Nair, Sukesh C.; Nellickal, Arun Jose; Janet, Nancy Beryl; Srivastava, Vivi; Lakshmi, Kavitha M.; Viswabandya, Auro; Abraham, Aby; Aiyaz,	2015	Comparison of newly diagnosed and relapsed patients with acute promyelocytic leukemia treated with arsenic trioxide: insight into mechanisms of resistance	PloS one	10	3	e0121912	There is limited data on the clinical, cellular and molecular changes in relapsed acute promyelocytic leukemia (RAPL) in comparison with newly diagnosed cases (NAPL). We undertook a prospective study to compare NAPL and RAPL patients treated with arsenic trioxide (ATO) based regimens. 98 NAPL and 28 RAPL were enrolled in this study. RAPL patients had a significantly lower WBC count and higher platelet count at diagnosis. IC bleeds was significantly lower in RAPL cases (P=0.022). The ability of malignant promyelocytes to concentrate ATO intracellularly and their in-vitro IC50 to ATO was not significantly different between the two groups. Targeted NGS revealed PML B2 domain mutations in 4 (15.38%) of the RAPL subset and none were

Mohammed; Mullapudi, Nandita; Mugasimangalam, Raja; Padua, Rose Ann; Chomienne, Christine; Chandy, Mammen; Srivastava, Alok; George, Biju; Balasubramanian, Poonkuzhali; Mathews, Vikram							associated with secondary resistance to ATO. A microarray GEP revealed 1744 genes were 2 fold and above differentially expressed between the two groups. The most prominent differentially regulated pathways were cell adhesion (n=92), cell survival (n=50), immune regulation (n=74) and stem cell regulation (n=51). Consistent with the GEP data, immunophenotyping revealed significantly increased CD34 expression (P=0.001) in RAPL cases and there was in-vitro evidence of significant microenvironment mediated innate resistance (EM-DR) to ATO. Resistance and relapse following treatment with ATO is probably multi-factorial, mutations in PML B2 domain while seen only in RAPL may not be the major clinically relevant cause of subsequent relapses. In RAPL additional factors such as expansion of the leukemia initiating compartment along with EM-DR may contribute significantly to relapse following treatment with ATO based regimens.
Chesmore, Ashley A.; Piehler, Timothy F.; Gewirtz, Abigail H.	2018	PTSD as a moderator of a parenting intervention for military families	Journal of Family Psychology	32	1	123–133	The stress of multiple deployments and exposure to combat places service members at risk for posttraumatic stress disorder (PTSD), which may detrimentally affect parenting. Evidence-based parenting programs have been successful in promoting adaptive parenting practices among families exposed to stress. However, the effects of preventive interventions on parenting may vary by military parent's PTSD. The current study includes families who participated in a randomized controlled trial of a parenting intervention for military families known as After Deployment, Adaptive Parenting Tools (ADAPT). Families were randomized to either a 14-week, group-based parenting program or a comparison group. Participants included families with 4- to 12-year-old children in which at least 1 parent deployed to Iraq or Afghanistan (N = 336; 945 individuals). Structural equation modeling was used to examine parent self-reported PTSD as a potential moderator of the relationship between intent-to-treat status and effective parenting practices 12 months postbaseline while accounting for baseline effective parenting, length and number of deployments, and family demographics. Father PTSD was a significant moderator, such that the intervention was less effective for fathers who met clinical levels of PTSD. No significant moderation effects were found among mothers. These findings may have important implications for the development of future evidence-based parenting programs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Cheung, Elsie; Alvaro, Rosemarie; Colotla, Victor A.	2003	Psychological distress in workers with traumatic upper or lower	Rehabilitation Psychology	48	2		Objective: To determine whether individuals with traumatic upper limb amputations would report more symptoms of posttraumatic stress disorder (PTSD) and depression than individuals with traumatic lower



		limb amputations following industrial injuries				limb amputations. Study Design: Retrospective file review. Setting: CARF-accredited outpatient rehabilitation center. Participants: Thirty workers with unilateral upper limb amputations and 25 workers with unilateral lower limb amputations. Main Outcome Measures: Presence or absence of depression, symptoms of PTSD, and pain. Results: The upper limb group had a higher frequency of depression and symptoms of PTSD than the lower limb group. The 2 groups did not differ with respect to pain complaints. Conclusion: More so than injuries to the lower limbs, upper limb injuries may render individuals vulnerable to PTSD and depression. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Childs, Amber W.; Kaufman, Caroline C.; Olezeski, Christy L.	2022	How is everyone doing? Baseline psychological distress and adaptive functioning among transgender, nonbinary, and cis youth presenting for intensive outpatient psychiatric services		19	3	Psychological and psychosocial functioning of binary transgender and nonbinary youth has been understudied in settings treating individuals at risk for psychiatric hospitalization. Further, little is currently known about potential differences in baseline levels of psychiatric distress and adaptive functioning across gender-diverse youth and their psychiatrically distressed cisgender counterparts. Key differences may elucidate avenues for adapted treatment and protocols among youth presenting for psychiatric care. Archival data of 426 youth (Mean = 14.94, SD = 1.5 years) referred to a psychiatric Intensive Outpatient Program (IOP) were used to examine differences in self-reported domains of psychological (e.g., depression, anxiety, Posttraumatic Stress Disorder [PTSD], emotion dysregulation) and psychosocial (e.g., parental and interpersonal relations) functioning across gender. The group included N = 272 cisfemale (64.1%), N = 137 cismale (32.2%), N = 10 transgender (2.3%) and N = 7 nonbinary (1.6%) self-identified youth. Cismales reported the lowest levels of distress and highest levels of adaptive functioning as compared to the other groups, whereas binary transgender and cisfemale youth did not significantly differ across any measured domain. Nonbinary youth reported higher levels of anxiety, hyperactivity, psychological inflexibility, and inadequacy than cisfemales, but largely did not differ from binary transgender youth. Beyond statistical comparisons, nonbinary youth demonstrated globally elevated levels of psychiatric distress and compromised adaptive functioning, with most ratings falling in the clinically significant and/or at-risk ranges. Results highlight the need for clinicians to carefully attend to unique needs of nonbinary youth and for future research to expand upon our preliminary findings. Clinical implications are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Choi, Kara J.; Kangas, Maria	2020	Impact of maternal betrayal trauma on parent and child well-being: Attachment style and emotion regulation as moderators	Psychological trauma : theory, research, practice and policy	12	2	121–130	Objective: While high betrayal (HB) traumas (i.e., traumas perpetrated by close others) are associated with reduced maternal and child well-being compared to low betrayal (LB) traumas (i.e., traumas that are noninterpersonal or perpetrated by nonclose others), moderators of these relationships have not yet been examined. The aim of the present study was to examine the associations between maternal lifetime betrayal trauma and parent and child well-being while also examining attachment style and emotion regulation as potential moderators. Method: Australian mothers (N = 174) of school-age children (5–12 years) completed online self-report measures assessing betrayal trauma, well-being, attachment style, and emotion regulation strategies. Results: HB traumas were significantly associated with greater maternal distress and trauma symptoms, reduced child well-being, greater attachment anxiety, and greater difficulties with emotion regulation but were not significantly different with regard to parenting stress, social support satisfaction, or attachment avoidance when compared with LB traumas. Emotion regulation difficulties moderated the relationship between betrayal trauma history and maternal distress. Conclusions: These results indicate that mothers with HB trauma histories who also have difficulties with emotion regulation may experience greater levels of distress compared to mothers with HB trauma histories who use more adaptive emotion regulation strategies. Accordingly, it may be especially important for victims of HB traumas to address trauma-related misappraisals regarding the self and others while strengthening the use of adaptive emotion regulation strategies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Choi, Kristen R.; Briggs, Ernestine C.; Seng, Julia S.; Graham-Bermann, Sandra A.; Munro-Kramer, Michelle L.; Ford, Julian D.	2018	Service usage typologies in a clinical sample of trauma-exposed adolescents: A latent class analysis	Psychological trauma : theory, research, practice and policy	10	6	652–661	Objective: The purpose of this study is to describe typologies of service utilization among trauma-exposed, treatment-seeking adolescents and to examine associations between trauma history, trauma-related symptoms, demographics, and service utilization. Method: Latent class analysis was used to derive a service utilization typologies based on 10 service variables using a sample of 3,081 trauma-exposed adolescents ages 12 to 16 from the National Child Traumatic Stress Network Core Dataset. Services used 30 days prior to the initial assessment from 5 sectors were examined (health care, mental health, school, social services, and juvenile justice). Results: A 5-class model was selected based on statistical fit indices and substantive evaluation of classes: (a) High intensity/multisystem, 9.5%; (b) Justice-involved, 7.2%; (c) Low intensity/multisystem, 19.9%; (d) Social service and mental health, 19.9%; and (e) Low service

							usage/reference, 43.5%. The classes could be differentiated based on cumulative trauma, maltreatment history, PTSD, externalizing and internalizing symptoms, and age, gender, race/ethnicity and place of residence. Conclusions: This study provides new evidence about patterns of service utilization by trauma exposed, treatment seeking adolescents. Most of these adolescents appear to be involved with at least 2 service systems prior to seeking trauma treatment. Higher cumulative exposure to multiple types of trauma was associated with greater service utilization intensity and complexity, but trauma symptomatology was not. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Chorpita, B. F.; Vitali, A. E.; Barlow, D. H.	1997	Behavioral treatment of choking phobia in an adolescent: an experimental analysis	Journal of behavior therapy and experimental psychiatry	28	4	307–315	A multiple baseline approach across foods was used to evaluate an exposure-based treatment for choking phobia in a 13-year-old girl. Following 14 sessions, the patient demonstrated substantially reduced self-reported, observer-rated, and parent-reported anxiety, increased eating rate and bite size, and increased variety of food intake. Clinical diagnoses present at pretreatment were not present at posttreatment at a clinical level. These gains were maintained at a 9-month follow-up assessment.
Church, Dawson; Piña, Oscar; Reategui, Carla; Brooks, Audrey	2012	Single-session reduction of the intensity of traumatic memories in abused adolescents after EFT: A randomized controlled pilot study	Traumatology	18	3	73–79	The population for this study was drawn from an institution to which juveniles are sent by court order if they are found by a judge to be physically or psychologically abused at home. Sixteen males, aged 12–17, were randomized into two groups. They were assessed using subjective distress (SUD), and the Impact of Events Scale (IES), which measures two components of PTSD: intrusive memories and avoidance symptoms. The experimental group was treated with a single session of EFT (emotional freedom techniques), a brief and novel exposure therapy that has been found efficacious in reducing PTSD and co-occurring psychological symptoms in adults, but has not been subject to empirical assessment in juveniles. The wait list control group received no treatment. Thirty days later, participants were reassessed. No improvement occurred in the wait list (IES total mean pre = 32 SD ± 4.82, post = 31 SD ± 3.84). Posttest scores for all experimental-group participants improved to the point where all were nonclinical on the total score, as well as the intrusive and avoidant symptom subscales, and SUD (IES total mean pre = 36 SD ± 4.74, post = 3 SD ± 2.60, $p < .001$ ). These results are consistent with those found in adults, and indicates the utility of single-session EFT as a fast and effective intervention for reducing psychological trauma in juveniles. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Çimke, Sevim; Yıldırım Gürkan, Dilek	2023	Psychological stress experienced by parents and posttraumatic emotional stress experienced by children during the COVID-19 pandemic	Psychological trauma : theory, research, practice and policy	15	5	888–894	Objective: This study was conducted to determine psychological stress experienced by parents and posttraumatic emotional stress experienced by children during the COVID-19 pandemic. Method: The study has cross-sectional design and included parents who have 3- to 10 year-old children studying at kindergartens and primary schools under the Yozgat Directorate of National Education in Turkey, and who volunteered to participate in the study. The study was completed with 1,109 parents. School administrators were informed of the study and an online data collection form was distributed through parent WhatsApp groups. Results: Fathers at or above the age of 37 were found to have lower Kessler Psychological Distress Scale (K10-PDS) scores ( $p = .340$ ) ( $p < .001$ ). Conclusions: This study determined that COVID-19 causes children to experience posttraumatic stress disorder. In addition, the study found increased stress levels of parents and children experiencing posttraumatic stress disorder. (PsyInfo Database Record (c) 2023 APA, all rights reserved)
Cingü, Cemal; Bayar Muluk, Nuray; Ulusoy, Seçkin; Acar, Mustafa; Şirin, Seher; Çobanoğlu, Bengü; Birdane, Leman; Kalaycık, Çiğdem; Çakır, Burak Ömür; Oğhan, Fatih; Aynacı, Sevilay; Erdoğan, Nagehan; Yıldırım, Ömürsen; Şahin, Ethem; Bulut, Fuat; Aksoy, Mehmet Akif; Türe, Nurullah; Bal, Cengiz	2015	Efficacy of sublingual immunotherapy for house dust mite allergic rhinitis	European archives of oto-rhino-laryngology : official journal of the European Federation of Oto-Rhino-Laryngological Societies (EUFOS) : affiliated with the German Society for Oto-Rhino-Laryngology - Head and Neck Surgery	272	11	3341–3346	In the present study, we investigated the outcomes of sublingual immunotherapy (SLIT) in house dust mite-induced allergic rhinitis (HDM-AR) patients. In this prospective, multicentric study, 186 patients with AR who had positive skin prick test results for HDMS were included. The patients were administered SLIT using Staloral 300 for 1 year. Evaluation of the patients regarding symptom scores, clinical findings and Rhinitis Quality of Life Questionnaire (RQLQ) scores was performed at baseline, and then at 6 and 12 months of therapy. Our results showed that, for all of the evaluated items (symptom scores, clinical findings and RQLQ scores), 12-month values were significantly lower than those at 6 months and baseline. Similarly, 6-month values were significantly lower than those at baseline. There were no complications in any of our patients. SLIT for HDM-AR is a treatment modality that can be used safely. We obtained better results than expected, and the treatment showed a positive psychological effect; the patients believed that SLIT was the final step of treatment and, which made them feel better.
Clark, A.; Kirkby, K. C.; Daniels, B. A.; Marks, I. M.	1998	A pilot study of computer-aided vicarious exposure for obsessive-compulsive disorder	The Australian and New Zealand journal of psychiatry	32	2	268–275	OBJECTIVE: This study reports the use of an interactive computer program to instruct vicarious exposure and ritual prevention for obsessive-compulsive disorder (OCD). METHOD: Thirteen OCD volunteers and 10 non-OCD volunteers completed three 45-minute sessions at weekly intervals. Subjects with OCD completed the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), the Padua Inventory (PI) and the Beck Depression Inventory (BDI) 1 week prior to and 1 week after the three computer treatment sessions. Non-OCD subjects

							only completed these measures at baseline, allowing confirmation that they had no significant level of OCD symptomatology. RESULTS: In the OCD subjects, scores fell significantly on the PI and BDI, and Y-BOCS scores fell non-significantly. Engagement in vicarious exposure with ritual prevention improved from sessions 1-3. Compared to the non-OCD participants, OCD subjects did less vicarious exposure in session 1 but not sessions 2 and 3. Performance of vicarious exposure by OCD subjects in session 1 correlated with pre-post improvement in PI and BDI scores. CONCLUSIONS: The vicarious exposure program may have a role to play as an adjunct in behaviour therapy.
Clark, D. M.; Salkovskis, P. M.; Hackmann, A.; Middleton, H.; Anastasiades, P.; Gelder, M.	1994	A comparison of cognitive therapy, applied relaxation and imipramine in the treatment of panic disorder	The British journal of psychiatry : the journal of mental science	164	6	759–769	Recent studies have shown that cognitive therapy is an effective treatment for panic disorder. However, little is known about how cognitive therapy compares with other psychological and pharmacological treatments. To investigate this question 64 panic disorder patients were initially assigned to cognitive therapy, applied relaxation, imipramine (mean 233 mg/day), or a 3-month wait followed by allocation to treatment. During treatment patients had up to 12 sessions in the first 3 months and up to three booster sessions in the next 3 months. Imipramine was gradually withdrawn after 6 months. Each treatment included self-exposure homework assignments. Cognitive therapy and applied relaxation sessions lasted one hour. Imipramine sessions lasted 25 minutes. Assessments were before treatment/wait and at 3, 6, and 15 months. Comparisons with waiting-list showed all three treatments were effective. Comparisons between treatments showed that at 3 months cognitive therapy was superior to both applied relaxation and imipramine on most measures. At 6 months cognitive therapy did not differ from imipramine and both were superior to applied relaxation on several measures. Between 6 and 15 months a number of imipramine patients relapsed. At 15 months cognitive therapy was again superior to both applied relaxation and imipramine but on fewer measures than at 3 months. Cognitive measures taken at the end of treatment were significant predictors of outcome at follow-up.
CLARK, Lauren; TYLER, Nichola; GANNON, Theresa A.; KINGHAM, Michael	2014	Eye movement desensitisation and reprocessing for offence-related trauma in a mentally disordered sexual offender					
Clark, Vernessa R.; Hill, Oliver W. [JR]	2009	Body mass and cardiovascular reactivity to racism in African American college students	Ethnicity & disease	19	1	2–6	OBJECTIVE: The purpose of the present study was to examine the effects of body mass on cardiovascular reactivity to racism in African American college students. DESIGN AND METHODS: Cardiac output, stroke volume, heart rate and blood pressure were measured as

							<p>participants viewed a racially noxious scene on videotape. Body mass was measured using body mass index calculated using height and weight. We hypothesized that obese individuals would have greater cardiovascular reactivity to the scene than overweight individuals or individuals with normal weight. We also hypothesized that obese women would have the greatest cardiovascular reactivity to the scenes compared to overweight and normal weight women, and obese, overweight, and normal weight men. Lastly, we hypothesized that women would have greater cardiovascular reactivity than their male counterparts. RESULTS: Multivariate analysis of variance revealed that obese participants had significantly greater stroke volume and cardiac output than participants of normal weight, indicating that obese participants were less emotionally aroused by the stressor. There was also a significant interaction between sex and body mass for heart rate reactivity between the stressor and recovery periods. Obese women had the largest drop in heart rate, while obese men had the smallest drop from the stressor period to the recovery period. CONCLUSIONS: The findings revealed that obese participants were less aroused by the stressors and recovered from them more quickly than overweight participants and participants of normal weight. The frequent experiences of weight prejudices by the obese group may have desensitized them to other prejudices such as the racial intolerance shown in the stressor.</p>
Clementi, Michelle A.; Alfano, Candice A.	2014	Targeted Behavioral Therapy for childhood generalized anxiety disorder: a time-series analysis of changes in anxiety and sleep	Journal of anxiety disorders	28	2	215–222	<p>This study examined the efficacy of Targeted Behavioral Therapy (TBT), a newly developed intervention targeting features of childhood generalized anxiety disorder (GAD). Using a time-series design, 4 children (7-12 years) with primary GAD were treated with TBT, which includes sleep improvement strategies, systematic desensitization for reducing intolerance of uncertainty, and in vivo exposures for anxiety. Diagnostic interviews and questionnaires were administered at baseline, post-treatment and 3 months follow-up. Anxiety symptoms and sleep characteristics/problems were rated weekly during a 4-week baseline and 14-weeks of treatment. Two children remitted at post-treatment and no child had a GAD diagnosis at follow-up. Child but not parent report revealed improvements in both worry and sleep. Despite improvements from pre- to post-assessment, considerable symptom fluctuation observed during the baseline period preclude conclusion that symptom changes are specifically attributable to the course of treatment. Overall, preliminary support is provided for the efficacy of TBT for childhood GAD.</p>

Clinchard, Claudia; Harp, Nicholas R.; Lorenz, Tierney; Neta, Maital	2024	Proposing a model whereby negative valence bias increases the risk for more severe dysphoric posttraumatic stress disorder and depression symptomology	Emotion				Experiencing trauma increases risk for posttraumatic stress disorder (PTSD) and depression, and individuals who experience psychopathology after a traumatic event often experience symptoms from both disorders. Because a tendency to view events in a more negative light and a propensity toward threat appraisals are risk factors for both PTSD and depression, negative valence bias—a tendency to appraise emotional ambiguity as having a more negative (less positive) meaning—may be a transdiagnostic risk factor. In other words, we expect individuals with a negative valence bias experience greater PTSD and depression symptoms. We measured valence bias and self-reported PTSD and depression symptoms in a sample of college students in 2021 (n = 287; 72.5% reported experiencing trauma). Although valence bias was not associated with PTSD symptoms as a whole, we found in our exploratory model that more negative bias was associated with greater dysphoria-related PTSD symptoms and greater depression symptoms (indirect effect p = .03). Thus, we propose a model whereby a more negative valence bias contributes to increased susceptibility for maladaptive stress responses, which may be associated with greater likelihood of symptoms of dysphoria-related PTSD and depression. These findings suggest that valence bias represents a transdiagnostic affective risk factor, warranting future research examining the impacts of bias-altering interventions (e.g., mindfulness-based treatments) as a means for managing symptoms in individuals with heightened dysphoria-related PTSD and/or depression symptoms. Additionally, in post hoc analyses it emerged that Latinx participants displayed a more negative valence bias, indicating the need for more research in diverse samples. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Cloitre, Marylene; Beck, J. Gayle	2017	Introduction for the special issue: The long-term effects of childhood adversity and trauma	Clinical Psychology: Science and Practice	24	2	107–110	This article provides an introduction to the special issue of Clinical Psychology: Science and Practice. The purpose of this issue is to provide review articles by top experts in the field intended to summarize and critique the current state of knowledge about the long-term effects of exposure to childhood adversity. This special issue includes articles that identify disorders and problems that are particularly prevalent among those who have experienced childhood adversity and that provoke consideration of the developmental disturbances or potential underlying vulnerability factors that may contribute to risk for such a broad array of negative outcomes. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

Cloitre, Marylene; Koenen, Karestan C.; Cohen, Lisa R.; Han, Hyemee	2002	Skills training in affective and interpersonal regulation followed by exposure: a phase-based treatment for PTSD related to childhood abuse	Journal of consulting and clinical psychology	70	5	1067–1074	Fifty-eight women with posttraumatic stress disorder (PTSD) related to childhood abuse were randomly assigned to a 2-phase cognitive-behavioral treatment or a minimal attention wait list. Phase 1 of treatment included 8 weekly sessions of skills training in affect and interpersonal regulation; Phase 2 included 8 sessions of modified prolonged exposure. Compared with those on wait list, participants in active treatment showed significant improvement in affect regulation problems, interpersonal skills deficits, and PTSD symptoms. Gains were maintained at 3- and 9-month follow-up. Phase 1 therapeutic alliance and negative mood regulation skills predicted Phase 2 exposure success in reducing PTSD, suggesting the value of establishing a strong therapeutic relationship and emotion regulation skills before exposure work among chronic PTSD populations.
Coates, Susan; Gaensbauer, Theodore J.	2009	Event trauma in early childhood: symptoms, assessment, intervention	Child and adolescent psychiatric clinics of North America	18	3	611–626	Expanding research over the last two decades has documented that very young children's responses to an event trauma will involve the same three basic categories of posttraumatic symptomatology observed in older children and adults that is, reexperiencing, numbing/avoidance, and hyperarousal. The ways in which these three symptom clusters will be manifested in very young children and recent progress in the establishment of developmentally sensitive and reliable criteria for the diagnosis of posttraumatic stress disorder (PTSD) in this age group are described. In addition to PTSD symptomatology, three additional factors that differentiate young children's responses to a trauma from those of older children and adults-their cognitive immaturity, their developmental vulnerability, and the relational context of early trauma given young children's dependence on caregivers-also are discussed. Principles of assessment and treatment are then described. These discussions emphasize the importance of normalizing traumatic responses, supporting the parent-child relationship and restoring trust, desensitizing the child's distress to traumatic reminders, helping the child and parents to process and develop a meaningful narrative of the traumatic event through expressive therapeutic techniques, and promoting effective strategies of restoration and repair.
Cocco, N.; Sharpe, L.	1993	An auditory variant of eye movement desensitization in a case of childhood post-traumatic stress disorder	Journal of behavior therapy and experimental psychiatry	24	4	373–377	The present paper reports a case study documenting the success of a child-appropriate variant of eye movement desensitization (EMD) in the treatment of post-traumatic stress disorder (PTSD). Although there have been numerous case studies and some preliminary controlled trials of this method in adult cases of PTSD, there does not appear to be any information on its use in children. The available literature suggests that it is a more rapid and less traumatic treatment than



							traditional exposure based therapies. The present paper describes a child-appropriate auditory variant of eye-movement desensitization applied to a case of childhood PTSD.
Cohen, J. A.; Mannarino, A. P.; Rogal, S.	2001	Treatment practices for childhood posttraumatic stress disorder	Child abuse & neglect	25	1	123– 135	OBJECTIVE: This study surveyed practices in treating childhood PTSD among child psychiatrists and non-M.D. therapists with self-identified interest in treating traumatized children. METHOD: An anonymous survey was mailed to 207 child psychiatrists ("medical") and 460 nonphysician ("non-medical") therapists inquiring about current interventions used to treat children with PTSD. RESULTS: Two hundred and forty-seven responses were received: of 77 medical and 82 nonmedical respondents who currently treat children with PTSD, a wide variety of modalities are used. Most preferred modalities among medical responders were pharmacotherapy, psychodynamic, and cognitive-behavioral therapy. Most preferred modalities among nonmedical respondents were cognitive-behavioral, family, and nondirective play therapy. Ninety-five percent of medical respondents used pharmacotherapy for this disorder; most preferred medications to treat childhood PTSD were selective serotonin reuptake inhibitors and alpha-adrenergic agonists. Several significant differences between medical and nonmedical practices were identified. CONCLUSIONS: There is little clinical consensus regarding the effectiveness of the many modalities used to treat traumatized children who have PTSD symptoms; empirical research is particularly needed to evaluate the efficacy of pharmacotherapy and EMDR.
Coldwell, Susan E.; Wilhelm, Frank H.; Milgrom, Peter; Prall, Christopher W.; Getz, Tracy; Spadafora, Agnes; Chiu, I-Yu; Leroux, Brian G.; Ramsay, Douglas S.	2007	Combining alprazolam with systematic desensitization therapy for dental injection phobia	Journal of anxiety disorders	21	7	871– 887	To determine whether a benzodiazepine facilitates systematic desensitization, 144 subjects with dental injection phobia received systematic desensitization in combination with placebo or one of two doses of alprazolam (0.5mg or 0.75mg). Systematic desensitization therapy included computer-controlled presentation of digitized video segments followed by in vivo exposure segments, culminating in an actual dental injection. Subjects advanced to the next hierarchy segment when low anxiety was reported during a segment. Alprazolam and placebo groups progressed at the same rate. The 0.75mg group had elevated heart rates while watching video segments compared with placebo. In a subsequent behavioral avoidance test (during which subjects were randomized to a new drug condition), there was no indication that state-dependent learning had occurred. Dental fear was reduced similarly in all groups for 1 year after study completion. No advantage was found to combining alprazolam with systematic desensitization for dental injection phobia.

Collins, Bradley N.; Brandon, Thomas H.	2002	Effects of extinction context and retrieval cues on alcohol cue reactivity among nonalcoholic drinkers	Journal of consulting and clinical psychology	70	2	390–397	Pavlovian conditioning models have influenced the development of cue exposure treatments for drug abuse. However, poor maintenance of extinction performance (renewal) after treatment is a common problem. A treatment-analogue experiment tested the role of context in renewal, as well as a potential strategy for reducing renewal. Seventy-eight social drinkers completed extinction trials to reduce saliva and urge reactivity to alcohol cues and were randomly assigned to a renewal test in either the same context as extinction, a different context, or the different context containing a cue from the extinction context (E-cue). As predicted, the different context produced greater renewal than the same context and renewal was attenuated when the E-cue was present. These results offer preliminary evidence for the context dependence of extinction to alcohol cues and for the use of an extinction cue to improve the generalizability of exposure therapies.
Colville, Gillian A.	2017	Narrative exposure therapy with parents who have been traumatized in pediatric settings: A case series	Clinical Practice in Pediatric Psychology	5	2		There is increasing evidence that a significant number of parents are affected by symptoms of posttraumatic stress and anxiety for many months after their children's serious illnesses or accidents. It is important, therefore, that psychological treatments for use with this population are tried and evaluated for effectiveness with this population. The application of a new brief treatment, narrative exposure therapy (NET), is described here in relation to a case series of 4 parents who met criteria for posttraumatic stress disorder following their children's intensive care treatment. This approach, which has shown promise with other samples of people who have suffered repeated traumas, was associated with significant symptom relief (Cohen's $d_s = 1.01-2.37$ ). The main themes that emerged in therapy are discussed, along with other treatment considerations. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Comer, Jonathan S.; Kendall, Philip C.	2007	Terrorism: The psychological impact on youth	Clinical Psychology: Science and Practice	14	3	179–212	Research on the psychological impact of terrorism on youth is reviewed and evaluated. Children having proximal contact with terrorism show elevated posttraumatic stress, separation anxiety, and/or other symptoms. Following a terrorist attack, youth proximal and distal to the attack are exposed to a vast amount of attack-related media coverage and exposure to such media coverage is associated with postattack posttraumatic stress disorder (PTSD) symptomatology. However, the research is inchoate, including an insufficient scope and methodological limitations. Research has yet to examine the impact that exposure to an extended context of threat, expectation, and alert has on child development. Importantly, how are children influenced by secondhand terrorism--the context in which cultural influences disproportionately attend to the possibilities,

							rather than probabilities, of future terrorism? Research is needed to evaluate the impact of terrorism on psychopathology (beyond PTSD), functional impairment, and ethnic stereotyping in youth, and to examine the efficacy of psychological programs that strive to redress the problems of youth affected by terrorism. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Confino-Cohen, R.; Melamed, S.; Goldberg, A.	1999	Debilitating beliefs, emotional distress and quality of life in patients given immunotherapy for insect sting allergy	Clinical and experimental allergy : journal of the British Society for Allergy and Clinical Immunology	29	12	1626–1631	BACKGROUND: Patients who receive immunotherapy for systemic reaction to insect stings are told that once they reach maintenance dose they are almost 100% protected against future systemic reactions. However, we have observed that some patients continued to perceive themselves as highly debilitated by the allergy, and this perception had a significant impact on their quality of life. OBJECTIVE: To validate this clinical observation and to explore possible reasons for such an undesired psychological reaction. METHODS: The study group consisted of 97 patients who regularly attended an allergy outpatient clinic for venom immunotherapy, and who had been under medical surveillance for up to 8 years. They completed a questionnaire measuring debilitating beliefs, preoccupation with the systemic reaction event, emotional distress, perceived restriction by allergy, and perceived quality of life. We also recorded the duration of immunotherapy, physician-graded severity of the systemic reaction and the frequency at which immunotherapy was administered. The reference group consisted of patients who had not reached maintenance dose and were still at risk of recurrent systemic reactions. RESULTS: As many as one-third of the patients held self-imposed debilitating beliefs, were preoccupied with the systemic reaction event, perceived a moderate to severe impairment in their quality of life, and manifested symptoms of emotional distress. These psychological responses did not correlate with the immunotherapy dosage that had been reached. Patients who reached a full maintenance dose were doing no better psychologically than those in the reference group. Moreover, the length of time on immunotherapy did not result in attenuation of the psychological responses. CONCLUSION: This study demonstrates for the first time, the long-lasting psychological impact of a threatening systemic reaction. It suggests a need for intervention aimed at dispelling patients' unfounded and persisting debilitating beliefs.
Conijn, T.; Roos, C. de; Vreugdenhil, H. J. I.; van Dijk-Lokkart, E.	2022	Effectiveness of time-limited eye movement desensitization reprocessing therapy for parents	Orphanet journal of rare diseases	17	1	328	BACKGROUND: Parents of children with a rare progressive life-limiting illness are at risk for parental posttraumatic stress disorder (PTSD). Studies on the treatment of parental PTSD with eye movement and desensitization reprocessing (EMDR) therapy in pediatric practice are

M.; Wijburg, F. A.; Haverman, L.		of children with a rare life-limiting illness: a randomized clinical trial					lacking. Therefore this study aims to evaluate the feasibility and effectiveness of time-limited EMDR therapy in reducing PTSD symptoms, comorbid psychological symptoms, distress, and parental stress. METHODS: Mono-center randomized clinical trial conducted between February 2020 and April 2021. Fourteen parents (N = 7 mothers, N = 7 fathers) of mucopolysaccharidosis type III patients reporting PTSD symptoms on a (sub)clinical level were assigned to EMDR or a wait-list control condition followed by EMDR. Four sessions of EMDR (each 90 min) divided over two half-days were offered. Measurements were conducted at baseline, post-treatment/post-waitlist, and 3-months post-treatment. The primary outcome was PTSD symptom severity (PTSD Check List for DSM-5). Secondary outcomes included comorbid psychological symptoms (Brief Symptom Inventory), distress (Distress Thermometer for Parents) and parenting stress (Parenting Stress Questionnaire). Between-group comparisons pre-to-post treatment (N = 7 EMDR vs. N = 7 wait-list) and within-group comparisons (EMDR, N = 14) from pre-to-post treatment and from pre-treatment to 3-months follow-up were carried out per intent-to-treat linear mixed model analyses. RESULTS: Compared to wait-list, EMDR resulted in a significant reduction on total PTSD symptom severity (d = 1.78) and on comorbid psychological symptoms, distress and parenting stress (d = .63-1.83). Within-group comparisons showed a significant effect on all outcomes at post-treatment (d = 1.04-2.21) and at 3-months follow-up (d = .96-2.30) compared to baseline. EMDR was well-tolerated, associated with a low drop-out rate, a high therapy adherence and no adverse events. CONCLUSION: Time-limited EMDR reduces PTSD symptoms, psychological comorbidity, distress and parenting stress in parents of children with a rare progressive life-limiting illness. This treatment was feasible for these overburdened parents. Recurrent monitoring of PTSD symptoms, and, if needed, offering this time-limited type of trauma treatment should be introduced in everyday pediatric practice. Trial registration Netherlands Trial Register, NL8496. Registered 01-04-2020, <a href="https://trialsearch.who.int/Trial2.aspx?TrialID=NL8496">https://trialsearch.who.int/Trial2.aspx?TrialID=NL8496</a> .
Conijn, Thirsa; Haverman, Lotte; Wijburg, Frits A.; Roos, Carlijn de	2021	Reducing posttraumatic stress in parents of patients with a rare inherited metabolic disorder using eye movement desensitization and reprocessing therapy: a case study	Orphanet journal of rare diseases	16	1	126	Parents of children with severe inborn errors of metabolism frequently face stressful events related to the disease of their child and are consequently at high risk for developing parental posttraumatic stress disorder (PTSD). Assessment and subsequent treatment of PTSD in these parents is however not common in clinical practice. PTSD can be effectively treated by Eye Movement Desensitization and Reprocessing (EMDR), however no studies have been conducted yet

							regarding the effect of EMDR for parental PTSD. EMDR is generally offered in multiple weekly sessions which may preclude participation of parents as they are generally overburdened by the ongoing and often intensive care for their child. Therefore, we offered time-limited EMDR with a maximum of four sessions over two subsequent days to two parents of mucopolysaccharidosis type III (MPS III) patients to explore its potential effects. Both qualitative and quantitative outcomes were used to evaluate treatment effects. Both parents felt more resilient and competent to face future difficulties related to the disease of their child, and no adverse effects were reported. Quantitative outcomes showed a clinically significant decrease in post traumatic stress symptoms and comorbid psychological distress from pre- to post treatment, and these beneficial effects were maintained at follow-up. In conclusion, time-limited EMDR may be a highly relevant treatment for traumatized parents of children with MPS III, and probably also for parents of children with other rare progressive disorders. Further research is needed to validate the efficacy of EMDR in this specific population.
Connick, C.; Pugliese, S.; Willette, J.; Palat, M.	2000	Desensitization: strengths and limitations of its use in dentistry for the patient with severe and profound mental retardation	ASDC journal of dentistry for children	67	4	250–255	
Connolly, Suzanne; Sakai, Caroline	2011	Brief trauma intervention with Rwandan genocide-survivors using thought field therapy	International journal of emergency mental health	13	3	161–172	This randomized waitlist control study examined the efficacy of Thought Field Therapy (TFT) in reducing Posttraumatic Stress Disorder symptoms in survivors of the 1994 genocide in Rwanda. Participants included 145 adult genocide survivors randomly assigned to an immediate TFT treatment group or a waitlist control group. Group differences adjusted for pretest scores and repeated measures anovas were statistically significant at $p < .001$ for 9 of 10 TSI trauma subscales and for both severity and frequency on the MPSS, with moderate to large effect sizes. Reduced trauma symptoms for the group receiving TFT were found for all scales. Reductions in trauma symptoms were sustained at a 2-year follow-up assessment. Limitations, clinical implications, and future research are discussed.
Conrad, Tobias	2008	Ich flieg dann mal. Praxiswissen und Behandlungsmethoden für die Therapie von Flugangst					Aufbauend auf den Grundlagen der Hypnotherapie wird ein ganzheitlicher Therapieentwurf für die Behandlung von Flugangst und Flugphobie vorgestellt. Mit einbezogen werden dabei auch medizinische Aspekte und praktische Erfahrungen aus dem Bereich der Flugbegleitung. Nach einer theoretischen Grundlegung der Methodik werden an ausgewählten Beispielen Techniken und Zusammenarbeit mit Gelegenheits- oder Vielfliegern, Kindern und

							<p>Traumatisierten sowie die Vorgehensweise für eine akute Krisenintervention während des Fluges beschrieben. Die praktische Umsetzung wird anhand von zahlreichen Übungsanleitungen, wörtlich ausgearbeiteten Tranceinduktionen und Anleitungen zur Selbsthypnose veranschaulicht. Ergänzt werden die Ausführungen durch Glossare zur Luftfahrt im Allgemeinen und zu therapeutischen Fachbegriffen.</p>
<p>Contractor, Ateka A.; Claycomb, Meredith A.; Byllesby, Brianna M.; Layne, Christopher M.; Kaplow, Julie B.; Steinberg, Alan M.; Elhai, Jon D.</p>	2015	<p>Hispanic ethnicity and Caucasian race: Relations with posttraumatic stress disorder's factor structure in clinic-referred youth</p>	<p>Psychological trauma : theory, research, practice and policy</p>	7	5	456–464	<p>The severity of posttraumatic stress disorder (PTSD) symptoms is linked to race and ethnicity, albeit with contradictory findings (reviewed in Alcántara, Casement, &amp; Lewis-Fernández, 2013; Pole, Gone, &amp; Kulkarni, 2008). We systematically examined Caucasian (n = 3,767) versus non-Caucasian race (n = 2,824) and Hispanic (n = 2,395) versus non-Hispanic ethnicity (n = 3,853) as candidate moderators of PTSD's 5-factor model structural parameters (Elhai et al., 2013). The sample was drawn from the National Child Traumatic Stress Network's Core Data Set, currently the largest national data set of clinic-referred children and adolescents exposed to potentially traumatic events. Using confirmatory factor analysis, we tested the invariance of PTSD symptom structural parameters by race and ethnicity. Chi-square difference tests and goodness-of-fit values showed statistical equivalence across racial and ethnic groups in the factor structure of PTSD and in mean item-level indicators of PTSD symptom severity. Results support the structural invariance of PTSD's 5-factor model across the compared racial and ethnic groups. Furthermore, results indicated equivalent item-level severity across racial and ethnic groups; this supports the use of item-level comparisons across these groups. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Conway, Christopher C.; Hammen, Constance; Brennan, Patricia A.</p>	2012	<p>Expanding stress generation theory: Test of a transdiagnostic model</p>	<p>Journal of abnormal psychology</p>	121	3	754–766	<p>Originally formulated to understand the recurrence of depressive disorders, the stress generation hypothesis has recently been applied in research on anxiety and externalizing disorders. Results from these investigations, in combination with findings of extensive comorbidity between depression and other mental disorders, suggest the need for an expansion of stress generation models to include the stress generating effects of transdiagnostic pathology as well as those of specific syndromes. Employing latent variable modeling techniques to parse the general and specific elements of commonly co-occurring Axis I syndromes, the current study examined the associations of transdiagnostic internalizing and externalizing dimensions with stressful life events over time. Analyses revealed that, after adjusting for the covariation between the dimensions, internalizing was a</p>

							significant predictor of interpersonal dependent stress, whereas externalizing was a significant predictor of noninterpersonal dependent stress. Neither latent dimension was associated with the occurrence of independent, or fateful, stressful life events. At the syndrome level, once variance due to the internalizing factor was partialled out, unipolar depression contributed incrementally to the generation of interpersonal dependent stress. In contrast, the presence of panic disorder produced a “stress inhibition” effect, predicting reduced exposure to interpersonal dependent stress. Additionally, dysthymia was associated with an excess of noninterpersonal dependent stress. The latent variable modeling framework used here is discussed in terms of its potential as an integrative model for stress generation research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Conway, Christopher C.; Starr, Lisa R.; Espejo, Emmanuel P.; Brennan, Patricia A.; Hammen, Constance	2016	Stress responsivity and the structure of common mental disorders: Transdiagnostic internalizing and externalizing dimensions are associated with contrasting stress appraisal biases	Journal of abnormal psychology		19 39- 18 46( Ele ctr oni c), 00 21- 84 3X( Pri nt)	1079– 1089	Biased stress appraisals critically relate to the origins and temporal course of many—perhaps most—forms of psychopathology. We hypothesized that aberrant stress appraisals are linked directly to latent internalizing and externalizing traits that, in turn, predispose to multiple disorders. A high-risk community sample of 815 adolescents underwent semistructured interviews to assess clinical disorders and naturalistic stressors at ages 15 and 20. Participants and blind rating teams separately evaluated the threat associated with acute stressors occurring in the past year, and an appraisal bias index (i.e., discrepancy between subjective and team-rated threat) was generated. A 2-factor (Internalizing and Externalizing) latent variable model provided an excellent fit to the diagnostic correlations. After adjusting for the covariation between the factors, adolescents’ threat overestimation prospectively predicted higher standing on Internalizing, whereas threat underestimation prospectively predicted elevations on Externalizing. Cross-sectional analyses replicated this pattern in early adulthood. Appraisals were not related to the residual portions of any diagnosis in the latent variable model, suggesting that the transdiagnostic dimensions mediated the connections between stress appraisal bias and disorder entities. We discuss implications for enhancing the efficiency of emerging research on the stress response and speculate how these findings, if replicated, might guide refinements to psychological treatments for stress-linked disorders. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Cooper, P. J.; Steere, J.	1995	A comparison of two psychological treatments for	Behaviour research and therapy	33	8	875– 885	In an effort to elucidate the role of cognitive factors in the maintenance of bulimia nervosa, the efficacy of two psychological treatments was examined in a randomised control trial: cognitive

		bulimia nervosa: implications for models of maintenance					behaviour therapy in the absence of explicit exposure instructions was compared with exposure and response prevention treatment in the absence of cognitive restructuring procedures. In the short term both treatments were successful at effecting substantial improvement in both the specific and the non-specific psychopathology of the disorder. However, at a one year follow up, whilst improvements were well maintained for those who had received the cognitive-behavioural treatment, virtually all of those who had responded to the purely behavioural treatment had relapsed. This provides some support for the cognitive model of the maintenance of bulimia nervosa. Nevertheless, the two treatment groups could not be distinguished on post-treatment measures of cognitive disturbance and neither was it the case that residual levels of cognitive disturbance, as assessed, predicted relapse. This may suggest that the level at which the necessary cognitive change takes place may not be accessible by conventional assessment procedures.
Coppens, Leonora C.; Postema, Christine E. S.; Schüler, Anne; Scheiter, Katharina; van Gog, Tamara	2021	Development of attention and accuracy in learning a categorization task	Frontiers in Psychology, 2021				Being able to categorize objects as similar or different is an essential skill. An important aspect of learning to categorize is learning to attend to relevant features (i.e., features that determine category membership) and ignore irrelevant features of the to-be-categorized objects. Feature variability across objects of different categories is informative, because it allows inferring the rules underlying category membership. In this study, participants learned to categorize fictitious creatures (i.e., aliens). We measured attention to the aliens during learning using eye-tracking and calculated the attentional focus as the ratio of attention to relevant versus irrelevant features. As expected, participants' categorization accuracy improved with practice; however, in contrast to our expectations, their attentional focus did not improve with practice. When computing the attentional focus, attention to the aliens' eyes was disregarded, because while eyes attract a lot of attention, they did not vary across aliens (non-informative feature). Yet, an explorative analysis of attention to eyes suggested that participants' attentional focus did become somewhat more efficient in that over time they learned to ignore the eyes. Results are discussed in the context of the need for instructional methods to improve attentional focus in learning to categorize.
Corbin, William R.; Papova, Anna; Morean, Meghan E.; O'Malley, Stephanie S.; Krishnan-Sarin,	2015	Integrating acquired preparedness and dual process models of risk for heavy drinking and related problems	Psychology of Addictive Behaviors	29	4	864–874	The acquired preparedness model (APM) posits that alcohol expectancies mediate effects of personality traits on drinking outcomes, whereas the dual process model (DPM) suggests that top-down behavioral control (e.g., self-control) moderates the impact of bottom-up risk factors such as alcohol expectancies. This study



Suchitra; Abi-Dargham, Anissa; Anticevic, Alan; Pearlson, Godfrey; Petrakis, Ismene; Pittman, Brian P.; Krystal, John H.							sought to integrate the APM and DPM by examining the extent to which indirect effects of impulsive sensation seeking on drinking outcomes are moderated by self-control. We hypothesized that the APM may hold more strongly for people who are higher in self-control, as they may engage in alcohol use for the explicit purpose of meeting sensation-seeking goals. Data were from 462 participants (ages 15–63 years; 58.4% male) who completed 1 of 5 studies affiliated with the Center for the Translational Neuroscience of Alcoholism. Consistent with the APM, higher levels of impulsive sensation seeking were associated with stronger positive expectancies, which, in turn, contributed to heavier drinking and related problems. Consistent with the DPM, among nondependent drinkers, indirect effects of impulsive sensation seeking on alcohol use were present only among those who were high in self-control. These findings suggest that expectancy challenges may be most effective for those with high levels of self-control prior to the development of alcohol dependence. However, future studies integrating the APM and DPM should include both implicit and explicit measures of expectancies to address the possibility that individuals with lower levels of self-control may be more influenced by automatic or implicit influences and may, therefore, respond well to implicit expectancy challenges. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Correia-Santos, Patricia; Ford, Julian D.; Maia, Ângela Costa; Pinto, Ricardo J.	2023	Posttraumatic stress disorder symptoms and dissociation as serial mediators of the relationship between cumulative victimization and adjustment problems among poly-victimized at-risk youth	Psychological trauma : theory, research, practice and policy	15	Su ppl 1	S11- S19	Introduction: Poly-victimization (PV) has a greater adverse impact on adolescents' lives than any single victimization type, even when repeatedly experienced. Adolescents who experience PV tend to present with an array of adjustment problems, and research has begun to identify mechanisms linking PV to adjustment problems. Both posttraumatic stress disorder (PTSD) and dissociation are linked to PV and adjustment problems; however, it is unclear how these variables play a role in the pathways from PV to adjustment problems. This study assessed PTSD and dissociation as serial mediators in the PV-adjustment problems link. Method: Two hundred eighteen Portuguese youth identified as poly-victims (56% girls) and aged between 12 and 17 years old (M = 15.63; SD = 1.26) were recruited from three at-risk contexts' cohorts. Participants completed self-report measures of trauma exposure, posttraumatic symptoms, dissociative symptoms, and emotional and social adjustment problems. Results: The study results suggest that, among poly-victim adolescents, PTSD and dissociation may be mediators of the relationship between the cumulative extent of victimization and adjustment problems. Conclusion: The current study's findings

							highlight the importance of careful assessment of both PTSD and dissociative symptoms and indicate that targeted interventions are essential when working with poly-victimized youth with the highest scores of cumulative victimization. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Corrigan, Frank M.	2002	Mindfulness, dissociation, EMDR and the anterior cingulate cortex: a hypothesis	Contemp. Hypnosis (Contemporary Hypnosis)	19	1	8-17	Abstract Hypotheses on the neurobiology of a mindfulness?dissociation continuum are presented. Crucial to the hypotheses are the observations of a reciprocal interaction between the cognitive and affective subdivisions of the anterior cingulate cortex and the unilateral activation of right anterior cingulate in hypnotic dissociation and in post-traumatic syndromes. It is proposed that the unilateral activation can cause a loss of the reciprocal relationship between the subdivisions and that in the case of peri-traumatic dissociation the subsequent syndrome responds to eye movement desensitization and reprocessing (EMDR) through restoration of the bilateral activation and reinstatement of the reciprocal relationship between the subdivisions. Bilateral activation of the cognitive subdivisions is proposed to underlie the attentional state of concentration mindfulness in which affect is well regulated. Copyright ? 2002 British Society of Experimental and Clinical Hypnosis
Corsetti, Maria Teresa; Rossi, Edoardo; Bonvino, Sofia; Randazzo, Pietro	2020	Psychological distress and quality of life are improved in autoimmune patients through Tandem-Psychotherapy, combining individual hypnosis and eye movement desensitization and reprocessing (EMDR) treatment for trauma, followed by supportive-expressive group therapy	Clinical rheumatology	39	4	1331-1339	OBJECTIVE: Autoimmune diseases are associated with psychological distress, resulting in greatly impaired quality of life. Tandem-Psychotherapy comprises trauma-focused psychotherapy with hypnosis and eye movement desensitization and reprocessing (EMDR), followed by supportive-expressive group therapy. The objective was to evaluate whether Tandem-Psychotherapy could reduce psychological distress and improve quality of life. METHODS: In a case-control study, 45 patients were divided into two groups: 24 patients in the therapy group (TG) and 21 in the control group (CG). The autoimmune diagnoses were undifferentiated connective tissue disease (9 patients in TG and 12 in CG), Behçet's syndrome (4/TG, 5/CG), mixed connective tissue disease (3/TG, 1/CG), and other diagnoses (8/TG and 3/CG). At start of treatment point, the patients were evaluated with SCL-90-R for distress and psychological symptoms, Life Stressor Checklist-Revised for relevant trauma, and SF-36 for quality of life. SF36 and SCL-90 were repeated at the end of treatment and at 6-month follow-up. RESULTS: Relevant trauma was found in 24/24 TG patients and in 17/21 CG. Eighteen out of twenty-four TG patients exhibited psychiatric comorbidity with 18/21 in the CG. At start of treatment, all patients exhibited high level of distress (GSI > 0.5) and high Depression and Anxiety scores in SCL-90-R. At end

							<p>of therapy, the TG exhibited greatly improved GSI (<math>p &lt; 0.001</math>), Depression (<math>p &lt; 0.001</math>), and Anxiety (<math>p &lt; 0.001</math>) compared with the GC; SF-36 scores were also much better in the TG, with significant differences ranging from <math>p = 0.002</math> to <math>p = 0.0004</math> at end of therapy. These results persisted at the 6-month follow-up. CONCLUSIONS: Tandem-Psychotherapy is effective for improving psychological symptoms and quality of life in autoimmune patients with high levels of distress and relevant psychiatric comorbidity. Key Points• Psychological distress is very high in autoimmune patients, often for previous traumatic experiences. • Psychological support must be both trauma-focused and aimed to improve social functioning. • Quality of life is very much improved by reducing psychological distress. • Tandem-Psychotherapy is feasible because it is contained within a relatively limited time, also for patients with history of trauma.</p>
<p>Cottraux, J.; Lecaigard, F.; Yao, S-N; Mey-Guillard, C. de; Haour, F.; Delpuech, C.; Servan-Schreiber, D.</p>	2015	<p>Magneto-encephalographic (MEG) brain recordings during traumatic memory recall in women with post-traumatic stress disorder: A pilot study</p>	L'Encephale	41	3	202–208	<p>AIM OF THE STUDY: The experiment studied the effects of a short duration exposure to traumatic memories using magneto-encephalography (MEG). PATIENTS: Nine right-handed DSM-4 PTSD patients were recruited from a unit for anxiety disorders and an organisation supporting victims of violence. In order to have a homogeneous sample, we included only women who suffered from civilian PTSD. Exclusion criteria were co-morbid major medical illness, metallic dental prostheses that would interfere in the magnetic measurement, and current drug treatment. All participants were free from neurological disease and had normal hearing. They signed a written informed consent form. An ethics committee accepted the study. METHOD: A tape-recorded voice administered a script-driven imagery. The patients had to imagine, successively, a neutral image, a traumatic memory and rest, while MEG measured brain activities across delta, theta, alpha and beta bands. Each condition lasted three minutes. Heart rate (HR), anxiety and the vividness of mental images were recorded at the end of each phase. MEG power analysis was carried out with Statistical Parametric Mapping (SPM) 8. The signals were averaged for each of the three conditions of threeminutes duration. The dependent variable was a subtracted value: (trauma - rest) - (neutral - rest). The significance threshold was set at <math>P &lt; 0.01</math>. RESULTS: Anxiety and HR significantly increased during the trauma condition and returned to the neutral level during rest. The vividness of the mental imagery remained stable across the three conditions. The left-brain demonstrated a statistically significant power decrease in the secondary visual cortex (BA 18-19) in the delta band, the insula (BA13) in the beta band, the insula (BA13), premotor cortex (BA 6),</p>

							Broca area (BA 44), and BA 43, in the alpha band. DISCUSSION: The symptom provocation protocol was successful in eliciting subjective anxiety and HR response in relation to traumatic memories. Our MEG results are in keeping with previous neuro-imagery studies showing decreased activities in the insula and Broca area during PTSD symptom provocation. However, we did not replicate the activation in the amygdala and the cingulate and prefrontal cortex found in some studies. Moreover, the within-group design, the small sample, and the inclusion of only female patients with milder dissociative symptoms limit our conclusions. The MEG protocol we used may also explain some partial discrepancies with previous MEG studies. However, our aim was to provoke a specific autobiographic recall of a traumatic event unfolding several sequential mental images along three minutes as in exposure therapy for PTSD. CONCLUSION: Despite its limitations, this pilot study is the first to provide MEG data during trauma recall. It suggests that recalling a specific traumatic event along three minutes results in hypo-activations of the brain regions regulating language and emotions. This paves the way to recording whole sessions of specific therapies for PTSD, with MEG using the millisecond resolution. MEG might be of interest to study the suppression of traumatic memories and their activation and habituation through prolonged graduated exposure in imagination across several sessions. MEG could also be used to study the effects of medication on PTSD symptoms. A controlled replication in a larger sample including male and female patients with various traumatic experiences is needed.
Craig, Stephanie G.; Ames, Megan E.; Bondi, Bianca C.; Pepler, Debra J.	2023	Canadian adolescents' mental health and substance use during the COVID-19 pandemic: Associations with COVID-19 stressors	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement	55	1	46-55	There have been significant concerns regarding the mental health impact of coronavirus disease 2019 (COVID-19) due to isolation, anxiety around the pandemic, and increased conflict in the home. The purpose of this study was to examine the rates of mental health symptoms of clinical concern and substance use, and to assess which COVID-19 related stressors were predictors of these symptoms and substance use in a large Canadian sample of adolescents, with comparisons across genders. Participants (N = 809, Mage = 15.67, SD = 1.37) identified as a girl (56.2%), boy (38.7%), or trans/nonbinary individuals (TNBI; 5.1%) and were recruited via social media to complete an online survey. A high proportion of adolescents reported symptoms of clinical concern for depression (51%), anxiety (39%), and posttraumatic stress disorder (45%). Other mental health problems ranged from 9% to 20%. Adolescents were mainly concerned with the health of family members and vulnerable populations, as well as the

							increased family stress at home during COVID-19. Rates of substance use were higher than expected, with over 50% of youth engaging in some form of substance use in the past 90 days, and almost 20% engaging in substance use at least once a week. TNBI and girls reported higher rates of mental health problems compared to boys. Family stress due to confinement and violence at home predicted higher mental health symptoms, but not substance use problems. Increased rates of mental health problems and substance use necessitate targeted supports that encourage positive coping amidst the additional stresses of COVID-19. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Craske, M. G.; Mohlman, J.; Yi, J.; Glover, D.; Valeri, S.	1995	Treatment of claustrophobias and snake/spider phobias: fear of arousal and fear of context	Behaviour research and therapy	33	2	197–203	Forty-nine individuals with fears of snakes or spiders, and 21 individuals with claustrophobic fear were assigned randomly to two sessions of either in vivo exposure plus relaxation or in vivo exposure plus disconfirmation of misappraisals of bodily sensations. Behavioral, subjective and physiological assessments were conducted pre and post treatment, and 4 weeks later. As hypothesized, disconfirmation of misappraisals of bodily sensations benefited claustrophobic fear reduction, but had little effect on fears of snakes or spiders. However, differential treatment effects failed to generalize to nontargetted phobic situations, or generalize over time. In addition, the two treatments affected basic beliefs about arousal sensations equally.
Craske, M. G.; Rowe, M.; Lewin, M.; Noriega-Dimitri, R.	1997	Interoceptive exposure versus breathing retraining within cognitive-behavioural therapy for panic disorder with agoraphobia	The British journal of clinical psychology	36	1	85–99	This study compared two components of a cognitive-behavioural treatment for panic disorder. Thirty-eight individuals with panic disorder and agoraphobia were randomly assigned to (a) cognitive restructuring, interoceptive exposure (i.e. repeated exposure to feared bodily sensations) and in vivo exposure to agoraphobic situations; or (b) cognitive restructuring, breathing retraining and in vivo exposure to agoraphobic situations. Assessments were conducted at pre-treatment, post-treatment and six months later. The treatments were equally effective on many measures. However, treatment that included interoceptive exposure was more effective at post-treatment in terms of panic frequency, overall severity and functioning, and more effective at six-month follow-up in terms of panic frequency, phobic fears and general anxiety and functioning. Follow-up results were limited due to attrition.
Creech, Suzannah K.; Hadley, Wendy; Borsari, Brian	2014	The impact of military deployment and reintegration on children and parenting: A systematic review	Professional Psychology: Research and Practice	45	6	452–464	[Correction Notice: An Erratum for this article was reported in Vol 45(6) of Professional Psychology: Research and Practice (see record 2014-55559-008). In Table 1, in the first column, under Substance Abuse, author listing 25 should read: Acion, Ramiriez, Jorge, Arndt (see

							also no. 13 above). No. 12 was referenced in error.] Hundreds of thousands of children have had at least 1 parent deploy as part of military operations in Iraq (Operation Iraqi Freedom; OIF; Operation New Dawn; OND) and Afghanistan (Operation Enduring Freedom; OEF). However, there is little knowledge of the impact of deployment on the relationship of parents and their children. This systematic review examines findings from 3 areas of relevant research: the impact of deployment separation on parenting, and children's emotional, behavioral, and health outcomes; the impact of parental mental health symptoms during and after reintegration; and current treatment approaches in veteran and military families. Several trends emerged. First, across all age groups, deployment of a parent may be related to increased emotional and behavioral difficulties for children, including higher rates of health-care visits for psychological problems during deployment. Second, symptoms of PTSD and depression may be related to increased symptomatology in children and problems with parenting during and well after reintegration. Third, although several treatments have been developed to address the needs of military families, most are untested or in the early stages of implementation and evaluation. This body of research suggests several promising avenues for future research. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Creech, Suzannah K.; Orchowski, Lindsay M.	2016	Correlates of sexual revictimization among women veterans presenting to primary care	Traumatology	22	3	165–173	Although numerous studies among civilian samples document prior sexual victimization as a robust predictor of sexual revictimization, less is known regarding sexual revictimization among women veterans. Among a sample of women veterans seeking primary care (N = 101), the current study examined associations between sexual assault (via force) at 4 different time points: age 17 and younger (child), age 18 but before military service (adult premilitary), during military service (military), after military service (postmilitary). Across all comparisons, results indicated there are significant associations between forced sexual experiences before, during and after military service. Posttraumatic stress disorder (PTSD) symptoms were significantly and positively related to the number of time periods an individual experienced sexual victimization via force, as well as the total number of victimization experiences. The experience of sexual assault during military service was a stronger predictor of PTSD symptoms than the experience of sexual assault at any other time period. Among those women who experienced forced sex in the military, symptoms of PTSD were significantly higher in those women who experienced a sexual assault in both childhood and military

							service. Findings underscore the importance of screening for experiences of sexual trauma throughout the life span within a women's primary care setting and suggest the need for further attention to prevention of sexual revictimization among women veterans. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Crippa, J. A. S.; Hallak, J. E. C.; Machado-de-Sousa, J. P.; Queiroz, R. H. C.; Bergamaschi, M.; Chagas, M. H. N.; Zuardi, A. W.	2013	Cannabidiol for the treatment of cannabis withdrawal syndrome: a case report	Journal of clinical pharmacy and therapeutics	38	2	162–164	WHAT IS KNOWN AND OBJECTIVE: Cannabis withdrawal in heavy users is commonly followed by increased anxiety, insomnia, loss of appetite, migraine, irritability, restlessness and other physical and psychological signs. Tolerance to cannabis and cannabis withdrawal symptoms are believed to be the result of the desensitization of CB1 receptors by THC. CASE SUMMARY: This report describes the case of a 19-year-old woman with cannabis withdrawal syndrome treated with cannabidiol (CBD) for 10 days. Daily symptom assessments demonstrated the absence of significant withdrawal, anxiety and dissociative symptoms during the treatment. WHAT IS NEW AND CONCLUSION: CBD can be effective for the treatment of cannabis withdrawal syndrome.
Croes, C. F.; van Grunsven, R.; Staring, A. B. P.; van den Berg, D P G; Jongh, A. de; van der Gaag, M.	2014	Imagery in psychosis: EMDR as a new intervention in the treatment of delusions and auditory hallucinations	Tijdschrift voor psychiatrie	56	9	568–576	BACKGROUND: Historically, psychotherapy has focused on the treatment of patients' verbal representations (thoughts) and has proved particularly successful in the cognitive behavioural treatment of psychosis. However, there is mounting evidence that visual representations (imagery) play an important role in the onset and maintenance of psychiatric disorders, including psychotic symptoms. There are indications that heightened emotionality and vividness of visual representations are associated with severity of psychotic experiences. This may imply that a reduction in the vividness and emotionality of the psychosis-related imagery can lessen the suffering and stress, caused by the the psychotic symptoms. AIM: To introduce EMDR as a possible type of psychological treatment for patients suffering from psychosis-related imagery. METHOD: Three outpatients who had a psychotic disorder and suffered from auditory hallucinations and delusions were treated with EMDR in an average of six sessions. Treatment was performed by three therapists in different psychiatric institutions. All three were experienced in administering CBT and EMDR. RESULTS: Treatment with EMDR reduced patients' level of anxiety, depression and the severity of psychotic symptoms. In addition, patients reported less avoidant behaviour and greater cognitive insight. CONCLUSION: The results of the study suggest that EMDR reduces the vividness and emotionality of imagery in psychosis which in turn alleviates the patients' psychotic symptoms. Further

							research into other possible types of interventions for the treatment of imagery in psychosis is recommended.
Cronauer, Elfie	2019	Funktionelle und somatoforme Störungen. Wie können der Zugang und die Verarbeitung über den Körper gelingen?	Trauma & Gewalt	13	3	214–222	Wenn psychisches Erleben als somatische Beschwerde eigentlich im Körper und nicht mental repräsentiert ist, kann das achtsame Begleiten der Körperempfindungen zum Bewusst-Werden konfliktreicher oder auch traumatisierender Situationen aus der Vergangenheit eines Menschen führen und dann mit bilateraler Stimulation verarbeitet werden. Der Beitrag stellt ein modifiziertes EMDR-Protokoll vor (Ressourcenorientiertes Bottom-up-Protokoll), das die Integration zuvor unverbundener Erfahrungen ermöglicht und zu einer Verbesserung der somatischen Beschwerden führt.
Cross, Dorthie; Vance, L. Alexander; Kim, Ye J; Ruchard, Andrew L.; Fox, Nathan; Jovanovic, Tanja; Bradley, Bekh	2018	Trauma exposure, PTSD, and parenting in a community sample of low-income, predominantly African American mothers and children	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele ctr oni c), 19 42- 96 81( Pri nt)	327–335	Objectives: Trauma and posttraumatic stress disorder (PTSD) are associated with problematic parenting and incidence of trauma and PTSD in children of affected parents. In communities impacted by frequent trauma, parenting may be particularly important to children's PTSD risk. The authors examined relationships among maternal and child trauma and mental health, as well as problematic parenting. Method: The authors recruited 112 mother-child dyads (50 girls, 62 boys; ages 8–12 years old) from a community sample of low-income, primarily African American families. They examined rates of trauma exposure and PTSD symptoms in mothers and children, the association of maternal trauma and PTSD with self-reported child abuse potential and parenting stress (i.e., parental distress, dysfunctional parent-child interactions, and perceived child difficulty), and the impact of maternal trauma, PTSD, and parenting on child trauma and PTSD. Results: Rates of trauma and PTSD symptoms were relatively high for mothers and children and included community and family violence. Maternal trauma and PTSD predicted child abuse potential, but only maternal PTSD predicted parental distress. Neither maternal trauma nor PTSD predicted parent-reported dysfunctional parent-child interactions or child difficulty. Maternal child abuse potential and child self-reported trauma, but not maternal trauma or PTSD, significantly predicted child self-reported PTSD. Parenting stress was not associated with child PTSD. Conclusions: Trauma and PTSD in parents may impact parental distress and child abuse potential, potentially increasing children's risk for not only the experience of child abuse, but also PTSD. Child and family interventions should consider child and parental trauma and PTSD as important factors to address. (PsycInfo Database Record (c) 2022 APA, all rights reserved)



Cui, Ying-Dong; Hu, Shu-Bin; Wu, Bo; Li, Shi-Jun; Xiang, Kui; Liao, Zhao-Lin; Zhang, Hui-Ping; Zhu, Chang-Hong; Rao, Meng	2017	Efficacy of combined traditional Chinese medicine spray with premature ejaculation desensitization therapy for the treatment of primary premature ejaculation	African health sciences	17	3	603–613	OBJECTIVES: We recommend a new kind of spray made from eight kinds of traditional Chinese medicine, we aimed to investigate the safety and clinical efficacy of combined traditional Chinese medicine spray (TCMS) with premature ejaculation desensitization therapy (PEDT) for the treatment of primary premature ejaculation (PPE). METHODS: A total of 90 patients with PPE were randomly assigned to receive TCMS, PEDT monotherapy or TCMS plus PEDT combination therapy for 6 weeks. Intravaginal ejaculation latency time (IELT) and Chinese index of sexual function for premature ejaculation (CIPE-5) were measured to evaluate the effect of each treatment. RESULTS: Eighty six (86) participants completed the study voluntarily. Both IELT and CIPE-5 in these three groups increased after treatment when compared with baseline levels ( $p < 0.01$ ). IELT and CIPE-5 after treatment in TCMS plus PEDT group were significantly higher than those in the other two groups (both $p < 0.05$ ). Additionally, clinical efficacy in TCMS plus PEDT group (89.7%) was significantly higher than in TCMS (65.5%) and PEDT group (67.9%) ( $p < 0.01$ ). CONCLUSION: The self-made TCMS was safe and effective for the treatment of PPE, a combination of TCMS and PEDT therapy was more effective than the TCMS or PEDT monotherapy.
Cukor, Judith; Olden, Megan; Lee, Francis; Difede, JoAnn	2010	Evidence-based treatments for PTSD, new directions, and special challenges	Annals of the New York Academy of Sciences	1208	1	82–89	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.
Cunha, Ana; Martinho, Gabriela; Gonçalves, Mariana; Matos, Marlene	2023	Addressing the psychological trauma in human trafficking victims: A brief review	Psychological trauma : theory, research, practice and policy	15	6	1051–1055	Objective: This systematic review of the literature aims to systematize the current knowledge on psychological treatments implemented with trafficked children and adults, specifically exploring their effect on the mental health recovery of victims. Integrating this information is an important step to informing practice, as well as examining gaps in the literature and enlightening future research. Method: A systematic search was conducted of five electronic databases for journal articles published until October 2019. This study followed the protocol based on Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Moher et al., 2009) recommendations. Results: The search yielded six articles for inclusion in the review. Evidence for the efficacy of interventions to increase the mental health recovery of victims is

							inconclusive as most studies presented a range of methodology limitations, which in turn are related to difficulties with causal inferences and low external validity. Conclusion: There is a need for further research in this area to increase informed practices and interventions with human trafficking victims. Implications for practice and research are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Cuperus, Anne A.; Laken, Maarten; van den Hout, Marcel A; Engelhard, Iris M.	2016	Degrading emotional memories induced by a virtual reality paradigm	Journal of behavior therapy and experimental psychiatry	52		45–50	BACKGROUND AND OBJECTIVES: In Eye Movement and Desensitization and Reprocessing (EMDR) therapy, a dual-task approach is used: patients make horizontal eye movements while they recall aversive memories. Studies showed that this reduces memory vividness and/or emotionality. A strong explanation is provided by working memory theory, which suggests that other taxing dual-tasks are also effective. Experiment 1 tested whether a visuospatial task which was carried out while participants were blindfolded taxes working memory. Experiment 2 tested whether this task degrades negative memories induced by a virtual reality (VR) paradigm. METHODS: In experiment 1, participants responded to auditory cues with or without simultaneously carrying out the visuospatial task. In experiment 2, participants recalled negative memories induced by a VR paradigm. The experimental group simultaneously carried out the visuospatial task, and a control group merely recalled the memories. Changes in self-rated memory vividness and emotionality were measured. RESULTS: The slowing down of reaction times due to the visuospatial task indicated that its cognitive load was greater than the load of the eye movements task in previous studies. The task also led to reductions in emotionality (but not vividness) of memories induced by the VR paradigm. LIMITATIONS: Weaknesses are that only males were tested in experiment 1, and the effectiveness of the VR fear/trauma induction was not assessed with ratings of mood or intrusions in experiment 2. CONCLUSIONS: The results suggest that the visuospatial task may be applicable in clinical settings, and the VR paradigm may provide a useful method of inducing negative memories.
Cuperus, Anne A.; Laken, Maarten; van Schie, Kevin; Engelhard, Iris M.; van den Hout, Marcel A	2019	Dual-tasking during recall of negative memories or during visual perception of images: Effects on vividness and emotionality	Journal of behavior therapy and experimental psychiatry	62		112–116	BACKGROUND AND OBJECTIVES: Several treatments are effective in reducing symptoms of post-traumatic stress disorder. We tested the effectiveness of an experimental intervention that consists of elements from two of these: virtual reality (VR) exposure therapy and eye movement desensitization and reprocessing. The latter is characterized by a dual-task approach: the patient holds a traumatic memory in mind while simultaneously making voluntary eye

							<p>movements, resulting in reduced vividness and emotionality of the traumatic memory. If the experimental intervention is effective, it could provide a useful approach for highly avoidant individuals.</p> <p><b>METHODS:</b> Participants recalled negative memories induced by a VR paradigm. The experimental group viewed VR screenshots that represented these negative memories while carrying out a dual-task. One control group recalled negative memories while carrying out the same dual-task (a standard dual-task condition) and another merely viewed the VR screenshots. Pre-to-post changes in self-rated memory vividness/emotionality were measured. <b>RESULTS:</b> The results indicate that viewing a screenshot only was outperformed by both dual-task interventions in terms of reductions in vividness/emotionality. Furthermore, the dual-task interventions had a comparable impact on vividness, but the screenshot variant led to greater decreases in emotionality. <b>LIMITATIONS:</b> Changes in memory vividness/emotionality were only assessed shortly after the interventions and no measures of avoidance behavior were included in the study. <b>CONCLUSIONS:</b> Looking at an image in VR that represents a memory while carrying out a dual-task may be at least as effective as recalling the memory during the dual-task. Interestingly, visually supporting a negative memory does not seem to prevent memory degrading by dual-tasking.</p>
Dam Petersen, K.; Gyrd-Hansen, D.; Kjaergaard, S.; Dahl, R.	2005	Clinical and patient based evaluation of immunotherapy for grass pollen and mite allergy	Allergologia et immunopathologia	33	5	264–269	<p><b>BACKGROUND:</b> Treatment of allergic disease can be done by pharmacological intervention by allergen avoidance--in the following called standard care (SC), or by specific treatment with allergy vaccination; Specific Immunotherapy (SIT). The aim of this study were to evaluate the effects of subcutaneously administrated SIT compared to SC by objective (clinical/medical records) and subjective parameters (patient's opinion) in a before/after SIT study. <b>METHODS:</b> The study included retrospectively all grass- and mite allergic 16-60 year old patients (N = 253) who had started SIT for grass pollen or mite allergy during the period 1.1.1996-1.1.2002 at The Allergy Unit, Aarhus University Hospital, or at a specialist practice in Aarhus. Relevant data were collected before/after treatment from medical records and from a specific designed questionnaire. The following indicators for effect were applied: Success of immunotherapy expressed as completion of up dosing phase, change in symptoms, a comparison of overall rhinoconjunctivitis symptoms, number of symptom free days per year, effect of pharmaceuticals, change in physical and psychological wellbeing and number of lost days from work/education and leisure activities. <b>RESULTS:</b> Compliance for completed up dosing for SIT was</p>

							94 % (95 % CI 90-97). The questionnaire revealed that after SIT there were a significant reduction in degree of symptoms, 84 % (95 % CI 79-89) of the respondents achieved a reduction in over all rhinoconjunctivitis score, there were an increase in symptom free days per year, a decrease in days off/incapacity from work/education and leisure activities, an improved effect of the pharmaceuticals used for allergic symptoms and an improvement in physical and psychological wellbeing. The study also showed that SIT was more effective treating rhinoconjunctivitis symptoms than lung symptoms. CONCLUSION: The study revealed great advantages of SIT compared to SC and a high compliance for SIT during the up dosing period.
Damm, Sigrid	1999	Schwer traumatisierende Erfahrungen					
Damm, Sigrid	1999	Schwer traumatisierende Erfahrungen. Auswirkungen und Psychotherapie					
Danaci, Esra; Koç, Zeliha	2020	The association of job satisfaction and burnout with individualized care perceptions in nurses	Nursing ethics	27	1	301–315	BACKGROUND: Individualized care is closely related to the fulfillment of nurses' ethical responsibilities regarding the provision of healthcare as well as having a strong foundation in the philosophy of nursing. OBJECTIVE: This study aimed to determine the association of job satisfaction and burnout with individualized care perceptions in nurses working at a university hospital located in the Central Black Sea region of northern Turkey. RESEARCH DESIGN: A cross-sectional correlational survey design. PARTICIPANTS AND RESEARCH CONTEXT: The study was conducted between 15 February 2017 and 15 August 2017 with 419 nurses working at a public university hospital located in Samsun. Data were collected using an information form, the Individualized Care Scale-Nurse Version, the Minnesota Job Satisfaction Scale, and the Maslach Burnout Inventory. The Mann-Whitney U test, Kruskal-Wallis test and Spearman Correlation were used. ETHICAL CONSIDERATIONS: Ethical approval for the study was obtained from the Ondokuz Mayıs University Clinical Studies Board of Ethics. Oral informed consent was taken from the participants. FINDINGS: There was a significant positive relationship between the total Individualized Care Scale-A Nurse Version score and the General Satisfaction subscale score of the Minnesota Job Satisfaction Scale ( $r = 0.121, p < 0.05$ ). The total Individualized Care Scale-A Nurse Version score increased as the General Satisfaction subscale score of the Minnesota Job Satisfaction Scale increased. There was a significant negative relationship between the total Individualized Care Scale-B Nurse Version score and the Desensitization ( $r = -0.143, p < 0.01$ ) and

							Personal Achievement subscale scores of the Maslach Burnout Inventory ( $r = -0.182, p < 0.01$ ). The Desensitization and Personal Achievement subscale scores of the Maslach Burnout Inventory increased as the total Individualized Care Scale-B Nurse Version score decreased. DISCUSSION: Factors associated with the individualized care perceptions of nurses, such as job satisfaction and burnout levels and factors related to personal life and worklife should be taken into consideration. Also in order to increase job satisfaction and motivation in nurses, personal preferences regarding the service they want to work at should be taken into account. CONCLUSION: Nurses with lower burnout and higher job satisfaction were found to have higher individualized care perceptions and to support the individuality of patients in care applications. It is important to consider work-related factors associated with individualized care perceptions, job satisfaction, and burnout in nurses.
D'Andrea, Wendy; Ford, Julian; Stolbach, Bradley; Spinazzola, Joseph; van der Kolk, Bessel A.	2012	Understanding interpersonal trauma in children: Why we need a developmentally appropriate trauma diagnosis	American Journal of Orthopsychiatry	82	2	187–200	Childhood exposure to victimization is prevalent and has been shown to contribute to significant immediate and long-term psychological distress and functional impairment. Children exposed to interpersonal victimization often meet criteria for psychiatric disorders other than posttraumatic stress disorder (PTSD). Therefore, this article summarizes research that suggests directions for broadening current diagnostic conceptualizations for victimized children, focusing on findings regarding victimization, the prevalence of a variety of psychiatric symptoms related to affect and behavior dysregulation, disturbances of consciousness and cognition, alterations in attribution and schema, and interpersonal impairment. A wide range of symptoms is common in victimized children. As a result, in the current psychiatric nosology, multiple comorbid diagnoses are necessary—but not necessarily accurate—to describe many victimized children, potentially leading to both undertreatment and overtreatment. Related findings regarding biological correlates of childhood victimization and the treatment outcome literature are also reviewed. Recommendations for future research aimed at enhancing diagnosis and treatment of victimized children are provided. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Danielson, Carla Kmett; McCart, Michael R.; Walsh, Kate; Arellano, Michael A. de; White, Deni; Resnick, Heidi S.	2012	Reducing substance use risk and mental health problems among sexually assaulted adolescents: A pilot randomized controlled trial	Journal of Family Psychology		19 39- 12 93( Ele ctr	628–635	The current study reports results from a pilot randomized controlled trial evaluating the feasibility and efficacy of Risk Reduction through Family Therapy (RRFT) for reducing substance use risk and trauma-related mental health problems among sexually assaulted adolescents. Thirty adolescents (aged 13–17 years; $M = 14.80$ ; $SD = 1.51$ ) who had experienced at least one sexual assault and their

					oni c), 08 93- 32 00( Pri nt)		caregivers were randomized to RRFT or treatment as usual (TAU) conditions. Participants completed measures of substance use, substance use risk factors (e.g., family functioning), mental health problems (i.e., posttraumatic stress disorder, depression, and general internalizing/externalizing symptoms) and risky sexual behavior at four time points (baseline, posttreatment, and 3- and 6-month follow-up). Mixed-effects regression models yielded significantly greater reductions in substance use, specific substance use risk factors, and (parent-reported) PTSD, depression, and general internalizing symptoms among youth in the RRFT condition relative to youth in the TAU condition. However, significant baseline differences in functioning between the two conditions warrant caution in interpreting between-groups findings. Instead, emphasis is placed on replication of feasibility findings and within-group improvements over time among the RRFT youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Darnell, Doyanne; Flaster, Aaron; Hendricks, Karin; Kerbrat, Amanda; Comtois, Katherine Anne	2019	Adolescent clinical populations and associations between trauma and behavioral and emotional problems	Psychological trauma : theory, research, practice and policy	11	3	266– 273	Objective: Trauma exposure is common during childhood and adolescence and is associated with youth emotional and behavioral problems. The present study adds to the current literature on trauma exposure among adolescent clinical populations by examining the association between trauma exposure and adolescent self-report of emotional and behavioral problems broadly, including internalizing and externalizing symptoms, in addition to the trauma-specific symptoms of posttraumatic stress disorder (PTSD). Method: This study included 94 female (64%) and male (36%) adolescents, ages 13–19, representing 4 clinical populations: those seeking inpatient psychiatry, outpatient psychiatry, residential substance abuse, and outpatient medical services. Adolescents self-reported trauma history and internalizing, externalizing, and PTSD symptoms. Results: Most adolescents reported experiencing at least 1 traumatic event (83%; M = 2.28, SD = 1.83). Multiple regression analyses controlling for age, race/ethnicity, gender, and treatment setting indicated a greater number of types of trauma are associated with externalizing symptoms ( $\beta = .31, p < .01$ ) and PTSD symptoms ( $\beta = .35, p < .01$ ). Conclusion: Trauma is a common experience among adolescents, particularly those presenting for behavioral health services, making trauma-informed care essential in these service delivery settings. Treatment that addresses adolescent risk behaviors and prevents recurrent trauma may be particularly important given the negative impact of multiple traumatic events on developing adolescents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)

Dass-Brailsford, Priscilla; Thomley, Rebecca S. Hage; Talisman, Nicholas W.; Unverferth, Katherine	2020	Psychological effects of the 2010 Haitian earthquake on children: An exploratory study	Traumatology	21	1		On January 12, 2010 a catastrophic earthquake devastated Haiti. This study investigated the effects of the disaster on children between the ages of 9 and 12 years. The goals were to compare psychological consequences among children, based on distance from the epicenter (urban vs. rural), and to investigate whether children separated from or who did not live with their biological parents/families would display more severe symptoms. We found that there were no differences in symptoms based on distance from the epicenter. Children displayed significant depression, anxiety, and trauma symptoms. The variable that differentiated children was whether they lived with their biological families or in an orphanage. It was not possible to assess whether these symptoms preceded the earthquake. We learned that the disaster was one among a multitude of stressors that children in our study experienced on an ongoing basis. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Dautovic, Elmedina; Roos, Carlijn de; van Rood, Yanda; Dommerholt, Agnes; Rodenburg, Roos	2016	Pediatric seizure-related posttraumatic stress and anxiety symptoms treated with EMDR: a case series	European journal of psychotraumatology	7		30123	<p><b>PURPOSE</b> To examine the potential effects of eye movement desensitization and reprocessing (EMDR) in children with epilepsy-related posttraumatic stress and/or anxiety symptoms, using a case series design.</p> <p><b>METHODS</b> Five children (aged 8-18) with epilepsy identified for seizure-related posttraumatic stress and/or anxiety symptoms were treated with EMDR. To examine potential treatment effects, posttraumatic stress and anxiety symptoms were assessed (CRTI and SCARED) pre- and post-EMDR and at 3-month follow-up. Normative deviation scores were calculated to examine the severity of seizure-related posttraumatic stress and anxiety symptoms over time. The reliable change index was calculated for pre- to posttreatment change of seizure-related posttraumatic stress and/or anxiety symptoms.</p> <p><b>RESULTS</b> Before EMDR, overall or subscale scores indicated that all children had (sub)clinical seizure-related posttraumatic stress symptoms and/or anxiety symptoms. Directly after EMDR, most children showed significant and/or clinical individual improvement, and these beneficial effects were maintained or reached at follow-up. The mean number of sessions was 2 (range 1-3, 45 min per session).</p> <p><b>CONCLUSIONS</b> In case of seizure-related posttraumatic stress and/or anxiety, this study indicates that EMDR is a potentially successful quick and safe psychological treatment for children with epilepsy.</p>

David, Daniel; Dobrea, Anca	2013	Commentary on 'Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents'	Evidence-based child health : a Cochrane review journal	8	3	1117–1119	
David, Georgina; Shakespeare-Finch, Jane; Krosch, Daniel	2022	Testing theoretical predictors of posttraumatic growth and posttraumatic stress symptoms	Psychological trauma : theory, research, practice and policy	14	3	399–409	Objective: The current study aimed to assess the new theoretical model of PTG, alongside a measure of posttraumatic stress symptoms (PTSS) due to the ongoing distress that is often experienced by trauma survivors. The study examined the direct pathway to PTG and PTSS through previously identified predictors including core belief disruption, event centrality, and rumination, with the addition of self-disclosure as a predictor variable. Method: Participants (N = 231) who had experienced a traumatic event were recruited through online forums and completed an anonymous survey. Factor analysis revealed 2 distinct types of disclosure: helpful and unhelpful. Hypotheses were tested using hierarchical regressions. Results: The findings supported a combination of event centrality, core-belief disruption, deliberate rumination, and helpful disclosure significantly predicting PTG, with event centrality and unhelpful disclosure being significant predictors of PTSS. Conclusions: The current findings provide support for the direct pathway described in the model of PTG, and that PTSS and PTG share some similar predictors, as well as distinct differences. These findings have the potential to assist clinicians and researchers in recognizing factors that are likely to promote the development of PTG. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Davies-Ebsworth, Gary	2016	EMDR: a tale of two treatments	Prog. Neurol. Psychiatry (Progress in Neurology and Psychiatry)	20	2	14–15	
Davis, Jordan P.; Diguseppi, Graham; Leon, Jessenia de; Prindle, John; Sedano, Angeles; Rivera, Dean; Henwood, Benjamin; Rice, Eric	2019	Understanding pathways between PTSD, homelessness, and substance use among adolescents	Psychology of Addictive Behaviors	33	5	467–476	Youth experiencing homelessness have been shown to experience high levels of both trauma and substance use. However, prior work has yet to consider how substance use, posttraumatic stress disorder (PTSD) symptoms, and homelessness are temporally, or reciprocally, associated over time. The current study uses symptom-driven and experience-driven models to examine the reciprocal relationships between substance use, PTSD symptoms, and homelessness among a large sample of adolescents receiving substance use treatment in the United States. Adolescents (n = 20,069; Mage = 15.6; 74% male) completed baseline, 3-, 6-, and 12-month assessments. Autoregressive latent trajectory with structured residual (ALT-SR)



							models were used to examine within- and between-person relationships. We found continued support for prior work at the between-person level of analysis. At the within-person level, during the treatment phase, PTSD emerged as a key mechanism predicting both return to use and increased days of homelessness posttreatment. Further, greater substance use at treatment completion was associated with greater PTSD symptoms and homelessness, prospectively. The current study extends the previous work to consider individual level processes in conjunction with overarching event level predictors of homelessness. We found that PTSD symptomology is a driving factor that influences, both directly and indirectly, experiences of homelessness posttreatment. Interventions may wish to incorporate trauma informed approaches for youth entering treatment as this may mitigate long-term experiences of homelessness and return to substance use. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Davit, Caroline J.; Hundley, Rachel J.; Bacic, Janine D.; Hanson, Ellen M.	2011	A pilot study to improve venipuncture compliance in children and adolescents with autism spectrum disorders	Journal of developmental and behavioral pediatrics : JDBP	32	7	521–525	OBJECTIVE: Medical procedures, particularly venipuncture (the puncture of a vein especially for the withdrawal of blood), can cause serious distress and behavior disturbance for many children. Noncompliance to blood draws can have significant ramifications in both research and clinical settings. The negative reactions may be exacerbated in individuals with autism spectrum disorders. Even so, there has been little research into the prevalence of the problem or effective intervention procedures. In response to these concerns, we developed and evaluated the Blood Draw Intervention Program. The program was designed to be easy to use, require little provider or family time, effectively reduce negative behaviors, and increase blood draw compliance. METHOD: In a quasi-randomized trial over the course of ~ 18 months, 58 of 210 families with children with autism spectrum disorders participating in a larger study of phenotypic and genotypic factors reported significant concerns about blood draws and elected to use the Blood Draw Intervention Program. RESULTS: Completion of the program increased blood draw compliance rates from 85.4% to 96.6% (odds ratio = 4.80; 95% confidence interval = 1.12, 20.59; p = .03). CONCLUSION: Results indicate the efficacy of the program in a research setting and suggest a potential clinical application. The current intervention, unlike many others for the same or similar difficulties proposed in the past, was successful without requiring extensive time, training, or effort on the part of providers and parents or their children, nor did it require large-scale institutional changes.

Dawson, Katie S.; Joscelyne, Amy; Meijer, Catherine; Tampubolon, Amelia; Steel, Zachary; Bryant, Richard A.	2014	Predictors of chronic posttraumatic response in Muslim children following natural disaster	Psychological trauma : theory, research, practice and policy	6	5	580– 587	Although much research has identified key predictors of childhood posttraumatic stress disorder (PTSD) following natural disasters, there is a lack of evidence pertaining to the development of posttraumatic disorders after disasters in Islamic cultures. This study identified the predictors of PTSD, depression, and prolonged grief 5 years after the 2004 tsunami in Aceh, Indonesia, which is dominated by Islamic Sharia law. One hundred and 10 children aged between 7 and 13 years of age who were attending an afterschool program completed measures of PTSD, depression, prolonged grief (PG), social support, coping style, and appraisals. High rates of PTSD, depression, and PG were noted. PTSD was predicted by the belief that honoring Allah will preclude future harmful things from occurring, the number of times the child experienced the death of a loved one and cognitive avoidance. Depression was predicted by being older and continuing to be exposed to negative stories about the tsunami. PG was predicted by experiencing the death of a parent as well as the total number of losses and cognitive avoidance. These findings suggest that models of childhood trauma response need to recognize the functions of religious attributions and gender in children’s response to disaster in Islamic settings. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
D’Costa, Stephanie; Rodriguez, Andrea; Grant, Stephanie; Hernandez, Mayra; Alvarez Bautista, Joaquin; Houchin, Quinn; Brown, Ashley; Calcagno, Anthony	2021	Outcomes of COVID-19 on Latinx youth: Considering the role of adverse childhood events and resilience	School Psychology	36	5	335– 347	Early research on the COVID-19 pandemic has demonstrated differential impact on the Latinx community. There has been limited research exploring the mental health outcomes of the pandemic on Latinx youth. This study explores the severity of pandemic-related stress on Latinx youth considering their resilience factors and previous adverse childhood events (ACEs). Adolescents (n = 142) ages 13–18 completed measures related to exposure to the pandemic, pandemic stress, number of ACEs, resilience factors, and general demographic information. Results of multiple regression analysis found that exposure to the pandemic, ACEs, gender, and resilience factors predicted the levels of stress that youth experienced. No differences in pandemic-related stress were found between Latinx youth and their non-Latinx counterparts. Implications are discussed related to how school psychologists can support all students with culturally sensitive practices as we continue through the pandemic and beyond. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
de Bont, Paul A J M; van den Berg, David P G; van der Vleugel, Berber M; Roos,	2013	A multi-site single blind clinical study to compare the effects of prolonged exposure, eye movement desensitization and	Trials	14		151	BACKGROUND: Trauma contributes to psychosis and in psychotic disorders post-traumatic stress disorder (PTSD) is often a comorbid disorder. A problem is that PTSD is underdiagnosed and undertreated in people with psychotic disorders. This study’s primary goal is to

<p>Carlijn de; Mulder, Cornelis L.; Becker, Eni S.; Jongh, Ad de; van der Gaag, Mark; van Minnen, Agnes</p>		<p>reprocessing and waiting list on patients with a current diagnosis of psychosis and co morbid post traumatic stress disorder: study protocol for the randomized controlled trial Treating Trauma in Psychosis</p>					<p>examine the efficacy and safety of prolonged exposure and eye movement desensitization and reprocessing (EMDR) for PTSD in patients with both psychotic disorders and PTSD, as compared to a waiting list. Secondly, the effects of both treatments are determined on (a) symptoms of psychosis, in particular verbal hallucinations, (b) depression and social performance, and (c) economic costs. Thirdly, goals concern links between trauma exposure and psychotic symptomatology and the prevalence of exposure to traumatic events, and of PTSD. Fourthly predictors, moderators, and mediators for treatment success will be explored. These include cognitions and experiences concerning treatment harm, credibility and burden in both participants and therapists. METHODS/DESIGN: A short PTSD-screener assesses the possible presence of PTSD in adult patients (21- to 65- years old) with psychotic disorders, while the Clinician Administered PTSD Scale interview will be used for the diagnosis of current PTSD. The M.I.N.I. Plus interview will be used for diagnosing lifetime psychotic disorders and mood disorders with psychotic features. The purpose is to include consenting participants (N = 240) in a multi-site single blind randomized clinical trial. Patients will be allocated to one of three treatment conditions (N = 80 each): prolonged exposure or EMDR (both consisting of eight weekly sessions of 90 minutes each) or a six-month waiting list. All participants are subjected to blind assessments at pre-treatment, two months post treatment, and six months post treatment. In addition, participants in the experimental conditions will have assessments at mid treatment and at 12 months follow-up. DISCUSSION: The results from the post treatment measurement can be considered strong empirical indicators of the safety and effectiveness of prolonged exposure and EMDR. The six-month and twelve-month follow-up data have the potential of reliably providing documentation of the long-term effects of both treatments on the various outcome variables. Data from pre-treatment and midtreatment can be used to reveal possible pathways of change. TRIAL REGISTRATION: Trial registration: ISRCTN79584912.</p>
<p>de Quirós Aragón, Mónica Bernaldo; Labrador, Francisco J.; Arce, Fernando de</p>	<p>2005</p>	<p>Evaluation of a group cue-exposure treatment for opiate addicts</p>	<p>The Spanish journal of psychology</p>	<p>8</p>	<p>2</p>	<p>229–237</p>	<p>Twenty-four detoxified opiate addicts were randomized to an experimental group and a control group to evaluate efficacy of a group cue-exposure treatment to reduce or extinguish classically conditioned responses to drug-related stimuli. Assessment included psychophysiological responses (skin temperature, skin conductance level--SCL--, and heart rate) to a videotape and subjective measures (subjective craving, positive and negative affect) before and after the videotape. The experimental group received a group cue-exposure</p>

							program to drug-related stimuli that comprised twelve treatment sessions administered three times weekly. The treatment program significantly reduced conditioned responses to drug-related stimuli, as measured by SCL and positive affect.
Deacon, Brett J.; Sy, Jennifer T.; Lickel, James J.; Nelson, Elizabeth A.	2010	Does the judicious use of safety behaviors improve the efficacy and acceptability of exposure therapy for claustrophobic fear?	Journal of behavior therapy and experimental psychiatry	41	1	71–80	Exposure therapy is traditionally conducted with an emphasis on the elimination of safety behaviors. However, theorists have recently suggested that the judicious use of safety behaviors may improve the tolerability of this treatment without reducing its efficacy. The present study tested this notion by randomly assigning participants with high claustrophobic fear to receive a single-session intervention with or without access to safety aids during early exposure trials. Improvement was generally equivalent between the treatment conditions, and no reliable benefits or drawbacks were associated with the judicious use of safety behaviors. The theoretical and clinical implications of these findings are discussed.
Deisenhofer, Anne-Katharina	2018	On the road to seeing heterogeneity as an opportunity for patient-focused research					Investigated empirical methods of patient-focused research (PFR) that aim to improve individual patient outcome, focusing on allocation, monitoring, and adaption of treatment during the course of psychotherapy. The present dissertation summarizes three studies that answer three different research questions within the context of PFR. Besides focusing on the individual patient, the distinctive feature of this umbrella account is that it also takes therapist differences into consideration. Study 1 tested the application of a treatment selection method based on a personalized advantage index (PAI) in a naturalistic sample of patients with posttraumatic stress disorder (PTSD) who could choose between eye movement desensitization and reprocessing (EMDR) or trauma-focused cognitive behavioral therapy (Tf-CBT). Study 2 investigated the differential effect of feeding back treatment progress information to the therapist to improve individual patient outcome. Therapist effects (TEs) as well as the predictive value of therapists' and patients' attitudes toward psychometric feedback were examined regarding treatment outcome and length. Study 3 focused on a basic methodological question: the influence of varying sample sizes on the potential size of TEs in multilevel analyses. Based on an integrated sample of eight international datasets, sample size tables were created as a practical guide for planning future TE studies. - Contents: (1) Deisenhofer, A.K., Delgado, J., Rubel, J.A., Böhnke, J.R., Zimmermann, D., Schwartz, B. & Lutz, W. (2018). Individual treatment selection for patients with post-traumatic stress disorder. Depression and Anxiety. (2) Lutz, W., Rubel, J., Schiefele, A.K., Zimmermann, D., Böhnke, J. & Wittmann, W.W. (2015). Feedback and

							therapist effects in the context of treatment outcome and treatment length. <i>Psychotherapy Research</i> , 25, 647-660. (3) Schiefele, A.K., Lutz, W., Barkham, M., Rubel, J., Böhnke, J., Delgadillo, J. . . & Lambert, M.J. (2017). Reliability of therapist effects in practice-based psychotherapy research: A guide for the planning of future studies. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> , 44, 598-613.
Deisenhofer, Anne-Katharina; Delgadillo, Jaime; Rubel, Julian A.; Böhnke, Jan R.; Zimmermann, Dirk; Schwartz, Brian; Lutz, Wolfgang	2018	Individual treatment selection for patients with posttraumatic stress disorder	Depression and anxiety	35	6	541–550	Background: Trauma-focused cognitive behavioral therapy (Tf-CBT) and eye movement desensitization and reprocessing (EMDR) are two highly effective treatment options for posttraumatic stress disorder (PTSD). Yet, on an individual level, PTSD patients vary substantially in treatment response. The aim of the paper is to test the application of a treatment selection method based on a personalized advantage index (PAI). Method: The study used clinical data for patients accessing treatment for PTSD in a primary care mental health service in the north of England. PTSD patients received either EMDR (N=75) or Tf-CBT (N=242). The Patient Health Questionnaire (PHQ-9) was used as an outcome measure for depressive symptoms associated with PTSD. Variables predicting differential treatment response were identified using an automated variable selection approach (genetic algorithm) and afterwards included in regression models, allowing the calculation of each patient's PAI. Results: Age, employment status, gender, and functional impairment were identified as relevant variables for Tf-CBT. For EMDR, baseline depressive symptoms as well as prescribed antidepressant medication were selected as predictor variables. Fifty-six percent of the patients (n=125) had a PAI equal or higher than one standard deviation. From those patients, 62 (50%) did not receive their model-predicted treatment and could have benefited from a treatment assignment based on the PAI. Conclusions: Using a PAI-based algorithm has the potential to improve clinical decision making and to enhance individual patient outcomes, although further replication is necessary before such an approach can be implemented in prospective studies.
DeJesus, Christopher R.; Trendel, Stephanie L.; Sloan, Denise M.	2024	A systematic review of written exposure therapy for the treatment of posttraumatic stress symptoms	Psychological trauma : theory, research, practice and policy			No Paginat on Specifie d-No Paginat ion	Objective: Written exposure therapy (WET) is a brief treatment for posttraumatic stress disorder (PTSD), with an increasing number of studies published over the past several years. The current study conducted a systematic review to evaluate the current state of evidence for WET as a treatment for PTSD symptom severity. Method: Four databases were searched: PsycInfo, PTSDpubs, MEDLINE, and PubMed. Inclusion criteria included a peer-reviewed study of WET, a PTSD treatment outcome measure at pre- and posttreatment, and full-

						Specific d	text available in English. Results: Seventeen studies were identified for inclusion, seven of which were randomized controlled trials. Study sample sizes ranged from three to 277, with most studies (88%) examining adults. Five studies used a language translation version of WET, two studies examined a group format, and three studies examined PTSD symptom outcome when WET was delivered via telehealth. Within condition effect sizes for PTSD treatment outcome were moderate to large (d range = 0.48–6.45), and between condition effect sizes were large (d range = 1.05–5.25), except for three studies that included a trauma-focused treatment comparison condition (d range = 0.01–0.31). Dropout rates for WET were generally low, and less when compared with other trauma-focused treatments. Conclusions: The published studies indicate that WET is an efficacious and effective treatment for PTSD symptoms across a variety of samples, settings, and countries. Future work in this area should include investigation of the implementation and dissemination of WET. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Delamater, Alan M.; Applegate, E. Brooks	1999	Child development and post-traumatic stress disorder after hurricane exposure	Traumatology	5	3	No Paginat ion Specific d-No Paginat ion Specific d	This study examined child development in relation to post-traumatic stress disorder (PTSD) after hurricane exposure. The study subjects were 175 3 to 5-year old minority children enrolled in Head Start programs. Children were evaluated 12 and 18 months after Hurricane Andrew struck south Florida. Mothers were interviewed concerning symptoms of PTSD and completed a questionnaire regarding their children’s development. Results indicated that 16.5% of exposed children met DSM-IV diagnostic criteria for PTSD at 12 months, and 11.6% had PTSD at 18 months post-hurricane. Children who had PTSD at 12 months were more likely to be delayed in their development at 18 months, and those with PTSD at 18 months similarly were more likely to be delayed. These findings indicate that children with PTSD are at risk for delays in their overall development. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Delgadillo, Jaime; Ali, Shehzad; Fleck, Kieran; Agnew, Charlotte; Southgate, Amy; Parkhouse, Laura; Cohen, Zachary D.; DeRubeis, Robert J.; Barkham, Michael	2022	Stratified Care vs Stepped Care for Depression: A Cluster Randomized Clinical Trial	JAMA psychiatry	79	2	101– 108	IMPORTANCE: Depression is a major cause of disability worldwide. Although empirically supported treatments are available, there is scarce evidence on how to effectively personalize psychological treatment selection. OBJECTIVE: To compare the clinical effectiveness and cost-effectiveness of 2 treatment selection strategies: stepped care and stratified care. DESIGN, SETTING, AND PARTICIPANTS: This multisite, cluster randomized clinical trial recruited participants from the English National Health Service from July 5, 2018, to February 1, 2019. Thirty clinicians working across 4 psychological therapy services were randomly assigned to provide stratified (n = 15) or stepped (n =

							<p>15) care. In stepped care, patients sequentially access low-intensity guided self-help followed by high-intensity psychotherapy. In stratified care, patients are matched with either low- or high-intensity treatments at initial assessment. Data were analyzed from May 18, 2020, to October 13, 2021, using intention-to-treat principles.</p> <p>INTERVENTIONS: All clinicians used the same interview schedule to conduct initial assessments with patients seeking psychological treatment for common mental disorders, but those in the stratified care group received a personalized treatment recommendation for each patient generated by a machine learning algorithm. Eligible patients received either stratified or stepped care (ie, treatment as usual). MAIN OUTCOMES AND MEASURES: The preregistered outcome was posttreatment reliable and clinically significant improvement (RCSI) of depression symptoms (measured using the 9-item Patient Health Questionnaire). The RCSI outcome was compared between groups using logistic regression adjusted for baseline severity. Cost-effectiveness analyses compared incremental costs and health outcomes of the 2 treatment pathways. RESULTS: A total of 951 patients were included (618 women among 950 with data available [65.1%]; mean [SD] age, 38.27 [14.53] years). The proportion of cases of RCSI was significantly higher in the stratified care arm compared with the stepped care arm (264 of 505 [52.3%] vs 134 of 297 [45.1%]; odds ratio, 1.40 [95% CI, 1.04-1.87]; P = .03). Stratified care was associated with a higher mean additional cost per patient (£104.5 [95% CI, £67.5-£141.6] [\$139.83 (95% CI, \$90.32-\$189.48)]; P &lt; .001) because more patients accessed high-intensity treatments (332 of 583 [56.9%] vs 107 of 368 [29.1%]; <math>\chi^2 = 70.51</math>; P &lt; .001), but this additional cost resulted in an approximately 7% increase in the probability of RCSI. CONCLUSIONS AND RELEVANCE: In this cluster randomized clinical trial of adults with common mental disorders, stratified care was efficacious and cost-effective for the treatment of depression symptoms compared with stepped care. Stratified care can improve depression treatment outcomes at a modest additional cost. TRIAL REGISTRATION: isrctn.org Identifier: ISRCTN11106183.</p>
Demirci, Onur O.; Sagaltici, Eser	2021	Eye movement desensitization and reprocessing treatment in functional neurological symptom disorder with psychogenic nonepileptic seizures: A study of two cases	Clinical child psychology and psychiatry	26	4	1196–1207	<p>Patients with functional neurological symptom disorder (FND) have many diverse symptoms including psychogenic nonepileptic seizures (PNES), positive movements such as tremor, dystonia, or gait abnormalities, loss of motor function such as leg or arm paresis, and loss of sensory functions, such as blindness, deafness, or loss of feeling in the limbs. Eye movement desensitization and reprocessing (EMDR) is a therapy method that includes some techniques arising</p>

							from psychodynamic, cognitive, and behavioral approaches. EMDR is known as a proven psychotherapeutic approach in post-traumatic stress disorder, but there are also numerous studies reporting its efficacy in other psychiatric disorders and trauma-associated symptoms, in patients with comorbid psychiatric disorders. This article presents the outcome of EMDR treatment of two patients' cases, a 13-year-old female and a 16-year-old male, who were diagnosed as FND with PNES, according to the DSM-5 diagnostic criteria. In both cases, there was a significant decrease in Adolescent Dissociative Experiences Scale scores and no pseudo seizures were found, even at the sixth-month follow-up visits. These case studies suggest that EMDR can be an effective method in the long-term treatment of FND with PNES and a useful alternative to other treatment methods.
Denk-Florea, Cristina-Bianca; Gancz, Benjamin; Gomoiu, Amalia; Ingram, Martin; Moreton, Reuben; Pollick, Frank	2020	Understanding and supporting law enforcement professionals working with distressing material: Findings from a qualitative study	PloS one	15	11	e0242808	This study aimed to extend previous research on the experiences and factors that impact law enforcement personnel when working with distressing materials such as child sexual abuse content. A sample of 22 law enforcement personnel working within one law enforcement organisation in England, United Kingdom participated in anonymous semi-structured interviews. Results were explored thematically and organised in the following headings: "Responses to the material", "Impact of working with distressing evidence", "Personal coping strategies" and "Risks and mitigating factors". Law enforcement professionals experienced heightened affective responses to personally relevant material, depictions of violence, victims' displays of emotions, norm violations and to various mediums. These responses dampened over time due to desensitisation. The stress experienced from exposure to the material sometimes led to psychological symptoms associated with Secondary Traumatic Stress. Job satisfaction, self-care activities, the coping strategies used when viewing evidence, detachment from work outside working hours, social support and reducing exposure to the material were found to mediate law enforcement professionals' resilience. Exposure to distressing material and the risks associated with this exposure were also influenced by specific organisational procedures implemented as a function of the funding available and workload. Recommendations for individual and organisational practices to foster resilience emerged from this research. These recommendations are relevant to all organisations where employees are required to view distressing content.



<p>Dennis, Jane A.; Khan, Omer; Ferriter, Michael; Huband, Nick; Powney, Melanie J.; Duggan, Conor</p>	<p>2012</p>	<p>Psychological interventions for adults who have sexually offended or are at risk of offending</p>	<p>The Cochrane database of systematic reviews</p>	<p>12</p>	<p>CD007507</p>	<p>BACKGROUND: Sexual offending is a legal construct that overlaps, but is not entirely congruent with, clinical constructs of disorders of sexual preference. Sexual offending is both a social and a public health issue. Victim surveys illustrate high incidence and prevalence levels, and it is commonly accepted that there is considerable hidden sexual victimisation. There are significant levels of psychiatric morbidity in survivors of sexual offences. Psychological interventions are generally based on behavioural or psychodynamic theories. Behavioural interventions fall into two main groups: those based on traditional classical conditioning and/or operant learning theory and those based on cognitive behavioural approaches. Approaches may overlap. Interventions associated with traditional classical and operant learning theory are referred to as behaviour modification or behaviour therapy, and focus explicitly on changing behaviour by administering a stimulus and measuring its effect on overt behaviour. Within sex offender treatment, examples include aversion therapy, covert sensitisation or olfactory conditioning. Cognitive behavioural therapies are intended to change internal processes - thoughts, beliefs, emotions, physiological arousal - alongside changing overt behaviour, such as social skills or coping behaviours. They may involve establishing links between offenders' thoughts, feelings and actions about offending behaviour; correction of offenders' misperceptions, irrational beliefs and reasoning biases associated with their offending; teaching offenders to monitor their own thoughts, feelings and behaviours associated with offending; and promoting alternative ways of coping with deviant sexual thoughts and desires. Psychodynamic interventions share a common root in psychoanalytic theory. This posits that sexual offending arises through an imbalance of the three components of mind: the id, the ego and the superego, with sexual offenders having temperamental imbalance of a powerful id (increased sexual impulses and libido) and a weak superego (a low level of moral probation), which are also impacted by early environment. This updates a previous Cochrane review but is based on a new protocol. OBJECTIVES: To assess the effects of psychological interventions on those who have sexually offended or are at risk of offending. SEARCH METHODS: In September 2010 we searched: CENTRAL, MEDLINE, Allied and Complementary Medicine (AMED), Applied Social Sciences Index and Abstracts (ASSIA), Biosis Previews, CINAHL, COPAC, Dissertation Abstracts, EMBASE, International Bibliography of the Social Sciences (IBSS), ISI Proceedings, Science Citation Index Expanded (SCI), Social Sciences</p>
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						<p>Citation Index (SSCI), National Criminal Justice Reference Service Abstracts Database, PsycINFO, OpenSIGLE, Social Care Online, Sociological Abstracts, UK Clinical Research Network Portfolio Database and ZETOC. We contacted numerous experts in the field. SELECTION CRITERIA: Randomised trials comparing psychological intervention with standard care or another psychological therapy given to adults treated in institutional or community settings for sexual behaviours that have resulted in conviction or caution for sexual offences, or who are seeking treatment voluntarily for behaviours classified as illegal. DATA COLLECTION AND ANALYSIS: At least two authors, working independently, selected studies, extracted data and assessed the studies' risk of bias. We contacted study authors for additional information including details of methods and outcome data. MAIN RESULTS: We included ten studies involving data from 944 adults, all male. Five trials involved primarily cognitive behavioural interventions (CBT) (n = 664). Of these, four compared CBT with no treatment or wait list control, and one compared CBT with standard care. Only one study collected data on the primary outcome. The largest study (n = 484) involved the most complex intervention versus no treatment. Long-term outcome data are reported for groups in which the mean years 'at risk' in the community are similar (8.3 years for treatment (n = 259) compared to 8.4 in the control group (n = 225)). There was no difference between these groups in terms of the risk of reoffending as measured by reconviction for sexual offences (risk ratio (RR) 1.10; 95% CI 0.78 to 1.56). Four trials (n = 70) compared one behavioural programme with an alternative behavioural programme or with wait list control. No meta-analysis was possible for this comparison. For two studies (both cross-over, n = 29) no disaggregated data were available. The remaining two behavioural studies compared imaginal desensitisation with either covert sensitisation or as part of adjunctive drug therapy (n = 20 and 21, respectively). In these two studies, results for the primary outcome (being 'charged with anomalous behaviour') were encouraging, with only one new charge for the treated groups over one year in the former study, and in the latter study, only one new charge (in the drug-only group) over two years. One study compared psychodynamic intervention with probation. Results for this study (n = 231) indicate a slight trend in favour of the control group (probation) over the intervention (group therapy) in terms of sexual offending as measured by rearrest (RR 1.87; 95% CI 0.78 to 4.47) at 10-year follow-up. Data for adverse events, 'sexually anomalous urges' and for secondary</p>
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							<p>outcomes thought to be 'dynamic' risk factors for reoffending, including anger and cognitive distortions, were limited. AUTHORS' CONCLUSIONS: The inescapable conclusion of this review is the need for further randomised controlled trials. While we recognise that randomisation is considered by some to be unethical or politically unacceptable (both of which are based on the faulty premise that the experimental treatment is superior to the control - this being the point of the trial to begin with), without such evidence, the area will fail to progress. Not only could this result in the continued use of ineffective (and potentially harmful) interventions, but it also means that society is lured into a false sense of security in the belief that once the individual has been treated, their risk of reoffending is reduced. Current available evidence does not support this belief. Future trials should concentrate on minimising risk of bias, maximising quality of reporting and including follow-up for a minimum of five years 'at risk' in the community.</p>
Dessirier, J. M.; O'Mahony, M.; Carstens, E.	2001	Oral irritant properties of menthol: sensitizing and desensitizing effects of repeated application and cross-desensitization to nicotine	Physiology & behavior	73	1-2	25-36	<p>The irritant properties of menthol and its interactions with nicotine were investigated psychophysically in human subjects. In the first experiment, 0.3% L-menthol was applied successively to one side of the tongue 10 times at a 1-min interval (30-s interstimulus interval, ISI), and subjects rated the intensity of the perceived irritation. The intensity of irritation progressively decreased across trials, consistent with desensitization. To test for cross-desensitization of nicotine-evoked irritation by menthol, nicotine (0.6%) was applied to both sides of the tongue simultaneously, 5 min after the conclusion of menthol application. Using both a two-alternative forced choice (2-AFC) paradigm, and also by obtaining independent ratings of the irritant intensity on each side of the tongue, it was found that nicotine-evoked irritation was significantly weaker on the menthol-pretreated side. To control for a possible confounding effect of cooling, nicotine was applied bilaterally only after the cooling sensation of menthol had subsided. Nicotine-induced irritation was still significantly weaker on the menthol-pretreated side, consistent with cross-desensitization of nicotine-evoked irritation by menthol. In a final experiment, menthol was repeatedly applied to one side of the tongue at a shorter (20 s) interval (5-s ISI), and elicited a rapid increase in irritant sensation over the initial trials, consistent with sensitization, followed in subsequent trials by a progressive reduction in irritation (desensitization). After a 5-min rest period, self-desensitization was confirmed. Repeated application of menthol at the same short ISI was then resumed, and</p>

							resulted in a significant mean increase in irritant intensity consistent with stimulus-induced recovery (SIR).
Deters, Pamela B.; Novins, Douglas K.; Fickenscher, Alexandra; Beals, Jan	2006	Trauma and posttraumatic stress disorder symptomatology: Patterns among American Indian adolescents in substance abuse treatment	American Journal of Orthopsychiatry	76	3	335–345	In this study the authors examined the prevalence and correlates of posttraumatic stress disorder (PTSD) and trauma symptomatology among a sample of 89 American Indian adolescents in a residential substance abuse treatment program. These youths reported an average of 4.1 lifetime traumas, with threat of injury and witnessing injury being most common; molestation, rape, and sexual attack were least common. Approximately 10% of participants met the Diagnostic and Statistical Manual IV Text Revision (DSM-IV-TR) criteria for full PTSD, and about 14% met the criteria for subthreshold PTSD. Molestation (including rape and sexual attack), experiencing 6 or more traumas, and a diagnosis of abuse of or dependence on stimulants were significantly associated with PTSD. Findings indicated that trauma was a pervasive phenomenon among this population, with sexual traumas being particularly stigmatizing, resulting in high rates of posttraumatic symptomatology, specifically PTSD. (PsychINFO Database Record (c) 2019 APA, all rights reserved)
Devilly, G. J.; Spence, S. H.	1999	The relative efficacy and treatment distress of EMDR and a cognitive-behavior trauma treatment protocol in the amelioration of posttraumatic stress disorder	Journal of anxiety disorders	13	1-2	131–157	The growing body of research into treatment efficacy with Posttraumatic Stress Disorder (PTSD) has, by-and-large, been limited to evaluating treatment components or comparing a specific treatment against wait-list controls. This has led to two forms of treatment, Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive-Behavior Therapy (CBT), vying for supremacy without a controlled study actually comparing them. The present research compared EMDR and a CBT variant (Trauma Treatment Protocol; TTP) in the treatment of PTSD, via a controlled clinical study using therapists trained in both procedures. It was found that TTP was both statistically and clinically more effective in reducing pathology related to PTSD and that this superiority was maintained and, in fact, became more evident by 3-month follow-up. These results are discussed in terms of past research. Directions for future research are suggested.
Devilly, Grant J.	2005	Power Therapies and possible threats to the science of psychology and psychiatry	The Australian and New Zealand journal of psychiatry	39	6	437–445	Objective: Advocates of new therapies frequently make bold claims regarding therapeutic effectiveness, particularly in response to disorders which have been traditionally treatment-refractory. This paper reviews a collection of new therapies collectively self-termed 'The Power Therapies', outlining their proposed procedures and the evidence for and against their use. These therapies are then put to the test for pseudoscientific practice. Method: Therapies were included which self-describe themselves as 'Power Therapies'. Published work searches were conducted on each therapy using Medline and

							PsychInfo databases for randomized controlled trials assessing their efficacy, except for the case of Eye Movement Desensitization and Reprocessing (EMDR). Eye Movement Desensitization and Reprocessing has more randomized controlled studies conducted on its efficacy than any other treatment for trauma and thus, previous meta-analyses were evaluated. Results and conclusions: It is concluded that these new therapies have offered no new scientifically valid theories of action, show only non-specific efficacy, show no evidence that they offer substantive improvements to extant psychiatric care, yet display many characteristics consistent with pseudoscience.
DeVoe, Ellen R.; Bannon Jr., William M.; Klein, Tovah P.	2006	Post-9/11 helpseeking by New York City parents on behalf of highly exposed young children	American Journal of Orthopsychiatry	76	2		This study examines factors related to helpseeking among New York City parents on behalf of their young children after the September 11th terrorist attacks. Data were gathered from 180 parents about their children (under age 5) through in-depth parent interviews 9-12 months postdisaster. Parents were asked to describe their children's disaster-related experiences, their own and their children's mental health status, and post-9/11 helpseeking behavior for their children. Predictors of parental helpseeking for children's services included the emergence of new fears in children since 9/11, parent symptoms of depression, and parents' own helpseeking. The strongest predictor was children's direct exposure to the attacks. Fifteen percent (n = 27) of parents sought services for their very young children. Findings suggest that following 9/11, a familial orientation to helpseeking combined with children's specific disaster-related experiences may provide a basis for seeking services for young children, rather than children's apparent mental health status. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
DeVoe, Ellen R.; Klein, Tovah P.; Bannon Jr., William; Miranda-Julian, Claudia	2011	Young children in the aftermath of the World Trade Center attacks	Psychological trauma : theory, research, practice and policy	3	1	1-7	The attacks of September 11, 2001, on the World Trade Center were unprecedented acts of terrorism on U.S. soil. The disaster provides an opportunity to understand the responses of young children to a traumatic event of this proportion. This retrospective study took place within a year of the attacks and examined the relationship of levels of exposure to the World Trade Center disaster and family level predictors to trauma symptoms in a highly exposed sample of 180 young children in New York City. Data were collected through interviews with parents of children five years or younger at the time of the attacks. Primary variables included direct exposure and post 9/11 child and parent functioning, including trauma symptoms. Child trauma symptoms were related to direct exposure to the disaster, previous trauma, negative changes in parenting, and increased couple

							tension. Findings support the conceptualization that children's responses to traumatic events must be addressed within the caregiving context of family relationships. Clinical and preventive intervention for young children should be aimed at multiple levels of the social ecology. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Diamond, Terry; Muller, Robert T.	2004	The Relationship Between Witnessing Parental Conflict During Childhood and Later Psychological Adjustment Among University Students: Disentangling Confounding Risk Factors	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement		18 79- 26 69( Ele ctr oni c), 00 08- 40 0X( Pri nt)	295- 309	The purpose of the current study was to examine in detail the association between witnessing domestic violence (DV) and long-term psychological adjustment. Important limitations of past research were addressed, including controlling for several associated risk factors. Special attention was paid to whether the perpetrator of the violence was the maternal or paternal figure, as well as to whether the witness to the violence was male or female. Participants completed measures examining DV witnessed, direct child abuse experienced, and current psychopathology. Following screening for physical and sexual abuse, a sample of 351 individuals was selected. Four groups of participants were compared. Results indicated that individuals who had witnessed either physical DV or major psychological DV had higher levels of psychopathology than individuals who reported witnessing minor psychological DV or controls. After controlling for direct psychological abuse experienced, witnessing DV remained a significant predictor of psychopathology for males but not for females. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Dibbets, Pauline; Lemmens, Anke; Voncken, Marisol	2018	Turning negative memories around: Contingency versus devaluation techniques	Journal of behavior therapy and experimental psychiatry	60		5-12	BACKGROUND AND OBJECTIVES: It is assumed that fear responses can be altered by changing the contingency between a conditioned stimulus (CS) and an unconditioned stimulus (US), or by devaluing the present mental representation of the US. The aim of the present study was to compare the efficacy of contingency- and devaluation-based intervention techniques on the diminishment in - and return of fear. We hypothesized that extinction (EXT, contingency-based) would outperform devaluation-based techniques regarding contingency measures, but that devaluation-based techniques would be most effective in reducing the mental representation of the US. Additionally, we expected that incorporations of the US during devaluation would result in less reinstatement of the US averseness. METHODS: Healthy participants received a fear conditioning paradigm followed by one of three interventions: extinction (EXT, contingency-based), imagery rescripting (ImRs, devaluation-based) or eye movement desensitization and reprocessing (EMDR, devaluation-based). A reinstatement procedure and test followed the next day. RESULTS: EXT was indeed most successful in diminishing contingency-based US

							expectancies and skin conductance responses (SCRs), but all interventions were equally successful in reducing the averseness of the mental US representation. After reinstatement EXT showed lowest expectancies and SCRs; no differences were observed between the conditions concerning the mental US representation. LIMITATIONS: A partial reinforcement schedule was used, resulting in a vast amount of contingency unaware participants. Additionally, a non-clinical sample was used, which may limit the generalizability to clinical populations. CONCLUSION: EXT is most effective in reducing conditioned fear responses.
Dibbets, Pauline; Moor, Charlotte; Voncken, Marisol J.	2013	The effect of a retrieval cue on the return of spider fear	Journal of behavior therapy and experimental psychiatry	44	4	361–367	BACKGROUND AND OBJECTIVES: Exposure therapy is often used as treatment for anxiety disorders. However, a change in context after exposure can result in fear renewal. This renewal can be attenuated by using retrieval cues stemming from the exposure context. The present study investigated the effect of such a cue in spider-fearful persons. METHODS: Thirty-three participants underwent an in vivo exposure session while wearing a bracelet (retrieval cue). After exposure, half of the participants continued to wear the bracelet at home until follow-up (cue groups); the other half handed over the bracelet after exposure (no cue groups). Half of the participants in each group received the follow-up in the exposure context (AAcue and AAnocue); for the other half follow-up was conducted in a novel environment (ABcue and ABnocue). RESULTS: A switch in context at follow-up resulted in more self-reported anxiety and arousal compared to no switch. However, the retrieval cue did not attenuate this renewed responding. LIMITATIONS: The number of participant per condition was limited, which might have obscured possible retrieval cue effects due to a lack of power. Additionally, information about the retrieval cue was provided after exposure, which might have weakened the association between the cue and exposure therapy. Furthermore, no autonomic measures were incorporated, restricting the effect to self-report measures. For future studies we would recommend to explicitly link the retrieval cue before onset of the exposure session and to incorporate autonomic measures. CONCLUSIONS: Our findings indicate that a switch in context resulted in more self-reported anxiety and arousal, but that a cue stemming from the exposure context did not attenuate this renewal.
Didden, R.; Curfs, L. M.; Sikkema, S. P.; Moor, J. de	1998	Functional assessment and treatment of sleeping problems with developmentally disabled children: six case studies	Journal of behavior therapy and experimental psychiatry	29	1	85–97	Sleeping problems are common among developmentally disabled children of young age and they may have adverse effects on the well-being of both child and parents. In the present study, results from functional assessment with four children suggested that sleeping

							problems were reinforced by parental attention whilst an undiagnosed seizure disorder was associated with nighttime crying with one child. Conditioned anxiety resulted in problems in settling to sleep with a sixth child. Behavioral (i.e., extinction, desensitization) and pharmacological (i.e., anticonvulsant) treatment resulted in a substantial reduction in sleeping problems with all children. Follow-up data indicate that effects were maintained.
Dieffenbach, Rainer	2007	EMDR in der Akutversorgung psychisch traumatisierter Kinder und Jugendlicher					Es wird untersucht, wie Eye Movement Desensitization and Reprocessing (EMDR) in der Akutversorgung psychisch traumatisierter Kinder und Jugendlicher eingesetzt werden kann. Zunächst werden die Begriffe Akutversorgung, Krisenintervention und Notfallpsychologie sowie vier Phasen der Akutversorgung (Laienphase, Rettungsphase, Versorgungsphase, Therapiephase) unterschieden. Psychotraumatologische Interventionen werden dabei in der Therapiephase verortet. Anschließend werden die diagnostischen Kriterien der akuten Belastungsstörung und der Anpassungsstörungen referiert, deren geschätzte Prävalenz und Probleme der Anwendung der Kriterien bei Kindern und Jugendlichen werden dargestellt. Zum Abschluss wird die Frühintervention als Teil der Akutversorgung am Beispiel des Dattelner Task-Force-Modells beschrieben.
Diegelmann, Christa; Isermann, Margarete	2007	Trauma und Krise bewältigen. Psychotherapie mit TRUST (Techniken ressourcenfokussierter und symbolhafter Traumabearbeitung)					Vorgestellt wird das von der Autorin entwickelte und in der Praxis erprobte therapeutische Vorgehen mit TRUST (Techniken ressourcenfokussierter und symbolhafter Traumabearbeitung), das speziell auch Menschen, die durch eine lebensbedrohliche körperliche Erkrankung traumatisiert sind, hilft. Patienten, die durch eine lebensbedrohliche körperliche Erkrankung traumatisiert sind, benötigen spezielle psychotherapeutische Hilfe. Wie wichtig das Auffinden von persönlichen Ressourcen dabei ist, hat die Autorin im Laufe ihrer langjährigen therapeutischen Begleitung immer wieder erfahren. Psychotherapie mit TRUST ist ein Behandlungsansatz, der aus gängigen psychotherapeutischen Verfahren (wie Eye Movement Desensitization and Reprocessing, Hypnotherapie, Katathym Imaginative Psychotherapie, Maltherapie) diejenigen Elemente kombiniert, die speziell zur Krisenintervention und schonenden Traumabearbeitung geeignet sind. Dazu zählen auch neue Verfahren, wie CIPBS (Conflict Imagination, Painting and Bilateral Stimulation), das sich in der Behandlung von Krebspatienten, bei Angststörungen, Traumafolgestörungen und Depressionen bereits seit Jahren bewährt hat und hier umfassend vorgestellt wird. Psychotherapie mit TRUST konzentriert sich auf Techniken der unmittelbaren Stressregulation, Ressourcenförderung und Wege einer schonenden



							<p>Traumakonfrontation. Zahlreiche Fallbeispiele und Bildsequenzen erläutern das konkrete Vorgehen einer konsequent ressourcenfokussierten Traumabehandlung. - Inhalt: (1) Psychotherapie mit TRUST - Grundlagen. (2) Schonende Traumakonfrontation und Krisenintervention mit CIPBS. (3) Kreative und imaginative Interventionen zur Stressbewältigung und Resilienzstärkung. (4) Visionen imaginieren und malen: Interventionen mit der VIM-Technik. (5) Psychotherapie mit TRUST - ressourcenorientierte Elemente aus verschiedenen Therapieverfahren. (6) Psychohygiene für PsychotherapeutInnen zum Schutz vor Sekundärtraumatisierung und Burnout. (7) Statements für eine Psychotherapie mit TRUST.</p>
Diehle, Julia; Opmeer, Brent C.; Boer, Frits; Mannarino, Anthony P.; Lindauer, Ramón J. L.	2015	Trauma-focused cognitive behavioral therapy or eye movement desensitization and reprocessing: what works in children with posttraumatic stress symptoms? A randomized controlled trial	Eur Child Adolesc Psychiatry (European Child & Adolescent Psychiatry)	24	2	227–236	
Dimitrov, Lilia; Moschopoulou, Elisavet; Korszun, Ania	2019	Interventions for the treatment of cancer-related traumatic stress symptoms: A systematic review of the literature	Psycho-Oncology (Psycho-Oncology)	28	5	970–979	<p>Abstract Objective Cancer has been reported to trigger symptoms of post-traumatic stress disorder (PTSD) in a substantial proportion of individuals. Despite the significant burden associated with these symptoms, there are as yet no therapeutic guidelines. This systematic review aims to evaluate the effectiveness of interventions for cancer-related post-traumatic stress in order to provide an evidence base for developing appropriate clinical practice. Methods Databases searched until April 2018 included Psych INFO, EMBASE, Medline, and the Cumulative Index to Nursing and Allied Health Literature (CINAHL). No restrictions to study design were applied. Participants aged 18 years or older who received their cancer diagnosis in adulthood and had symptoms of cancer-related PTSD were included. Because of significant clinical heterogeneity, a meta-analysis was not performed. Results Of 508 unique titles, eight studies met study inclusion criteria: five randomised controlled trials (RCTs), one before-and-after study, one case series, and one case study. Interventions were predominately psychological and were administered to patients with a range of cancer types. Eye movement desensitisation and reprocessing and cognitive behavioural therapy-based interventions were associated with reduced symptomatology; however, overall the methodological quality of studies had limitations. Conclusions At present, there is only weak evidence available for the effectiveness of</p>

							psychological interventions in reducing symptoms of cancer-related PTSD. The majority of interventions were administered to all cancer patients regardless of whether they showed pretreatment levels of post-traumatic stress. Future studies would be better targeted towards patients with a diagnosis of cancer and who have significant levels of cancer-related post-traumatic symptoms. Higher quality trials are also needed before treatment recommendations can be made.
Dinapoli, Loredana; Ferrarese, Daniele; Belella, Daniela; Carnevale, Stefania; Camardese, Giovanni; Sani, Gabriele; Chieffo, Daniela Pia Rosaria	2023	Psychological treatment of traumatic memories in COVID-19 survivors	J. Clin. Psychol. (Journal of clinical psychology)	30	1	225–233	Abstract The COVID-19 pandemic, which has affected a significant number of individuals worldwide, is generating serious mental health issues. Recovered COVID-19 patients have experienced traumatic events related to their symptoms, isolation, possible hospitalization, bereavement, fear of infecting loved ones and the physical consequences of COVID-19. One effective psychological treatment for these patients is Eye Movement Desensitization and Reprocessing (EMDR). The aim of this paper is to describe the therapeutic intervention and effects of EMDR in a pool of COVID-19 survivors referred to an integrated psychological/psychiatric outpatient service. Twelve patients, comprising of nine males and three females, underwent EMDR psychotherapy from October 2020 to February 2022. Each patient received 8?16 weekly treatment sessions. The standard EMDR protocol of eight stages was administered to enable desensitization and reprocessing of four main targets: first positive swab, hospitalization, isolation and fear for relatives' health. Efficacy of EMDR was demonstrated by the significant improvement at clinical scale for subjective distress caused by traumatic events. For the therapists, carrying out these treatments was an intense and challenging experience. In fact, the perceived distance between therapist and patient was less defined than in other hospital settings because the pandemic affects everyone equally. However, with the widespread availability of vaccines and although the pandemic is still ongoing with the emergence of new variants, a window of improvement in the mental health landscape is starting to open up.
Dinapoli, Loredana; Massaccesi, Mariangela; Colloca, Giuseppe; Tenore, Angela; Dinapoli, Nicola; Valentini, Vincenzo	2019	Efficacy of an eye movement desensitization and reprocessing (EMDR) intervention for a head and neck cancer patient with intolerable anxiety undergoing radiotherapy	Psycho•Oncology (Psycho-Oncology)	28	3	647–649	

Diseth, Trond H.; Christie, Helen J.	2005	Trauma-related dissociative (conversion) disorders in children and adolescents--an overview of assessment tools and treatment principles	Nordic journal of psychiatry	59	4	278–292	A high proportion of patients in child and adolescent psychiatry with significant dissociative symptomatology after early childhood traumatization may go undiagnosed, be wrongly diagnosed and/or inappropriately treated. The diagnostics and treatment of dissociative disorders have been limited by lack of comprehensive, reliable and valid instruments and the ongoing polarization and fierce controversy regarding treatment. However, recent neurobiological findings of neurochemical, functional and structural cerebral consequences of early stressful childhood experiences point out a need for active, early and effective identification and treatment interventions. We present an update on assessment tools available in the Nordic countries, and an overview of different appropriate therapeutic intervention models for children and adolescents. A systematic overview of studies of dissociation in children and adolescent published over the last decade disclosed a total of 1019 references. The 465 papers describing aspects of assessment tools and/or treatment were studied in detail. Reliable and valid screening questionnaires and diagnostic interviews for children and adolescents now allow for effective early identification of dissociative disorders. A combination of individual psychotherapy, pharmacotherapy and family therapy are often required to handle dissociative disorders in children and adolescents. Cognitive-behavioural therapy, hypnotherapy, Eye-Movement Desensitization-Reprocessing (EMDR), psychodynamic therapy and an integrated approach are the main described psychotherapeutic approaches, but treatment of dissociation in children and adolescent does not require allegiance to any one particular treatment model. However, achievement of physical safety by providing a safe environment is a primary goal that supersedes any other therapeutic work. Assessments tools are now available, and appropriate therapeutic intervention models may hopefully contribute to reduce the risk of wrong diagnoses and inappropriate treatment of dissociative symptomatology in children and adolescents. However, controlled clinical trials of the various interventions and longitudinal outcome studies are needed.
Dodaj, Arta; Dodaj, Anita	2018	EMDR Therapy in Alleviating Psychological Consequences Associated with Childhood Maltreatment - A Case Report	Psychiatria Danubina	30	Suppl 5	307–310	
Dodd, Cody G.; Kassing, Francesca; Alvis, Lauren M.; Hill,	2023	Prevalence and correlates of externalizing behaviors among	Psychological Trauma: Theory, Research,	15	Suppl 1		Objective: Trauma-exposed youth often experience impairing externalizing problems (EXTs), yet the relationship between EXTs, trauma exposure, and posttraumatic stress symptoms (PTSS) are not

Ryan M.; Kaplow, Julie B.		youth seeking treatment following trauma exposure	Practice, and Policy				well understood. To examine the extent of their co-occurrence, we report the rates and correlates of youth EXTs relative to clinically elevated PTSS in a sample of youth referred to a trauma and grief specialty clinic. Method: Self- and caregiver-report measures were obtained from 260 youth ages 7–19 years (M = 11.92, SD = 3.21; 53.5% female) during a pretreatment assessment. The sample was divided into 4 groups according to the youths' PTSS and EXT score elevations, and these groups were then compared according to rates of youth depressive symptoms, youth suicidal ideation, and caregiver strain. Results: The 4 groups were comorbid PTSS and EXTs (18%); EXTs-only group (36%); PTSS-only group (13%), and subclinical symptom group (34%). The comorbid PTSS and EXTs group had the highest scores on all other child and caregiver symptom measures. Compared to the subclinical group, youth in the PTSS-only group had increased depressive symptoms and suicidal ideation, whereas youth in the EXTs-only group had elevated levels of caregiver strain. Conclusion: Co-occurring PTSS and EXTs is a common presentation among trauma-exposed youth referred to treatment. These youth are also likely to suffer from other problems of clinical concern, including suicidal ideation, and their problems are associated with caregiver distress. More research is needed to examine unique risk and resiliency factors related to the development of youth EXTs in response to trauma exposure. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Doering, Stephan; Ohlmeier, Marie-Christin; Jongh, Ad de; Hofmann, Arne; Bisping, Vanessa	2013	Efficacy of a trauma-focused treatment approach for dental phobia: a randomized clinical trial	European journal of oral sciences	121	6	584–593	It has been hypothesized that treatment specifically focused on resolving memories of negative dental events might be efficacious for the alleviation of anxiety in patients with dental phobia. Thirty-one medication-free patients who met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) criteria of dental phobia were randomly assigned to either Eye Movement Desensitization and Reprocessing (EMDR) or a waitlist control condition. Dental anxiety was assessed using the Dental Anxiety Questionnaire (DAS), the Dental Fear Survey (DFS), a behavior test, and dental attendance at 1-yr of follow up. Eye Movement Desensitization and Reprocessing was associated with significant reductions of dental anxiety and avoidance behavior as well as in symptoms of post-traumatic stress disorder (PTSD). The effect sizes for the primary outcome measures were $d = 2.52$ (DAS) and $d = 1.87$ (DFS). These effects were still significant 3 months ( $d = 3.28$ and $d = 2.28$ , respectively) and 12 months ( $d = 3.75$ and $d = 1.79$ , respectively) after treatment. After 1 yr, 83.3% of the patients were in regular dental treatment ( $d = 3.20$ ). The findings

							suggest that therapy aimed at processing memories of past dental events can be helpful for patients with dental phobia.
Domanskaitė-Gota, Vejune; Elklit, Ask; Christiansen, Dorte M.	2009	Victimization and PTSD in a Lithuanian national youth probability sample	Nordic Psychology	61	3	66–81	Twenty-one potentially traumatizing and distressing events, and the impact of these events were described in a representative sample of 183 9th grade Lithuanian adolescents (M = 15.1 years). The participants had been directly exposed to a mean of 1.9 events, and indirectly exposed to a mean of 2.4 events. The estimated lifetime prevalence of PTSD was 6.1%. Subclinical levels of PTSD reached 12.2%. Results are generally comparable to other European youth studies. Variables pertaining to female gender, living with a single parent, direct and indirect exposure to traumatic events, number of traumatic events, and the temporal proximity of trauma events, predicted higher PTSD levels. Both direct and indirect exposure to traumatic events may lead to subsequent mental health problems and PTSD in adolescents. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Domino, Jessica L.; Whiteman, Sarah E.; Davis, Margaret T.; Witte, Tracy K.; Weathers, Frank W.	2021	Sudden unexpected death as a traumatic stressor: The impact of the DSM–5 revision of Criterion A for posttraumatic stress disorder	Traumatology	27	2	168–176	The definition of a traumatic event in Criterion A for posttraumatic stress disorder (PTSD) was narrowed in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM–5) for events involving indirect exposure to the death of a loved one. Whereas the DSM–IV definition encompassed the sudden, unexpected death of a loved one regardless of the circumstances, the DSM–5 definition now requires the death to be violent or accidental. At present, the effects of this more restrictive definition are relatively unknown. As such, the present study examined the impact of the DSM–5 definition on the prevalence of Criterion A and the symptom profiles of individuals meeting the DSM–IV versus the DSM–5 definition. In 2 samples of trauma-exposed college students (N = 299 and N = 387, respectively), ordinal logistic regression compared individuals with either indirect exposure to a sudden, unexpected death, indirect exposure to a violent or accidental death, or direct exposure to a severe motor vehicle accident. PTSD symptoms were assessed using DSM–IV criteria in Sample 1 and DSM–5 criteria in Sample 2. Results indicated that the more restrictive DSM–5 definition reduced the prevalence of those meeting Criterion A for events involving the death of a loved one. However, few significant differences were found between sudden, unexpected death and the 2 trauma groups meeting DSM–5 Criterion A (i.e., violent or accidental death and motor vehicle accident) when compared on individual PTSD symptoms and PTSD symptom clusters. Diagnostic and research implications regarding the Criterion A change

							are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Döpfner, Manfred	2008	Kinderverhaltenstherapie					Die Entwicklung und der aktuelle Stand der Kinderverhaltenstherapie werden anhand zweier aktueller Trends skizziert, nämlich zum einen der Erarbeitung evidenzbasierter Interventionen und zum anderen der Therapieprozessforschung. Zunächst werden die Kriterien für eine Bewertung des Grades der empirischen Bewährung vorgestellt. Anschließend werden für die Störungen Depression, Ängste und Phobien, Aufmerksamkeitsdefizit-/Hyperaktivitätsstörungen sowie für oppositionell-aggressive Störungen bisherige Ergebnisse zu evidenzbasierten Interventionen vorgestellt. Außerdem wird für jede genannte Störung ein anhand verschiedener Übersichtsarbeiten zusammengestellter tabellarischer Überblick gegeben. Ebenfalls wird auf die Entwicklung entsprechender Leitlinien hingewiesen. Abschließend werden anhand von Studien zu den Wirkkomponenten von Eye Movement Desentization and Reprocessing (EMDR) und von Elterntrainings Erfolg versprechende Strategien der Therapieprozessforschung vorgestellt. Es wird festgestellt, dass die Therapieeffekte von EMDR nicht auf die namensgebende Behandlungskomponente der Augenbewegung zurückzuführen sind. Der Erfolg der Elterntrainings bezüglich der Reduktion dissozialen Verhaltens bei Kindern wird durch die Faktoren "verbesserte Eltern-Kind-Beziehung", "erhöhte Supervision durch Eltern", "verbessertes Erziehungsverhalten" und "verminderter Kontakt zu devianten Gleichaltrigen" mediiert.
Dopp, Alex R.; Hanson, Rochelle F.; Saunders, Benjamin E.; Dismuke, Clara E.; Moreland, Angela D.	2017	Community-based implementation of trauma-focused interventions for youth: Economic impact of the learning collaborative model	Psychological Services	14	1		This study investigated the economics of the learning collaborative (LC) model in the implementation of Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), an evidence-based intervention for traumatic stress in youth. We evaluated the cost-effectiveness of the LC model based on data from 13 LCs completed in the southeastern United States. Specifically, we calculated cost-effectiveness ratios (CERs) for 2 key service outcomes: (a) clinician TF-CBT competence, based on pre- and post-LC self-ratings (n = 574); and (b) trauma-related mental health symptoms (i.e., traumatic stress and depression), self- and caregiver-reported, for youth who received TF-CBT (n = 1,410). CERs represented the cost of achieving 1 standard unit of change on a measure (i.e., d = 1.0). The results indicated that (a) costs of \$18,679 per clinician were associated with each unit increase in TF-CBT competency and (b) costs from \$5,318 to \$6,548 per youth were associated with each unit decrease in mental health symptoms. Thus, although the impact of LC participation on clinician

							competence did not produce a favorable CER, subsequent reductions in youth psychopathology demonstrated high cost-effectiveness. Clinicians and administrators in community provider agencies should consider these findings in their decisions about implementation of evidence-based interventions for youth with traumatic stress disorders. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Doron-LaMarca, Susan; Vogt, Dawne S.; King, Daniel W.; King, Lynda A.; Saxe, Glenn N.	2010	Pretrauma problems, prior stressor exposure, and gender as predictors of change in posttraumatic stress symptoms among physically injured children and adolescents	Journal of consulting and clinical psychology	78	6	781–793	Objective: This study addressed predictors of change in posttraumatic stress symptoms (PTSS) among youths who had experienced physical injuries. The influences of pretrauma internalizing and externalizing problems, prior stressor exposure, and gender were investigated. Additionally, gender was examined as a moderator of the associations between internalizing problems and PTSS, externalizing problems and PTSS, and prior stressor exposure and PTSS. Method: Participants were 157 children and adolescents (75% male; age M = 13.30 years, SD = 3.60; 44% Caucasian, 39% African American, 13% Hispanic, and 4% other) admitted to 2 hospitals for physical injuries. Youths and their parents completed measures of PTSS (Child Posttraumatic Stress Reaction Index), internalizing and externalizing problems (Child Behavior Checklist), and prior stressor exposure (Coddington Life Events Scale, Child) during the hospital stay; youths completed up to 3 additional PTSS assessments targeted at 3, 6, and 12 months postinjury. Results: Multilevel regression analyses revealed a significant average decline in PTSS over time ( $p < .05$ ). Patterns of recovery for those with high and low levels of each characteristic differed for girls and boys. Conclusions: Findings suggest targets for clinical consideration, both with respect to identifying subgroups of children and adolescents that may warrant early assessment and monitoring and timing of more directed PTSS treatment intervention. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Dörr, Raimund; Hummel, Hanne	1999	Personzentrierte Psychotherapie und EMDR	Brennpunkt	80		19–25	"Eye Movement Desensitization and Reprocessing" (EMDR) wird als Methode in der Psychotherapie mit traumatisierten Menschen vorgestellt. Dabei wird auch die Möglichkeit diskutiert, EMDR im Rahmen Personzentrierter Psychotherapie einzusetzen. Erfahrungen mit der genannten Therapiemethode und die durch sie erzielten Veränderungen in Therapieverläufen werden dargestellt: Der Verarbeitungsprozess belastender Ereignisse wird beschleunigt, es kommt in kurzer Zeit zu tiefgreifenden Veränderungen und Entlastungen. EMDR erweist sich auch als hilfreiche Methode bei bisher auch mit dem Personzentrierten Ansatz schwer therapierbaren posttraumatischen Störungen.

Dörr, Raimund; Hummel, Hanne	2016	Behandlungsplanung zwischen Struktur und Kreativität					Ausgehend vom Hinweis, dass in der EMDR-(Eye Movement Desensitization and Reprocessing-)Arbeit innerhalb der Strukturvorgaben viel Raum für Kreativität besteht, werden verschiedene Aspekte der Behandlungsplanung in diesem Spannungsfeld zwischen Struktur und Kreativität erörtert. Nach einleitenden Überlegungen zu Inhalten einer EMDR-Therapie und zur Nutzung von (neurobiologisch orientierten) Metaphern in der Therapie werden zunächst allgemeine Vorgehensschritte in der Behandlungsplanung besprochen: Erstkontakt; Anamnese und erste Diagnostik; Erfassung und Evaluation der Erinnerungen an belastende Ereignisse; Clusterbildung und Bewertung der Cluster; Reprozessierung; Triggerbearbeitung und Zukunftsprojektion. Anschließend wird auf spezielle Verläufe beim Reprozessieren eingegangen. Insgesamt wird deutlich, dass EMDR zwar eine Methode mit einem strukturierten Vorgehen ist, dass es aber im Rahmen dieser Struktur viel Raum für Kreativität und klinische Entscheidungen gibt.
Dorsey, Shannon; McLaughlin, Katie A.; Kerns, Suzanne E. U.; Harrison, Julie P.; Lambert, Hilary K.; Briggs, Ernestine C.; Revillion Cox, Julia; Amaya-Jackson, Lisa	2017	Evidence Base Update for Psychosocial Treatments for Children and Adolescents Exposed to Traumatic Events	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53	46	3	303– 330	Child and adolescent trauma exposure is prevalent, with trauma exposure-related symptoms, including posttraumatic stress, depressive, and anxiety symptoms often causing substantial impairment. This article updates the evidence base on psychosocial treatments for child and adolescent trauma exposure completed for this journal by Silverman et al. (2008). For this review, we focus on 37 studies conducted during the seven years since the last review. Treatments are grouped by overall treatment family (e.g., cognitive behavioral therapy), treatment modality (e.g., individual vs. group), and treatment participants (e.g., child only vs. child and parent). All studies were evaluated for methodological rigor according to Journal of Clinical Child & Adolescent Psychology evidence-based treatment evaluation criteria (Southam-Gerow & Prinstein, 2014), with cumulative designations for level of support for each treatment family. Individual CBT with parent involvement, individual CBT, and group CBT were deemed well-established; group CBT with parent involvement and eye movement desensitization and reprocessing (EMDR) were deemed probably efficacious; individual integrated therapy for complex trauma and group mind-body skills were deemed possibly efficacious; individual client-centered play therapy, individual mind-body skills, and individual psychoanalysis were deemed experimental; and group creative expressive + CBT was deemed questionable efficacy. Advances in the evidence base, with comparisons to the state of the science at the time of the Silverman et al. (2008) review,



							are discussed. Finally, we present dissemination and implementation challenges and areas for future research.
Draper, Ana; Marcellino, Elisa; Ogbonnaya, Comfort	2020	Fast Feet Forward: Sports training and running practice to reduce stress and increase positive cognitions in unaccompanied asylum-seeking minors	Couns Psychother Res (Counselling and Psychotherapy Research)	20	4	638–646	Abstract Unaccompanied asylum-seeking children (UASC) are a vulnerable group who are exposed to multiple traumatic events such as persecution, sexual maltreatment, imprisonment, torture, and losses in their home country (Bean, Derluyn, Eurelings-Bontekoe, Broekaert, Wiese and Burhorst, 2007). They are also subjected to continuous transitions throughout their migration trajectory (Bhugra, 2004). Although many studies have investigated the efficacy of bilateral movement in treatment of one single traumatic event (e.g. Fernandez, 2007), there is limited literature around bilateral movements interventions being used with perpetuated and multiple traumas within this cohort. This paper looks at the evidence for early intervention trauma work based on EMDR principles, the benefits of using running as a form of bilateral movement and the findings of a UASC sport trauma group with children in Kent, UK. It also gives recommendations for future research into early intervention trauma work with unaccompanied asylum-seeking children. The data showed a significant rise in the Validity of Cognition scores with a reduction in Subjective Units of Disturbance scores of those participating in the programme. This highlights the validity of this protocol and shows promising results for future enquiry.
Dreßing, Harald; Dölling, Dieter; Hermann, Dieter; Kruse, Andreas; Schmitt, Eric; Bannenber, Britta; Salize, Hans Joachim	2018	Sexueller Missbrauch von Kindern	PSYCH up2date	12	1	79–94	
Dressler-Bellmund, Monika; Willach-Holzappel, Anna	2009	Behandlung von Posttraumatischen Belastungsstörungen. Beispiele aus ambulanter und stationärer Praxis					Es wird informiert über die körperpsychotherapeutische Behandlung von Posttraumatischen Belastungsstörungen. Dabei werden zunächst kurz grundlegende Aspekte folgender Therapieansätze besprochen: Somatic Experiencing (SE) nach Peter Levine; Psychodynamisch Integrative Traumatherapie (PITT) nach Louise Reddemann; Eye Movement Desensitization and Reprocessing (EMDR) nach Francine Shapiro. Dann wird zur Verdeutlichung der genannten Traumatherapie-Methoden anhand von je einem Fallbeispiel aus der ambulanten und der stationären Praxis gezeigt, wie diese Methoden in der eigenen körperpsychotherapeutischen Arbeit angewendet und miteinander verbunden werden. Es handelt sich um eine 50-jährige

							und eine 45-jährige Patientin mit posttraumatischer Belastungsstörung.
Drexler, Katharina	2017	Erebtte Wunden heilen. Therapie der transgenerationalen Traumatisierung					Ein systematischer Behandlungsansatz zur Therapie transgenerationaler Traumata wird vorgestellt. Es wird erklärt, wie Traumata an nachfolgende Generationen weitergegeben werden und wie Patienten sich davon befreien können. Berücksichtigung finden dabei neurobiologische Erkenntnisse, Epigenetik und die Bedeutung der Interaktion. An Fallgeschichten werden die einzelnen Schritte transparent und nachvollziehbar erläutert, und es wird vermittelt, wie die Interventionen in die gesamte Therapieplanung eingebettet werden. Hauptbestandteil der therapeutischen Arbeit ist die Methode "Eye Movement Desensitization and Reprocessing" (EMDR). - Inhalt: (1) Wer hat dieses Buch geschrieben? (2) Erebtte Wunden - was wir bislang wissen. (3) Charakteristika übertragener Traumata. (4) Vorstellung des von mir entwickelten therapeutischen Vorgehens. (5) Einbindung der Verarbeitung ererbter Wunden in die Therapieplanung. (6) Erebtte Trauer. (7) Von Hilflosigkeit zu Kraft. (8) Tante Lisas Opfer. (9) Ein ererbtes Lebensgefühl. (10) Im Schützengraben. (11) Ein harter Brocken. (12) Eine ererbte Selbstüberzeugung. (13) Herausforderungen.
Drury, Stacy S.; Henry, Caitlin	2012	Evidenced-Based Treatment of PTSD in Children and Adolescents: Where Does Psychopharmacology Fit?	Child and Adolescent Psychopharmacology News	17	3	1-8	
Dubner, Allison E.; Motta, Robert W.	1999	Sexually and physically abused foster care children and posttraumatic stress disorder	Journal of consulting and clinical psychology	67	3	367-373	Considerable debate exists regarding the possible relationship between child abuse and posttraumatic stress disorder (PTSD). In this study, 3 groups of foster care children were compared. The groups included 50 sexually abused, 50 physically abused, and 50 nonabused foster care children. Participants completed the Child Post-Traumatic Stress Reaction Index, the Childhood PTSD Interview, and the Modified Stroop Procedure (MSP), which included sexual abuse and nonsexual abuse stimuli. The MSP has not been previously used in child abuse research. Results indicated that sexually and physically abused children demonstrated PTSD at a high level. The MSP discriminated between the sexually abused children with PTSD and those without PTSD. Responses to the MSP sexual abuse stimuli resulted in significantly longer color-naming times than responses to nonsexual abuse stimuli. Preadolescents demonstrated more severe PTSD than early adolescent children. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Ducasse, D.; Denis, H.	2015	Pathological nighttime fears in children: Clinical specificities and effective therapeutics	L'Encephale	41	4	323-331	<p>OBJECTIVE: Pathological nighttime fears in children have been little studied. However, this disorder is commonly encountered in medical consultations and is discomforting and dysfunctional for both the child and the family. Most nighttime fears are part and parcel of normal development, and emanate from increasingly sophisticated cognitive development in the growing child. Thus, most children report a variety of coping strategies generally helpful in reducing their anxiety, which resolves spontaneously in the growing child. Nevertheless, in about 10% of children, nighttime fears are related to one or more anxiety disorders according to Diagnostic and Statistical Manual of Mental Disorders criteria. Then, it is estimated that severe nighttime fears and sleep problems occur in 20-30% of children. This problem is not transient and has to be treated. This study aims to review clinical features of nighttime fears and possible treatments for these patients and their families. METHOD: This systematic review follows the preferred reporting items for systematic reviews and meta-analysis (PRISMA) statement guidelines. Two databases (Medline and Web of Science) were searched combining the search terms: nighttime fears AND children. English and French languages were imposed. There were no publication date or publication status limitations. RESULTS: Pathological nighttime fears are responsible for emotional (crying, panic, tantrums at bedtime, loss of confidence, self-disparaging negative statements, and feeling of social embarrassment) and behavioral (wandering alone in the house at night, calls for parental or sibling comfort, bed sharing with parents or siblings, light source at night, refusal to go to the toilet alone at night) disturbances. This leads to a poor quality of sleep interfering with school learning, and also affects social development and family functioning. A full assessment has to be made to eliminate organic causes, have a baseline functioning, and search for comorbid anxiety diseases. The treatments which have proved effective are some cognitive-behavioral techniques: systematic desensitization (with relaxation or emotive imagery), reinforcement (gain of points and techniques of self statement), and cognitive techniques (reinforcing self-statements, reducing the aversive aspects of being in the dark, involving reality-testing statements, and active control are preferred in children older than 6 years, whereas the "anti-monster letter" and the techniques using a doll are preferred in children under 6 years old). The modelling technique seems to be appropriate at any age. CONCLUSION: We have explained the clinical features of pathological nighttime fears</p>
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							and the way to assess this disease, and we have pointed out the treatments whose effectiveness has been evaluated in this indication.
DuHamel, K. N.; Redd, W. H.; Vickberg, S. M.	1999	Behavioral interventions in the diagnosis, treatment and rehabilitation of children with cancer	Acta oncologica (Stockholm, Sweden)	38	6	719–734	Behavioral interventions used to reduce distress and increase cooperation in children undergoing cancer treatment incorporate: contingency management, cognitive/attentional distraction, hypnosis, systematic desensitization, modeling and behavioral rehearsal. In most cases clinical interventions integrate these procedures into a multimodal intervention package. Although in most behavioral interventions the 'therapist' is a nurse, social worker or child psychologist; parents often take an active role in behavioral intervention. Early return to school can 'normalize' the child's life in the midst of coping with cancer and can promote optimal rehabilitation. More research is needed on the integration of behavioral methods with other therapeutic methods (e.g., pharmacologic). Indeed, research in this area of pediatric oncology must be continuously updated as advances in other areas may affect clinical decisions regarding preferred psychosocial intervention methods.
Dunn Galvin, A.; McMahon, S.; Ponsonby, A-L; Hsiao, K-C; Tang, M. L. K.	2018	The longitudinal impact of probiotic and peanut oral immunotherapy on health-related quality of life	Allergy	73	3	560–568	BACKGROUND: We previously reported that probiotic and peanut oral immunotherapy (PPOIT) was effective at inducing sustained unresponsiveness compared with placebo in a double-blind, placebo-controlled randomized trial. This study evaluated the impact of PPOIT on health-related quality of life (HRQL). METHOD: Fifty-one participants (PPOIT 24; placebo 27) from the PPOIT trial completed Food Allergy Quality of Life Questionnaire (FAQLQ-PF) and Food Allergy Independent Measure (FAIM) at pre-treatment, end-of-treatment and 3 months after end-of-treatment. A total of 42 participants (20 PPOIT; 22 placebo) completed measures at 12 months post-treatment. Changes over time in PPOIT and placebo groups were examined by repeated-measures analysis of variance and paired t tests. RESULTS: Probiotic and peanut oral immunotherapy was associated with significant improvement in FAQLQ-PF (F = 3.63, P = .02), with mean difference 0.8 at 3 months post-treatment (P = .05) and 1.3 at 12 months post-treatment (P = .005), exceeding the 0.5 minimal clinically important difference for FAQLQ-PF. For FAIM, mean difference was 0.5 (P = .03) at 3 months and 0.4 (P = .04) at 12 months post-treatment. In placebo group, post-treatment FAQLQ and FAIM remained unchanged from pretreatment. Improvement in FAQLQ-PF and FAIM scores related specifically to acquisition of sustained unresponsiveness rather than to receiving PPOIT treatment or participation in the trial. CONCLUSIONS: Probiotic and peanut oral

							immunotherapy has a sustained beneficial effect on psychosocial impact of food allergy at 3 and 12 months after end-of-treatment. Treatment was not associated with reduced HRQL relative to baseline in either PPOIT or placebo groups, indicating that PPOIT was well tolerated and psychological well-being was not negatively impacted. Improved HRQL was specifically associated with acquisition of sustained unresponsiveness.
Duraković-Belko, Elvira	2018	Mourning after the Loss of a Ten Year Old Son: Unfinished EMDR Therapy with the Mother - What We've Achieved and the Challenges for Continuation of the Therapy - A Case Report	Psychiatria Danubina	30	Suppl 5	311-314	
Dyer, Anne	2013	Evidenzbasierte Standards der Behandlung von Kindern und Jugendlichen mit komplexen Traumafolgestörungen					International anerkannte Richtlinien zur Behandlung der Posttraumatischen Belastungsstörung bei Kindern und Jugendlichen von drei Fachgesellschaften werden präsentiert, wobei Aussagen zur komplexen Traumatisierung besondere Berücksichtigung finden. American Academy of Child and Adolescent Psychiatry, International Society for Traumatic Stress Studies, National Institute of Clinical Excellence. Im Einzelnen werden die traumafokussierte kognitive Verhaltenstherapie, Eye Movement Desensitization and Reprocessing (EMDR), schulbasierte Behandlungen für Kinder und Jugendliche, und psychodynamische Verfahren besprochen. Zu jedem dieser Ansätze werden Befunde aus ausgewählten Therapiestudien in tabellarischer Form präsentiert. Zusammenfassend wird folgende Einschätzung abgegeben: Die traumafokussierte kognitiv-behaviorale Therapie kann aufgrund der Anzahl randomisiert kontrollierter Studien ihre Wirksamkeit nachweisen. Dagegen fehlen für andere psychologische Interventionsformen Studien zum Nachweis ihrer Wirksamkeit. Erste Daten kontrollierter und unkontrollierter Studien zum EMDR werden als vielversprechend erachtet. Abschließende Bemerkungen betreffen praktische Empfehlungen sowie die drei vorgestellten Behandlungsrichtlinien.
Dyer, Anne	2013	In: Sack, Martin; Sachsse, Ulrich; Schellong, Julia (Ed.), Komplexe Traumafolgestörungen. Diagnostik und Behandlung von Folgen schwerer Gewalt und Vernachlässigung (S. 311-330). Stuttgart: Schattauer, 2013				311-330	

Dyregrov, Atle; Gupta, Leila; Gjestad, Rolf; Raundalen, Magne	2002	Is the culture always right?	Traumatology	8	3	135–145	Recently there has been a critique of the use of western models in the trauma field. In this article it is discussed whether some of this critique reflects a continuation of a denial of trauma and PTSD that has been evident in psychology and psychiatry for a number of years. Although the critique has rightfully pointed out the importance of social and political dimensions in the understanding of trauma, it is argued that some aspects of trauma are universal. The critique has also focused on the use of western models of therapy in non-western societies. However, work done in this field has often adopted a community-based model focusing on large groups of people affected by war situations rather than using medical therapy models. Thus the critique has been somewhat misplaced. Especially in helping children in war it is important not to accept the local culture too much but to rely on children's inborn resilience and cultural traditions for preventing long-term traumatic stress. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Eberle-Sejari, Rima; Nocon, Agnes; Rosner, Rita	2015	Zur Wirksamkeit von psychotherapeutischen Interventionen bei jungen Flüchtlingen und Binnenvertriebenen mit posttraumatischen Symptomen. Ein systematischer Review	Kindheit und Entwicklung	24	3	156–169	Trotz hoher Zahlen junger Flüchtlinge und der häufig hohen Belastung mit Symptomen einer Posttraumatischen Belastungsstörung (PTBS) gibt es Unsicherheiten über Therapiemöglichkeiten und deren Effektivität in dieser Patientengruppe. Zur Untersuchung der Wirksamkeit unterschiedlicher Interventionen wurde eine umfassende systematische Literaturrecherche für die Publikationsjahre 1990 bis 2014 durchgeführt. Zehn Studien, in denen Kinder und Jugendliche im Altersbereich zwischen 6 und 17 Jahren untersucht wurden, erfüllten die Einschlusskriterien. Sie werden tabellarisch unterstützt dargestellt. In acht von ihnen wurde eine signifikante Verringerung der PTBS-Symptomatik festgestellt. Als vielversprechend werden den Ergebnissen zufolge folgende Therapien betrachtet: narrative Expositionstherapie (KIDNET; manualisiert, in randomisiert-kontrollierter Studie überprüft, Stabilität der Effekte in Followups, kulturübergreifend einsetzbar, Durchführung durch lokale Berater möglich), "Meditation-Relaxation", "Eye Movement Desensitization and Reprocessing" und "Rapid-Ed-Therapie". Aufgrund der dürftigen Studienlage und methodischer Mängel ist eine genauere Empfehlung derzeit allerdings schwierig.
Ebner, Esther	2016	Triggerbearbeitung durch Differenzierung im Schema der Vier-Felder-Technik. Anwendung in der Behandlung von Menschen mit dissoziativer Störung					Mit der Triggerbearbeitung durch Differenzierung im Schema der Vier-Felder-Technik wird eine EMDR-(Eye Movement Desensitization and Reprocessing-)Methode beschrieben, die von der Autorin in der Zusammenarbeit mit Patientinnen, die unter einer Dissoziativen Identitätsstörung oder einer ausgeprägten dissoziativen Störung litten, entwickelt wurde. Hierbei wird das umgekehrte EMDR-

							Standardprotokoll zur Behandlung komplexer Traumatisierungen nach A. Hofmann berücksichtigt. In der Behandlungsplanung wird folglich die Bearbeitung der Kindheitstraumata zurückgestellt und bei ausreichender Stabilität wird erst auf die Zukunftsängste und dann auf die Gegenwartsbelastungen, die in der Regel Triggersituationen sind, fokussiert. Nach den persönlichen Erfahrungen der Autorin werden die aktuellen Krisen dieser Klienten durch Triggersituationen der Gegenwart ausgelöst, aber auch durch bevorstehende wichtige, aber unlösbar erscheinende Situationen der nahen Zukunft, wie etwa Arztbesuche oder Behördengänge. Auf diese Weise kann sich keine Stabilität im Sinne von "Ich bin heute erwachsen, sicher und handlungsfähig" einstellen. Für beide Themenbereiche hat sich das hier vorgestellte Vorgehen bewährt. Das praktische Vorgehen wird durch drei Fallbeispiel veranschaulicht.
Ebner, Franz	2001	Neurophysiologische Aspekte der posttraumatischen Belastungsstörung und ihre Veränderung nach Therapie mit EMDR					Neurophysiologische Aspekte der posttraumatischen Belastungsstörung (PTBS) und ihre Veränderung nach einer EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie werden dargestellt. Die Diagnosekriterien der PTBS werden genannt, die Bedeutung der Symptomatik für die Patienten wird skizziert. Neurophysiologische Aspekte der gelungenen bzw. gestörten Verarbeitung von traumatischen Erlebnissen werden erörtert. Das methodische Vorgehen der EMDR-Therapie wird beschrieben, auf Indikation, Vorsichtsmaßnahmen und Weiterbildungsmöglichkeiten wird eingegangen. Die Ergebnisse einer Studie zu neurophysiologischen Veränderungen nach EMDR werden referiert: Es zeigten sich tiefgreifende Veränderungen im anterioren Cingulum und im orbitofrontalen Cortex.
Ebner, Franz	2003	EMDR in der Behandlung posttraumatischer Belastungsstörungen					Möglichkeiten der Behandlung posttraumatischer Belastungsstörungen mit der Methode des "Eye Movement Desensitization and Reprocessing" (EMDR) werden erläutert. Das theoretische Modell und die methodische Vorgehensweise bei EMDR werden beschrieben, und die Ergebnisse von empirischen Studien zu diesem Behandlungsverfahren werden skizziert. Neurophysiologische Besonderheiten bei Patienten mit posttraumatischen Belastungsstörungen sowie deren Veränderung im Anschluss an eine EMDR-Therapie werden besprochen. An zwei kurzen Falldarstellungen aus dem klinischen Alltag werden Möglichkeiten und Grenzen von EMDR sowie der Stellenwert des Verfahrens im Gesamtbehandlungsplan thematisiert.
Ebner, Franz	2014	EMDR in der Traumatherapie					Der Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) in der Traumatherapie wird im Überblick erläutert.

							Dabei werden die folgenden Punkte thematisiert: (1) Grundlagen der EMDR, (2) historische Entwicklung von EMDR und Befunde zur Wirksamkeit, (3) mögliche Wirkmechanismen von EMDR und Hirnaktivierung, (4) grundsätzliche therapeutische Überlegungen, (5) methodisches Vorgehen bei EMDR, (6) Indikationen, Risiken und Nebenwirkungen bei EMDR, (7) Weiterbildung in EMDR, (8) weitere Entwicklungen und Indikationsfelder für EMDR.
Ebner, Franz	2016	Affekte in Gehirn und Körper und in der EMDR-Praxis					Affekte spielen im EMDR (Eye Movement Desensitization and Reprocessing) eine wichtige und zentrale Rolle. Normalerweise nehmen im Verlauf des EMDR-Prozesses Belastung und Intensität der Affekte ab und es entsteht eine Distanz zur Erinnerung mit Beruhigung im Hier und Jetzt. Bei der Durcharbeitung einer Trauerreaktion nach einem Todesfall eines nahestehenden Angehörigen hingegen wird bei der Fokussierung des Ereignisses normalerweise der Affekt der Trauer zunächst verstärkt. Diese deutliche Trauerreaktion bleibt eventuell auch über die ersten beiden Sitzungen hinaus im Alltag im Sinne des Nachprozessierens verstärkt, bis es zu einer Entlastung kommen kann und zum Auftauchen von positiven Erinnerungen und/oder zu dem Gefühl der positiven Verbundenheit mit dem Verstorbenen. Ein neurowissenschaftliches Erklärungsmodell (emotionale Aktionssysteme) für dieses und auch für andere Phänomene wird dargestellt. Dabei werden die folgenden "emotionale Aktionssysteme" beschrieben: das System "Suchen", das Defensivsystem "Furcht und Wut", das Bindungssystem mit den emotionalen Aktionssystemen "Lust/Sexualität", "Fürsorge" und "Panik/Trauer" und das System "Spielen".
Ebner, Franz; Hofmann, Arne	1999	Posttraumatische Belastungsstörungen: Geschichte, Symptomatik, neurophysiologische Aspekte und Behandlung mit EMDR					Es wird im Überblick informiert über den aktuellen Erkenntnisstand zu posttraumatischen Belastungsstörungen (PTBS). Dabei werden die folgenden Punkte besprochen: (1) geschichtliche Entwicklung der diagnostischen Kategorie der PTBS, (2) Entwicklung der Augenbewegungsdesensibilisierungsbehandlung bzw. der EMDR (Eye Movement Desensitization and Reprocessing), (3) Symptomatik und Neurophysiologie der PTBS, (4) grundlegende Behandlungsprinzipien, (5) methodisches Vorgehen bei der EMDR (Anamnese und Behandlungsplanung, Vorbereitung, Bewertung der traumatischen Erinnerung, Desensibilisierung/Reprozessierung, Verankerung, Körperrest, Abschluss, Nachbefragung), (6) Weiterbildung in EMDR, (7) neurophysiologische Veränderungen nach EMDR, (8) Indikation und Vorsichtsmaßnahmen für EMDR.
Ebner, Franz; Rost, Christine	2006	EMDR und Ressourcen					Die Bedeutung von neuronalen Ressourcennetzwerken beim Erleben eines Traumas wird dargestellt. Die Komponenten einer psychischen



							<p>Ressource werden bestimmt. Auf die Bedeutung der Erfassung erlebter angenehmer Zustände nebst der Erfassung erlebter traumatischer Zustände wird verwiesen. Indikationen für die Anwendung von Ressourcentechniken werden zusammengestellt. Die Rolle der Ressourcen in verschiedenen Protokollen "Eye Movement Desensitization and Reprocessing" (EMDR) wird beschrieben. Bei tiefen Traumatisierungen während der Kindheit wird das Standardprotokoll mit "Einweben" vorgeschlagen. Bei Personen mit komplexer posttraumatischer Belastungsstörung wird von diesem Vorgehen abgeraten. Vorschläge zum Auffinden von Ressourcen und zum Einstellen eines Ressourcenfokus werden unterbreitet. Das technische Vorgehen beim Einsatz von EMDR zur Ressourcenarbeit wird zusammengefasst und der praktische Einsatz von EMDR mit Ressourcentechnik wird beschrieben. Drei spezifische Techniken werden aufgezeigt: (1) Der "sichere Ort" (2) die "Position of Power" und (3) die Absorptionstechnik.</p>
Ebner, Franz; Schmidt-Riese, Karla	2017	EMDR und Dissoziation					<p>Der Einsatz von "Eye Movement Desensitization and Reprocessing" (EMDR) in der Behandlung von dissoziativen Störungen wird besprochen. Zunächst wird auf die lange Tradition der Zusammenarbeit von EMDR-Therapeuten und Therapeuten, die sich auf dissoziative Störungen spezialisiert haben, hingewiesen, und mögliche Erklärungen für die Wirkungen von EMDR werden skizziert. Dann werden folgende Themen behandelt: (1) Anwendung von EMDR bei Patienten mit dissoziativer Störung. (2) Unterscheidung zwischen peritraumatischer Dissoziation und bleibender dissoziativer Störung. (3) Anwendung von EMDR in der Stabilisierungsphase (Aufbau von Affekttoleranz; Förderung der gegenseitigen Akzeptanz der Anteile; Arbeit an verschiedenen traumabezogenen Phobien; Verbesserung des reflexiven Funktionsniveaus). (3) Anwendung von EMDR in der Phase der Traumasynthese (Abänderungen des Standardvorgehens bei EMDR; klassische Interventionen aus den EDMR-Trainings; die Fingerspitzen-Strategie; Kombination von Ego-State-Therapie und EMDR; die Vier-Felder-Technik; Einsatz von Opiatantagonisten). (4) Anwendung von EMDR in der Phase der Persönlichkeitsintegration und adaptiven Alltagsbewältigung.</p>
Echeburúa, E.; Corral, P. de; Zubizarreta, I.; Sarasua, B.	1997	Psychological treatment of chronic posttraumatic stress disorder in victims of sexual aggression	Behavior modification	21	4	433–456	<p>The aim of this research was to test the comparative effectiveness of two therapeutic modalities in the treatment of chronic posttraumatic stress disorder in victims of sexual aggression: (a) self-exposure and cognitive restructuring and (b) progressive relaxation training. The sample consisted of 20 patients (victims of rape in adulthood or adult victims of childhood sexual abuse) selected according to DSM-III-R</p>

							criteria. A multigroup experimental design with repeated measures (pretreatment, posttreatment, and 1-, 3-, 6-, and 12-month follow-up) was used. Most treated patients improved, but the success rate was higher in all measures in the exposure and cognitive restructuring group immediately on posttreatment and at follow-up. Implications of this study for clinical practice and future research in this field are commented on.
Echterhoff, Wilfried	2009	Psychologische Unfallnachsorge					Es wird im Überblick informiert über die psychologische Unfallnachsorge. Nach terminologischen Bestimmungen und einer einführenden Beschreibung des Arbeitsbereichs werden psychotraumatologische Maßnahmen für Personen mit einer Akuten Belastungsreaktion (ABR) und einer Posttraumatischen Belastungsstörung (PTBS) jeweils gesondert dargestellt. Eingegangen wird dabei auf folgende Aspekte: (1) psychologische Ersthilfe und Betreuung von ABR-Patienten in der Akutphase, (2) Diagnoseinstrumente für ABR, (3) Debriefing und Kognitive Verhaltenstherapie zur Behandlung von ABR, (4) Nosologie der PTBS nach einem Extremerlebnis, (5) Diagnoseinstrumente für PTBS, (6) Kognitive Verhaltenstherapie, lerntheoretische Ansätze und Ansätze gestörter Informationsverarbeitung, psychodynamische Ansätze, integrative Ansätze sowie pharmakotherapeutische Ansätze zur Behandlung von PTBS. Abschließend werden einige für erforderlich gehaltene Verbesserungen der psychologischen Unfallnachsorge im Bereich Mobilität und Verkehr benannt.
Eckers, Dagmar	2003	EMDR bei Kindern und Jugendlichen	PsychotherapeutenFORUM	10	1	11–18	Die Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) bei Kindern und Jugendlichen wird anhand von zwei Fallbeispielen beschrieben und erörtert. EMDR ist eine Methode, bei der - vermutlich durch die bilaterale Stimulierung des Gehirns - vorher starre, durch extreme Belastungen "eingefrorene" Erinnerungen in Bewegung geraten, samt den oft ebenso starren emotionalen Zuständen, Körperempfindungen und Selbstüberzeugungen in ihrer Belastung drastisch zurückgehen und hinsichtlich ihrer Bedeutung für das heutige Leben neu eingeordnet werden können. Hinsichtlich der Indikation werden Überlegungen zum Schweregrad des Traumas und zur Mitwirkung von dissoziativen Prozessen angestellt.
Eckers, Dagmar	2006	EMDR in der Praxis bei Kindern und Jugendlichen					Anhand von drei Fallbeispielen wird verdeutlicht, wie Eye Movement Desensitization and Reprocessing (EMDR) in der Behandlung von traumatisierten Kindern und Jugendlichen eingesetzt werden kann. Bedingungen, unter denen EMDR bei Kindern wirksam sein kann, werden bestimmt. Die Phasen der EMDR-Behandlung werden beschrieben. Probleme der Klassifikation nach ICD-10 werden

							diskutiert und Konsequenzen der diagnostischen Unsicherheiten für die therapeutische Arbeit werden herausgestellt. An zwei weiteren Fallgeschichten wird verdeutlicht, wie die Balance gehalten werden kann zwischen "so viel Sicherheit wie möglich geben" auf der einen Seite und "so viel Konfrontation wie möglich" auf der anderen Seite.
Eckers, Dagmar	2016	EMDR-Erzählgeschichten bei Kindern					Theoretische Grundlagen und praktische Aspekte des Einsatzes von Geschichten in der EMDR-(Eye Movement Desensitization and Reprocessing-)Arbeit mit Kindern werden erörtert. Nach einleitenden Anmerkungen zu Struktur und Funktion von Erzählgeschichten werden folgende Aspekte besprochen und mit Fallvignetten veranschaulicht: EMDR-Narrative bei Kleinkindern; Bearbeitung von Traumata aus dem Kleinkindalter; Entwicklungserzählgeschichten; Arbeitsweise bei Widerstand und Vermeidung; Akuttraumatisierung; die Übersetzung von therapeutischem Spiel in Traumabearbeitung; Arbeit mit Albträumen. Zentrales Ziel der Arbeit mit Trauma-Narrativen ist es, das Kind vom ersten Satz an in Kontakt mit der Belastung zu bringen. Abschließend wird betont, dass sich alle hier beschriebenen Anwendungsmöglichkeiten der EMDR-Narrative aus der Arbeit mit Kindern entwickelt haben und gut bei ihnen wirken. Sie schaffen oft einen impliziten Zugang, wenn eine explizite Annäherung (noch) nicht möglich ist, wenn der Traumainhalt für das Kind nicht gut greifbar ist oder altersentsprechend noch wenig Sprachfähigkeit vorhanden ist. Wie bei anderen EMDR-Techniken, die ursprünglich aus dem Kinderbereich kamen, kann die Arbeit mit EMDR-Narrativen natürlich auch mit Erwachsenen durchgeführt werden.
Eckert, Andrea	2011	"Zimmer mit Aussicht". Erinnern als unverzichtbares therapeutisches Element	Forum der Psychoanalyse	27	3	239–262	Es wird deutlich gemacht, warum die Rekonstruktion des traumatischen Geschehens eine unverzichtbare Phase in der Psychotherapie traumatisierter Patienten ist. Eine integrierende Rekonstruktion umfasst die äußere und die innere Realität des Patienten, die beide gleichermaßen schwer zugänglich sind. Die Rekonstruktion ist ein Prozess und bedarf einer Anpassung des Settings. Es werden Fallvignetten der stationären psychotherapeutischen Rekonstruktionsarbeit mit Hilfe von Eye Movement Desensitization and Reprocessing (EMDR) vorgestellt.
Eckhardt-Henn, Annegret; Hoffmann, Sven Olaf	2004	Dissoziative Bewusstseinsstörungen. Theorie, Symptomatik, Therapie					Es wird eine Übersicht zum gegenwärtigen Stand von Theorie, Klinik und Therapie der dissoziativen Bewusstseinsstörungen gegeben. Neben theoretischen Hintergründen (etwa Begriffsgeschichte, Dissoziation und Epilepsie, kognitionsbiologische Aspekte) werden die verschiedenen Störungsbilder (Amnesien, Depersonalisation, dissoziative Anfälle, Fugue, Trance-Zustände, dissoziative Identitätsstörung ausführlich dargestellt. Ätiologische Modelle, Fragen

						<p>der Diagnostik und Klassifikation sowie aktuelle Behandlungsansätze werden erläutert. - Inhalt: (A) Begriffsgeschichte. (1) S. O. Hoffmann und A. Eckhardt-Henn: Die Dissoziation: eine Standortbestimmung. (2) H.-P. Kapfhammer: Dissoziation und Gedächtnis als Ergebnisse neurobiologisch beschreibbarer Prozesse. (3) M. Spitzer und C. Schönfeldt-Lecuona: Neurobiologie von Hypnose, Dissoziation und Konversion. (4) P. Fiedler: Erinnerung, Vergessen und Dissoziation - neuro- und kognitionspsychologische Perspektiven. (5) W. Leuschner: Dissoziation, Traum, Reassoziaton. (6) F. Resch und R. Brunner: Dissoziative Mechanismen und Persönlichkeitsentwicklung. (7) E. R. S. Nijenhuis: Somatoforme Dissoziation. (8) S. O. Hoffmann, A. Eckhardt-Henn und C. E. Scheidt: Konversion, Dissoziation und Somatisierung: historische Aspekte und Entwurf eines integrativen Modells. - (B) Klinische Perspektiven. (9) A. Hofmann: Die Dissoziative Amnesie. (10) S. O. Hoffmann: Die Dissoziative Fugue. (11) C. Spitzer: Der Dissoziative Stupor. (12) G. Dammann: Besessenheits- und Trancezustände. (13) A. Eckhardt-Henn und C. Spitzer: Dissoziative Anfälle. (14) G. Dammann: Das Ganser-Syndrom. (15) U. Gast: Die Dissoziative Identitätsstörung. (16) A. Eckhardt-Henn und S. O. Hoffmann: Depersonalisation und Derealisation. (17) R. Brunner und F. Resch: Dissoziative Bewusstseinsstörungen im Kindes- und Jugendalter. - (C) Dissoziative Störungen als spezifische Folge schwerer Traumatisierung. (18) A. Eckhardt-Henn und S. O. Hoffmann: Die Trauma-Pathogenese dissoziativer Bewusstseinsstörungen: empirische Befunde. (19) A. Eckhardt-Henn: Dissoziation als spezifische Abwehrfunktion schwerer traumatischer Erlebnisse - eine psychoanalytische Perspektive. (20) A. Hofmann: Dissoziation und Posttraumatische Belastungsstörung. - (D) Diagnostik und Differenzialdiagnostik. (21) S. O. Hoffmann und A. Eckhardt-Henn: Probleme der aktuellen Klassifikation dissoziativer Störungen. (22) C. Spitzer: Psychometrische Diagnostik dissoziativer Symptome und Störungen. (23) U. Gast und F. Rodewald: Das Strukturierte Klinische Interview für Dissoziative Störungen (SKID-D). (24) M. Schöndienst: Zur differenzialdiagnostischen und -therapeutischen Bedeutung diskursiver Stile bei dissoziativen versus epileptischen Patienten - ein klinisch-linguistischer Ansatz. (25) B. Dulz und U. Sachsse: Dissoziative Identitätsstörung - eigene nosologische Entität oder Variante der Borderline-Störung? - (E) Therapeutische Ansätze. (26) K. Stelle, O. Van der Hart und E. R. S. Nijenhuis: Phasenorientierte Behandlung komplexer dissoziativer Störungen: die Bewältigung traumabezogener Phobien. (27) U. Gast: Der psychodynamische</p>
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							Ansatz zur Behandlung komplexer dissoziativer Störungen. (28) U. Schweiger und Mitarbeiter: Konzepte der Möglichkeiten der kognitiven Verhaltenstherapie bei Dissoziation und dissoziativen Störungen. (29) M. Sack und F. Lamprecht: EMDR - ein Verfahren zur Behandlung dissoziativer Störungen in der Folge schwerer Traumatisierungen. (30) A. Eckhardt-Henn: Die psychopharmakologische Therapie dissoziativer Bewusstseinsstörungen. (31) A. Eckhardt-Henn und S. O. Hoffmann: Aktuelle Kontroversen: Die False-Memory-Debatte.
Eckhardt-Henn, Annegret; Spitzer, Carsten	2017	Dissoziative Bewusstseinsstörungen. Grundlagen, Klinik, Therapie					
Edmond, Tonya; Rubin, Allen	2004	Assessing the long-term effects of EMDR: results from an 18-month follow-up study with adult female survivors of CSA	Journal of child sexual abuse	13	1	69–86	This 18-month follow-up study builds on the findings of a randomized experimental evaluation that found qualified support for the short-term effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) in reducing trauma symptoms among adult female survivors of childhood sexual abuse (CSA). The current study provides preliminary evidence that the therapeutic benefits of EMDR for adult female survivors of CSA can be maintained over an 18-month period. Furthermore, there is some support for the suggestion that EMDR did so more efficiently and provided a greater sense of trauma resolution than did routine individual therapy.
Egberts, Marthe R.; Verkaik, Dineke; Spuij, Mariken; Mooren, Trudy T. M.; van Baar, Anneloes L.; Boelen, Paul A.	2021	Child adjustment to parental cancer: A latent profile analysis	Health Psychology	40	11	774–783	Objective: This study aimed to identify latent classes of adjustment in children confronted with parental cancer, based on profiles of traumatic stress symptoms, health-related quality of life (HRQoL), and satisfaction with life. In addition, correlates of classes were examined. Method: Families were recruited through social media, health care providers, and cancer support centers. The sample consisted of 175 children (52% girls, aged M = 11.98, SD = 3.20, range = 6–20 years) from 92 families, including 90 parents with a current or past cancer diagnosis and 71 healthy parents. Children and parents completed self-report questionnaires at home. A latent profile analysis was conducted to identify classes based on child traumatic stress symptoms, HRQoL, and satisfaction with life. Results: Four classes were identified, which were labeled (a) average functioning across domains (64%); (b) high stress, below-average HRQoL and life satisfaction (14%); (c) high stress, below-average HRQoL, and average satisfaction (11%); and (d) high functioning across domains (11%). Child age, parent traumatic stress symptoms, and perceived parental warmth were significantly associated with class membership. Child gender, which parent was diagnosed with cancer, and illness phase were unrelated to class membership. Conclusions: Meaningful

							subgroups of children can be distinguished based on positive and negative indicators of adjustment to parental cancer. Whereas the majority of children appear to adjust well, 25% of children display high levels of traumatic stress and impaired HRQoL, in some cases combined with low life satisfaction; these children may need specific attention to improve adjustment in the long term. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Egle, Ulrich Tiber	2014	Sexueller Missbrauch, Misshandlung, Vernachlässigung					Frühkindliche Traumatisierungen und Stresserfahrungen und ihre Folgen Sexueller Missbrauch und körperliche Misshandlungen führen bei Kindern fast immer zu Traumatisierungen und haben weitreichende Folgen für die Entwicklung psychischer wie auch körperlicher Erkrankungen im Erwachsenenalter. Doch auch gehäufte Stresserfahrungen wie Vernachlässigung und massive verbale Angriffe können zu anhaltenden psychischen Problemen führen und dürfen in ihrer schädlichen Wirkung nicht unterschätzt werden. In der von Instrumentalisierung, Bagatellisierung und Politisierung geprägten Diskussion folgt das Buch dem nüchternen Pfad der Erkenntnis. Es leistet eine sachliche Bestandsaufnahme, was heute über die Rolle dieser Faktoren für die Entstehung späterer Krankheiten bekannt und gesichert ist. Differenziert stellen die Autoren Krankheitsbilder sowie die wissenschaftlich fundierten Möglichkeiten der Therapie, Prävention und Begutachtung schwer traumatisierter Patienten sowie der Täter selbst dar – aus psychosomatischer, psychiatrischer und schulenübergreifend psychotherapeutischer Sicht. Die zahlreichen anschaulichen Fallbeispiele lassen ein praxisorientiertes Handbuch entstehen. Das etablierte, international anerkannte Standardwerk wurde in der vierten Auflage von einer neu zusammengesetzten Herausgebergruppe komplett überarbeitet und aktualisiert. Insbesondere die Kapitel zur Therapie und zur Prävention profitieren von zahlreichen neuen wissenschaftlichen Erkenntnissen und konnten entsprechend erweitert werden. In mehreren neuen Beiträgen wird vor allem auf die unmittelbaren Auswirkungen von Misshandlung und Gewalt im Kindes- und Jugendalter und entsprechende Ansätze in Diagnostik und Therapie eingegangen. KEYWORDS: Misshandlung, Kindesmisshandlung, frühes Trauma, frühkindliche Traumatisierung, sexueller Missbrauch, Kindesmissbrauch, häusliche Gewalt, Stresserfahrung, Stressprävention, Vernachlässigung, Psychobiologie, Kindesentwicklung, Gewalterfahrungen, Kindheitsbelastungen, Ursachen psychischer Störungen, Ursachen psychosomatischer Störungen, Traumatherapie, Prävention, Gutachten, Begutachtung

						<p>Biographical note:  Prof. Dr. med. Ulrich Tiber Egle, Facharzt für Psychiatrie, Psychotherapie und Psychosomatische Medizin. Ärztlicher Direktor der Psychosomatischen Fachklinik Kinzigtal in Gengenbach und der 2011 neu eröffneten Celenus Fachklinik Freiburg.  Forschungsschwerpunkte: Psychosomatische Schmerztherapie, Somatisierung/Fibromyalgie, Psychotherapieforschung, Langzeitfolgen früher Stresserfahrungen.</p> <p>Astrid Lampe, Ao. Univ.-Prof. Dr. med., Stv. Klinikdirektorin am Department für Psychiatrie, Psychotherapie und Psychosomatik der Universität Innsbruck, FÄ für Psychosomatische Medizin und Psychotherapie sowie für Neurologie und Psychiatrie, Psychoanalytikerin, Klientenzentrierte Gesprächspsychotherapeutin, Lehrtherapeutin ÖÄK.</p> <p>Inge Seiffge-Krenke, Dr. phil., war Professorin für Entwicklungspsychologie und Gesundheitspsychologie an der Universität Mainz mit Schwerpunkt Jugendforschung. Sie ist Psychoanalytikerin und in der Lehre und Supervision von Ausbildungskandidaten für Kinder- und Jugendlichentherapeuten tätig.</p>
Egle, Ulrich Tiber; Abhary, Sotoodeh G.	2005	Sexueller Missbrauch, Misshandlung, Vernachlässigung				<p>Sexueller Missbrauch, Misshandlung und Vernachlässigung von Kindern mit ihren oft verheerenden Folgen im Erwachsenenalter sind emotional hoch besetzte Themen. Ihre Diskussion oszilliert zwischen Überbewertung und Verleugnung. In der Polarität von Instrumentalisierung, Bagatellisierung und Politisierung, von Idealisierung der Opfer und Dämonisierung der Täter folgt das Buch dem nüchternen Pfad der Erkenntnis, leistet eine sachliche Bestandsaufnahme und sammelt, was heute über die Rolle dieser Faktoren für die Entstehung späterer Krankheiten bekannt und gesichert ist. Auf der Grundlage wissenschaftlich fundierter Studien geben die Autoren aus psychiatrischer, schulenübergreifend psychotherapeutischer, psychosomatischer und psychodynamischer Sicht eine differenzierte Darstellung der Krankheitsbilder, von Therapie, Prävention und Begutachtung schwer traumatisierter Patienten sowie der Täter selbst. Die zahlreichen anschaulichen Fallbeispiele lassen ein praxisorientiertes Fachbuch entstehen. Sein in zwei hohen Auflagen bewährtes Konzept wird nun auch in der dritten, vollständig aktualisierten und erweiterten Auflage dieses auch international einzigartigen Handbuchs fortgeführt. In neuen Beiträgen werden die zunehmend besser erforschten psychobiologischen Zusammenhänge (zentrale Stressverarbeitung, brain imaging), die</p>

							Relevanz von Ein-Eltern-Familien für das Einwirken früher Stresserfahrungen, die Langzeitfolgen hinsichtlich schwerer Persönlichkeitsstörungen und Delinquenz sowie Probleme der Begutachtung sexueller Missbrauchserfahrungen bei retrospektiver Beschuldigung im Erwachsenenalter abgehandelt. Eine besondere Ausweitung erfährt das Buch auch hinsichtlich der heutigen Möglichkeiten präventiver Maßnahmen und Interventionen. Ein weiterer neuer Abschnitt beschäftigt sich mit den wissenschaftlichen Methoden der Erfassung sowie den Problemen einer validen retrospektiven Erhebung früher Stresseinwirkungen. Ihre Vorteile/Essentials - Fundiertes, praxisorientiertes Fachbuch - In ihrer Komplexität weltweit einzigartige Synopsis - Differenzierte Darstellung durch ausgewiesene Experten aus Forschung und Klinik - Vollständig aktualisierte und stark erweiterte Auflage mit den neuesten Forschungsergebnissen Interessenten Psychiater, Psychosomatiker, ärztliche/psychologische Psychotherapeuten, klinische Psychologen, Gynäkologen, Pädiater, Sozialarbeiter und -pädagogen, Juristen, Forensiker, Gutachter
Egle, Ulrich Tiber; Hoffmann, Sven Olaf; Joraschky, Peter	2005	Sexueller Missbrauch, Misshandlung, Vernachlässigung. Erkennung, Therapie und Prävention der Folgen früher Stresserfahrungen					
Egle, Ulrich Tiber; Joraschky, Peter; Lampe, Astrid; Seiffge-Krenke, Inge; Cierpka, Manfred	2016	Sexueller Missbrauch, Misshandlung, Vernachlässigung. Erkennung, Therapie und Prävention der Folgen früher Stresserfahrungen					In Form eines Handbuchs wird über den Stand der Erkenntnis zur Diagnostik, Therapie und Prävention der Folgen von sexuellem Missbrauch, Misshandlung und Vernachlässigung in der Kindheit informiert. Sexueller Missbrauch und körperliche Misshandlungen führen bei Kindern fast immer zu Traumatisierungen und haben weitreichende Folgen für die Entwicklung psychischer wie auch körperlicher Erkrankungen im Erwachsenenalter. Auch gehäuft Stresserfahrungen wie Vernachlässigung und massiven verbalen Angriffen wird eine nicht zu unterschätzende schädliche Wirkung zugeschrieben. Vorgelegt wird eine sachliche Bestandsaufnahme, was heute über die Rolle dieser Faktoren für die Entstehung späterer Krankheiten bekannt und gesichert ist. Krankheitsbilder sowie die wissenschaftlich fundierten Möglichkeiten der Therapie, Prävention und Begutachtung schwer traumatisierter Patienten und der Täter selbst werden aus psychosomatischer, psychiatrischer und schulübergreifend psychotherapeutischer Sicht dargestellt. - In seiner vierten Auflage wurde das Buch komplett überarbeitet und aktualisiert. - Inhalt: (A) Grundlagen. (1) Anette Engfer: Formen der



						<p>Misshandlung von Kindern - Definitionen, Häufigkeiten, Erklärungsansätze. (2) Ulrich T. Egle: Gesundheitliche Langzeitfolgen psychisch traumatisierender und emotional deprivierender Entwicklungsbedingungen in Kindheit und Jugend. (3) Judith Overfeld und Christine Heim: Psychobiologische Folgen früher Stresserfahrungen. (4) Thomas Beblo: Traumatisierung und zerebrale Bildgebung. (5) Doris Bender und Friedrich Lösel: Risikofaktoren, Schutzfaktoren und Resilienz bei Misshandlung und Vernachlässigung. (6) Bernhard Strauß und Dominique Schwartz: Vernachlässigung und Misshandlung aus der Sicht der Bindungstheorie. (7) Matthias Franz: Langzeitfolgen von Trennung und Scheidung. (8) Peter Joraschky und Katja Petrowski: Sexueller Missbrauch und Vernachlässigung in Familien. (9) Manfred Cierpka und Katharina Ratzke: Familien von Kindern mit aggressiven Verhaltensweisen. (10) Wolfgang Wöller: Neuere psychodynamische Theorien und Modelle zu Traumafolgestörungen. (11) Peter Joraschky und Karin Pöhlmann: Die Auswirkungen von Vernachlässigung, Misshandlung, Missbrauch auf Körperbild und Selbstgefühl. - (B) Diagnostische Aspekte. (12) Bernd Kappis und Jochen Hardt: Standardisierte Verfahren zur retrospektiven Erfassung von Kindheitsbelastungen. (13) Jochen Hardt: Können Kindheitsbelastungen retrospektiv bei Erwachsenen erfasst werden? - (C) Folgen für Kinder und Jugendliche. (14) Inge Seiffge-Krenke und Annika Krick: Diagnostisches Vorgehen bei Misshandlung, Missbrauch und Vernachlässigung. (15) Inge Seiffge-Krenke und Franz Petermann: Kinder und Jugendliche als Täter und Opfer. (16) Haci-Halil Uslucan: Kinder als Opfer von Gewalt: Spezifische Risiken und Herausforderungen zugewanderter Familien. (17) Miriam Rassenhofer, Cornelia König und Jörg M. Fegert: Therapie psychisch schwer traumatisierter Patienten. (18) Stefan Eisenbeis, Eva Möhler und Franz Resch: Stationäre Psychotherapie und transgenerationale Aspekte des Misshandlungstraumas. - (D) Krankheitsbilder bei Erwachsenen. (19) Peter Joraschky und Ulrich Tiber Egle: Depressive Störungen und Suizidalität. (20) Peter Joraschky und Katja Petrowski: Angsterkrankungen. (21) Guido Flatten: Posttraumatische Belastungsstörungen (PTSD). (22) Ellert R. S. Nijenhuis: Dissoziative Störungen. (23) Ulrich T. Egle: Stressinduzierte Hyperalgesie (SIH) als Folge von emotionaler Deprivation und psychischer Traumatisierung in der Kindheit. (24) Astrid Lampe und Wolfgang Söllner: Pelvipathie bei Frauen. (25) Christian Schubert, Silvia Exenberger, Benjamin Aas, Astrid Lampe und Günter Schiepek: Psychoneuroimmunologische</p>
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Ehlers, Anke; Mayou, Richard A.; Bryant, Bridget	1998	Psychological predictors of chronic posttraumatic stress disorder after motor vehicle accidents	Journal of abnormal psychology	107	3	508–519	<p>A prospective longitudinal study assessed 967 consecutive patients who attended an emergency clinic shortly after a motor vehicle accident, again at 3 months, and at 1 year. The prevalence of posttraumatic stress disorder (PTSD) was 23.1% at 3 months and 16.5% at 1 year. Chronic PTSD was related to some objective measures of trauma severity, perceived threat, and dissociation</p>

							during the accident, to female gender, to previous emotional problems, and to litigation. Maintaining psychological factors, that is, negative interpretation of intrusions, rumination, thought suppression, and anger cognitions, enhanced the accuracy of the prediction. Negative interpretation of intrusions, persistent medical problems, and rumination at 3 months were the most important predictors of PTSD symptoms at 1 year. Rumination, anger cognitions, injury severity, and prior emotional problems identified cases of delayed onset. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ehnholt, Kimberly A.; Yule, William	2006	Practitioner review: assessment and treatment of refugee children and adolescents who have experienced war-related trauma	J Child Psychol Psychiatry	47	12	1197–1210	BACKGROUND: Increasingly clinicians are being asked to assess and treat young refugees, who have experienced traumatic events due to war and organised violence. However, evidence-based guidance remains scarce. METHOD: Published studies on the mental health difficulties of refugee children and adolescents, associated risk and protective factors, as well as effective interventions, particularly those designed to reduce war-related post-traumatic stress disorder (PTSD) symptoms, were identified and reviewed. The findings are summarised. RESULTS: Young refugees are frequently subjected to multiple traumatic events and severe losses, as well as ongoing stressors within the host country. Although young refugees are often resilient, many experience mental health difficulties, including PTSD, depression, anxiety and grief. An awareness of relevant risk and protective factors is important. A phased model of intervention is often useful and the need for a holistic approach crucial. Promising treatments for alleviating symptoms of war-related PTSD include cognitive behavioural treatment (CBT), testimonial psychotherapy, narrative exposure therapy (NET) and eye movement desensitisation and reprocessing (EMDR). Knowledge of the particular needs of unaccompanied asylum-seeking children (UASC), working with interpreters, cross-cultural differences, medico-legal report writing and the importance of clinician self-care is also necessary. CONCLUSION: More research is required in order to expand our limited knowledge base.
Ehrensaft, Miriam K.; Knous-Westfall, Heather; Cohen, Patricia	2017	Long-term influence of intimate partner violence and parenting practices on offspring trauma symptoms	Psychology of Violence	7	2		Objective: This study examined the prospective association of parental reports of intimate partner violence (IPV) involvement (perpetration and/or victimization) with offspring trauma symptoms an average of 6 years later and the moderating influence of positive and negative parenting. Method: The Children in the Community Study followed a representative sample of youth (Generation 2) and their parents (Generation 1) over 25 years, including their own offspring (Generation 3) in the final 2 of these 7 assessments. The sample

							includes male (n = 92) and female (n = 151) original Generation 2 study members who completed measures of IPV and had children (Generation 3) by Wave 5 (1999). Parents completed measures of parenting at Wave 6 (2001–2004), and child's trauma symptoms at Wave 7 (2006–08). Results: IPV predicted child trauma symptoms, controlling for demographic risks. For fathers, but not mothers, this association held when controlling for stressful life events and psychopathology. IPV predicted lower positive and higher negative parenting practices. Positive parenting moderated the association of IPV with child trauma symptoms. Conclusion: Childhood exposure to IPV between parents may increase the distal risk for trauma symptoms. IPV predicts more negative and less supportive parenting practices. Positive parenting may be protective, though perhaps not at extreme levels of IPV. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ehrig, Christian; Knickenberg, Rudolf J.	2010	Worauf es ankommt: stationäre Verhaltenstherapie der PTB	Psychotherapie in Psychiatrie, Psychotherapeutischer Medizin und Klinischer Psychologie	15	2	251–261	Indikation und Ausschlusskriterien der Traumatherapie bei speziellen Gegebenheiten in zwei stationären Einrichtungen werden beschrieben. Das therapeutische Vorgehen ist durch die Abstimmung vielfältiger Therapieangebote auf die Bedürfnisse des Patienten ausgerichtet, wobei im Sinne des dreistufigen Vorgehens nach der Stabilisierungsphase die Expositionsmöglichkeiten mit dem Traumasgeschehen und die Konsolidierung beschrieben werden. Anhand der Fallbeispiele einer komplex traumatisierten Patientin und eines Falles von Akuttrauma wird das Vorgehen beschrieben.
Ehring, Thomas	2019	Angst nach Trauma: Die Posttraumatische Belastungsstörung					Der Erkenntnisstand zur posttraumatischen Belastungsstörung (PTBS) wird im Überblick dargestellt. Im Einzelnen wird über folgende Aspekte dieser Störung informiert: (1) Symptomatik und Klassifikation, (2) Häufigkeit und Verlauf, (3) Diagnostik, (4) Ätiologie (Risikofaktoren, Störungsmodelle), (5) Behandlung (traumafokussierte kognitive Verhaltenstherapie, Eye Movement Desensitization and Reprocessing (EMDR), Pharmakotherapie, komplexe PTBS).
Ehring, Thomas; Hofmann, Arne; Kleim, Birgit; Liebermann, Peter; Lotzin, Annett; Maercker, Andreas; Neuner, Frank; Reddemann, Olaf; Schäfer, Ingo; Schellong, Julia	2020	Psychotherapeutische Behandlung der Posttraumatischen Belastungsstörung bei Erwachsenen. Empfehlungen der neuen S3-Leitlinie	Trauma & Gewalt	14	2	92–100	Zu den zentralen Aussagen der revidierten S3-Leitlinie Posttraumatische Belastungsstörung (PTBS) gehört die Empfehlung, dass bei der PTBS die traumafokussierte Psychotherapie die Behandlung erster Wahl ist, bei der der Schwerpunkt auf der Verarbeitung der Erinnerung an das traumatische Ereignis und/oder seiner Bedeutung liegt. Eine traumafokussierte Psychotherapie sollte daher jedem erwachsenen Patienten mit PTBS angeboten werden. Der Artikel gibt einen Überblick über den empirischen Hintergrund dieser Empfehlungen und macht deutlich, dass sie im Einklang mit wichtigen internationalen Leitlinien stehen. Es wird aufgezeigt, dass die

							Empfehlungen sich sowohl aus aktuellen Metaanalysen als auch aus den Ergebnissen einer systematischen Auswertung von Primärstudien ableiten lassen, die im Rahmen des Leitlinienprozesses durchgeführt wurden. Die Traumafokussierte Kognitive Verhaltenstherapie (TF-KVT) und das Eye Movement Desensitization and Reprocessing (EMDR) werden als die am besten untersuchten Varianten der traumafokussierten Psychotherapie vorgestellt. Der Artikel schließt mit Empfehlungen für zukünftige Forschung.
Ehring, Thomas; Kunze, Anna	2020	Posttraumatische Belastungsstörung					Das Kapitel gibt einen Überblick über die Definition, Ätiologie und Behandlung der posttraumatischen Belastungsstörung (PTBS). Zu den Kernsymptomen der Störung gehören Symptome des Wiedererlebens des Traumas, Vermeidung sowie Symptome der Übererregung. Aktuelle ätiologische Modelle betonen die Rolle kognitiver Faktoren (vor allem Merkmale des Traumagedächtnisses und traumabezogene Bewertungen) sowie psychobiologischer Prozesse bei der Entstehung und Aufrechterhaltung der Störung. Behandlung erster Wahl ist die traumafokussierte Psychotherapie, bei der die Verarbeitung der Traumaerinnerung sowie die Veränderung traumabezogener Kognitionen im Vordergrund stehen. Die PTBS lässt sich auf diese Weise sehr wirksam behandeln. Das Kapitel geht auch auf offene Fragen und wichtige Forschungsthemen ein, z. B. aktuelle Diskussionen zur Definition von Trauma und PTBS, sowie die Ätiologie und Behandlung der komplexen posttraumatischen Belastungsstörung. (c) Springer-Verlag GmbH Deutschland
Ehring, Thomas; Schäfer, Ingo	2022	Behandlung der Posttraumatischen Belastungsstörung bei Erwachsenen: Empfehlungen der S3-Leitlinie	Persönlichkeitsstörungen - Theorie und Therapie	26	1	20–40	Die S3-Leitlinie zur Posttraumatischen Belastungsstörung (PTBS) wurde 2019 in revidierter Fassung veröffentlicht. Der Leitlinienerstellung ging ein intensiver Prozess der systematischen Literatursuche und -auswertung in Bezug auf internationale Leitlinien, Metaanalysen und Primärstudien voraus. Beschrieben werden die methodischen Grundlagen sowie Ergebnisse dieser Literatursuche, die wichtigsten Empfehlungen der Leitlinie werden vorgestellt. Im Zentrum der Leitlinie steht die Aussage, dass die traumafokussierte Psychotherapie bei PTBS die Behandlung erster Wahl ist, wobei der Schwerpunkt der Therapie auf der Verarbeitung der Erinnerung an das traumatische Ereignis und/oder seiner Bedeutung liegt. Aufgrund der klaren Evidenzlage sollte eine traumafokussierte Psychotherapie allen erwachsenen Patientinnen und Patienten mit PTBS angeboten werden. Die traumafokussierte kognitive Verhaltenstherapie (TF-KVT) und das Eye Movement Desensitization and Reprocessing (EMDR) können dabei als die am besten untersuchten Varianten der traumafokussierten Psychotherapie

							gelten. Der Artikel schließt mit einem Exkurs zu zentralen Empfehlungen der Leitlinie in Bezug auf Diagnostik und Pharmakotherapie der PTBS.
Ehring, Thomas; Welboren, Renate; Morina, Nexhmedin; Wicherts, Jelte M.; Freitag, Janina; Emmelkamp, Paul M. G.	2014	Meta-analysis of psychological treatments for posttraumatic stress disorder in adult survivors of childhood abuse	Clinical psychology review	34	8	645–657	
Ehsan, Neelam; Riaz, Mahnazir; Khalily, Tahir	2019	Trauma of terror and displacement: A narrative analysis of mental health of women IDPS in KPK (Pakistan)	Peace and Conflict: Journal of Peace Psychology	25	2	140–142	The present study examined the posttraumatic effects of terrorism on women, internally displaced from Federally administered tribal areas of Pakistan (FATA). The sample comprised of 130 women temporarily placed in Jalozai camps in Khyber Pakhtunkhwa province of Pakistan. Posttraumatic stress disorder scale (PTSD) was used to assess the mental health of respondents. The results revealed that most women were experiencing PTSD symptoms and 41% met the criteria for overall diagnosis of PTSD. Findings further revealed age as a significant predictor of PTSD among women IDPs. The need for practical projects to help internally displaced women is discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Ekeke, Paris; Mendez, Dara D.; Yanowitz, Toby D.; Catov, Janet M.	2020	Racial Differences in the Biochemical Effects of Stress in Pregnancy	International journal of environmental research and public health	17	19		Prenatal stress has been linked to preterm birth via inflammatory dysregulation. We conducted a cross-sectional study on female participants who delivered live, singleton infants at University of Pittsburgh Medical Center Magee Women's Hospital. Participants (n = 200) were stratified by cumulative risk scores using a combination of individual factors (maternal education, diabetes, hypertension, smoking, relationship status, obesity, depression) and neighborhood deprivation scores. We hypothesized that inflammatory cytokines levels differ by risk group and race. Multiplex analyses of IL-6, IL-8, IL-10, IL-13 and TNF-alpha were run. We found that Black birthing people had more risk factors for chronic stress and had lower levels of IL-6 compared to White birthing people. When stratified by risk group and race, low-risk Black birthing people had lower levels of IL-6 compared to low-risk White birthing people, and high-risk Black birthing people had lower levels of IL-8 compared to high-risk White birthing people. Higher area deprivation scores were associated with lower IL-6 levels. Our results suggest that the relationship between chronic stress and inflammatory cytokines is modified by race. We theorize that Black birthing people encounter repetitive stress due to racism and social

							disadvantage which may result in stress pathway desensitization and a blunted cytokine response to future stressors.
Elbing, Ulrich; Mayer, Birgit; Büngener, Kerstin; Sievert, Elisabeth; Schäfer, Ingo	2022	Diagnostik und Therapie Posttraumatischer Belastungsstörungen bei Menschen mit intellektueller Beeinträchtigung. Ein systematisches Review	Trauma & Gewalt	16	3	232–248	Ziel dieses systematischen Reviews ist die Erfassung des internationalen Forschungsstands zu Diagnostik und Therapie Posttraumatischer Belastungsstörungen bei erwachsenen Menschen mit intellektueller Beeinträchtigung. Durchgeführt wurde eine Internetrecherche nach PRISMA-Standard für 1990 bis 2020. Nach Anwendung der Ausschlusskriterien konnten sechs Studien zur Diagnostik und neun Studien zur Therapie eingeschlossen werden. Die qualitative Auswertung zeigt erste, ermutigende Evidenzbelege für zwei diagnostische Instrumente (Lancaster and Northgate Trauma Scale; Impact of Event Scale - Intellectual Disabilities) und zur Behandlung vor allem für Eye Movement Desensitization and Reprocessing (EMDR). Die Diskussion betont neben der Verbesserung der Evidenzlage die Notwendigkeit, Lösungen für die Sprachbarriere in Diagnostik und Therapie zu entwickeln.
Elliott, Ian A.	2017	A Self-Regulation Model of Sexual Grooming	Trauma, violence & abuse	18	1	83–97	A preparatory process is widely accepted to be a common feature in the perpetration of sexual offenses. Numerous commentators, however, have documented the difficulties in defining and understanding this process, given its transient nature and its specificity to this one form of criminal behavior. This theoretical review aims to provide a universal model of a grooming process for the achievement of illicit or illegal goals in which achievement requires the compliance or submission of another individual-one that can be applied both to the sexual offending process and beyond. First, an evaluation of three process models of grooming is conducted. Second, using a process of theory knitting, an integrated universal model of illicit grooming is developed. This model unites salient elements of the previous models while seeking to address their limitations. It is founded in control theory and self-regulation approaches to behavior, assumes a goal-directed protagonist, and comprises two distinct phases, namely, (1) a potentiality phase of rapport-building, incentivization, disinhibition, and security-management and (2) a disclosure phase in which goal-relevant information is introduced in a systematic and controlled manner in order to desensitize the target. Finally, the theoretical quality of the model is appraised, and its clinical implications are discussed.
Ellis, B. Heidi; MacDonald, Helen Z.; Klunk-Gillis, Julie;	2010	Discrimination and mental health among Somali refugee adolescents: The role of acculturation and gender	American Journal of Orthopsychiatry	80	4	564–575	This study examines the role of social identity (acculturation and gender) in moderating the association between discrimination and Somali adolescent refugees' mental health. Participants were English-speaking Somali adolescent refugees between the ages of 11 and 20

Lincoln, Alisa; Strunin, Lee; Cabral, Howard J.							(N = 135). Perceived discrimination, trauma history, posttraumatic stress disorder (PTSD), depressive symptoms, and behavioral acculturation were assessed in structured interviews. Fourteen in-depth qualitative interviews and 3 focus groups were also conducted. Results indicated that discrimination was common and associated with worse mental health. For girls, greater Somali acculturation was associated with better mental health. Also, the association between discrimination and PTSD was less strong for girls who showed higher levels of Somali acculturation. For boys, greater American acculturation was associated with better mental health, and the association between discrimination and depression was less strong for boys with higher levels of American acculturation. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Ellis, B. Heidi; MacDonald, Helen Z.; Lincoln, Alisa K.; Cabral, Howard J.	2008	Mental health of Somali adolescent refugees: The role of trauma, stress, and perceived discrimination	Journal of consulting and clinical psychology	76	2		The primary purpose of this study was to examine relations between trauma exposure, post-resettlement stressors, perceived discrimination, and mental health symptoms in Somali adolescent refugees resettled in the U.S. Participants were English-speaking Somali adolescent refugees between the ages of 11 and 20 (N = 135) who had resettled in the U.S. Participants were administered an interview battery comprising self-report instruments that included the UCLA Posttraumatic Stress Disorder (PTSD) Index, the War Trauma Screening Scale, the Every Day Discrimination scale, the Adolescent Post-War Adversities Scale, and the Acculturative Hassles Inventory. Results indicated that cumulative trauma was related to PTSD and depression symptoms. Further, post-resettlement stressors, acculturative stressors, and perceived discrimination were also associated with greater PTSD symptoms after accounting for trauma, demographic, and immigration variables. Number of years since resettlement in the US and perceived discrimination were significantly related to depressive symptoms, after accounting for trauma, demographic, and immigration variables. Further research elucidating the relations between post-resettlement stressors, discrimination, and mental health of refugee adolescents may inform intervention development. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Ellis, B. Heidi; Miller, Alisa B.; Abdi, Saida; Barrett, Colleen; Blood, Emily A.; Betancourt, Theresa S.	2013	Multi-tier mental health program for refugee youth	Journal of consulting and clinical psychology		19-39-21 17( Ele ctr	129-140	Objective: We sought to establish that refugee youths who receive a multi-tiered approach to services, Project SHIFA, would show high levels of engagement in treatment appropriate to their level of mental health distress, improvements in mental health symptoms, and a decrease in resource hardships. Method: Study participants were 30 Somali and Somali Bantu refugee youths in the English language



					oni c), 00 22- 00 6X( Pri nt)		learner classroom in a middle school in New England. Project SHIFA is a multi-tiered program including prevention and community resilience building for the community at large, school-based early intervention groups for at-risk students, and direct intervention using an established trauma model (trauma systems therapy) for those with significant psychological distress. Data were collected from students at time of enrollment, 6-month follow-up, and 12-month follow-up. Measures used were the War Trauma Screening Scale, Adolescent Post-War Adversities Scale–Somali version, UCLA PTSD Reaction Index for DSM–IV (Revision 1), and the Depression Self-Rating Scale. Results: Students across all tiers of the program demonstrated improvements in mental health and resources. Resource hardships were significantly associated with symptoms of posttraumatic stress disorder over time, and the stabilization of resource hardships coincided with significant improvements in symptoms of depression and posttraumatic stress disorder for the top tier of participants. Conclusions: Project SHIFA is a promising model of treatment for young refugees. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Ellis, Ellyn M.; Ala'i-Rosales, Shahla S.; Glenn, Sigrid S.; Rosales-Ruiz, Jesús; Greenspoon, Joel	2006	The effects of graduated exposure, modeling, and contingent social attention on tolerance to skin care products with two children with autism	Research in developmental disabilities	27	6	585–598	Children with autism may display unusual or fearful responses to common stimuli, such as skin care products. Parents of children with autism have often reported that their children will not allow the application of these types of substances to their skin and if the parent persists, the children become extremely upset and anxious. Such responding can interfere with adaptive functioning. The purpose of this study was to evaluate the effects of a treatment package involving graduated exposure to steps in an avoidance hierarchy, modeling, and social attention on the responding of two children with autism who displayed fearful responses to skin care products. Both avoidance and acceptance responses to skin care products were measured. Both changing criteria and multiple baseline experimental designs were employed to assess the effects of the intervention package. The results suggest that the package was successful in teaching tolerance of skin products for both children.
El-Sheikh, Mona; Cummings, E. Mark; Kouros, Chrystyna D.; Elmore-Staton, Lori; Buckhalt, Joseph	2008	Marital psychological and physical aggression and children's mental and physical health: Direct, mediated, and moderated effects		76	1		Relations between marital aggression (psychological and physical) and children's health were examined. Children's emotional insecurity was assessed as a mediator of these relations, with distinctions made between marital aggression against mothers and fathers and ethnicity (African American or European American), socioeconomic status, and child gender examined as moderators of effects. Participants were 251 community-recruited families, with multiple reporters of each

							construct. Aggression against either parent yielded similar effects for children. Children's emotional insecurity mediated the relation between marital aggression and children's internalizing, externalizing, and posttraumatic stress disorder symptoms. No differences were found in these pathways for African American and European American families or as a function of socioeconomic status or child gender. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Elsig, Claudia; Schopper, Christian; Anthony, Marion; Gramigna, Ronald; Böker, Heinz	2002	In-patient hypnotherapeutic trauma exposure for posttraumatic stress disorder: a case report	Psychiatrische Praxis	29	2	97–100	This paper describes the treatment of a patient with the diagnoses of a borderline personality disorder and posttraumatic stress disorder (DSM-IV and ICD-10) within the setting of a psychiatric ward specializing in depression. For purposes of controlled re-exposure to the patient's trauma, a hypnotherapeutic method was chosen. A significant reduction of symptoms, in particular the intrusions and the hyperarousal, was observed. Of great importance in the successful outcome of this case is the integration of hypnotherapy into a multi-dimensional treatment concept including group therapy, physical therapy and anxiety-reducing self-management therapy. This approach facilitated the development of trust and security in the patient required for the hypnotherapeutic intervention and minimized the splitting tendencies specific to borderline patients. Further discussion is centered on the difficulties arising in the context of an emergency ward setting with its high intensity atmosphere encompassing the danger of retraumatization of this special group of patients. Finally several aspects of the clinical implications of this method are addressed.
Engelhard, Iris M.; van den Hout, Marcel A.; Dek, Eliane C. P.; Giele, Catharina L.; van der Wielen, Jan-Willem; Reijnen, Marthe J.; van Rooij, Birgit	2011	Reducing vividness and emotional intensity of recurrent "flashforwards" by taxing working memory: an analogue study	Journal of anxiety disorders	25	4	599–603	Several studies have found that making eye movements while retrieving visual images about past negative events reduces their vividness and emotional intensity. A working memory account states that eye movements tax working memory and interfere with visual imagery, thus degrading images. This study examined whether eye movements also affect recurrent, intrusive visual images about potential future catastrophes ("flashforwards") in a sample of female undergraduates who had indicated on a screening-scale that they suffer from such intrusions. They were asked to recall two intrusive images with or without making eye movements. Before and after each condition, participants retrieved the image, and rated its vividness and emotionality. Results showed that vividness of intrusive images was lower after recall with eye movement, relative to recall only, and there was a similar trend for emotionality. Potential implications are discussed.

Engl, Veronika	2002	In: Sachsse, Ulrich; Özkan, Ibrahim; Streeck-Fischer, Annette (Ed.), Traumatherapie - Was ist erfolgreich? (S. 28-38). Göttingen: Vandenhoeck & Ruprecht, 2002				28-38	
Enright, Matthew; Baldo, Tracy D.; Wykes, Scott D.	2000	The Efficacy of Eye Movement Desensitization and Reprocessing Therapy Technique in the Treatment of Test Anxiety of College Students	Journal of College Counseling	3	1	36-48	This study explored the efficacy of eye movement desensitization and reprocessing (EMDR) in the treatment of test anxiety. Thirty-five college students with test anxiety were randomly assigned to either a treatment or delayed treatment control group. In this study, EMDR was shown to be effective in reducing overall test anxiety as well as ?emotionality? and ?worry? components of test anxiety.
Ephraim, David	2020	Rorschach assessment of complex trauma in youth	Rorschachiana	41	1		A history of complex trauma or exposure to multiple traumatic events of an interpersonal nature, such as abuse, neglect, and/or major attachment disruptions, is unfortunately common in youth referred for psychological assessment. The way these adolescents approach the Rorschach task and thematic contents they provide often reflect how such experiences have deeply affected their personality development. This article proposes a shift in perspective in the interpretation of protocols of adolescents who suffered complex trauma with reference to two aspects: (a) the diagnostic relevance of avoidant or emotionally constricted Rorschach protocols that may otherwise appear of little use, and (b) the importance of danger-related thematic contents reflecting the youth's sense of threat, harm, and vulnerability. Regarding this last aspect, the article reintroduces the Preoccupation with Danger Index (DI). Two cases are presented to illustrate the approach. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Epstein-Ngo, Quyen; Maurizi, Laura K.; Bregman, Allyson; Ceballo, Rosario	2013	In response to community violence: Coping strategies and involuntary stress responses among Latino adolescents	Cultural Diversity and Ethnic Minority Psychology	19	1	38-49	Among poor, urban adolescents, high rates of community violence are a pressing public health concern. This study relies on a contextual framework of stress and coping to investigate how coping strategies and involuntary stress responses may both mediate and moderate the relation between exposure to community violence and psychological well-being. Our sample consists of 223 ninth grade Latino adolescents from poor, urban families. In response to community violence, these adolescents reported using an array of coping strategies as well as experiencing a number of involuntary stress responses; the most frequent coping responses were turning to religion and seeking social support. Hierarchical regression analyses demonstrated that involuntary stress responses mediated the relations between both witnessing or being victimized by violence and poorer psychological functioning, while coping strategies moderated these relations. These

							findings suggest that the negative psychological effects of exposure to community violence may, in part, be explained by involuntary stress responses, while religious-based coping may serve as a protective factor. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Erdmann, Claudia	2009	Allergie und EMDR					Es wird informiert über eigene Erfahrungen mit dem Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) in der Behandlung von Allergien. Dabei wird ein selbst entwickeltes EMDR-Allergie-Protokoll vorgestellt. Es basiert auf dem acht Phasen umfassenden EMDR-Standardprotokoll und bezieht Aspekte des EMDR-Phobie-Protokolls mit ein: (1) Anamnese und Behandlungsplanung, (2) Stabilisierung und Vorbereitung, (3) Einschätzung, (4) Durcharbeiten, (5) Verankerung, (6) Körpertest, (7) Abschluss, (8) Überprüfung. Nach einer Erläuterung der Inhalte dieser acht Phasen wird das praktische Vorgehen am Beispiel der Allergiebehandlung eines 13-jährigen Jungen mit "Heuschnupfen" beschrieben. Das vorgestellte EMDR-Allergie-Protokoll wurde inzwischen auch eingesetzt bei einem erwachsenen Patienten mit einer Bienenstichallergie und bei zwei Schwestern (vier und sechs Jahre alt) mit allergischen Reaktionen auf Mückenstiche. Es wird für möglich gehalten, dass weitere Immunerkrankungen von EMDR bzw. einer Zusammenarbeit von EMDR und medizinisch-somatischen sowie medizinisch-psychologischen Behandlungen profitieren.
Erdmann, Claudia	2009	EMDR und chronischer Schmerz					Es wird informiert über den Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) bei der Behandlung von chronischem Schmerz. Zunächst werden Gemeinsamkeiten und Unterschiede zwischen EMDR und psychologischer Schmerztherapie herausgearbeitet. Dann werden in diesem Zusammenhang relevante Vorstellungen Shapiros besprochen, und folgende Aspekte der EMDR-Behandlung chronischer Schmerzen werden erläutert: (1) Ausgangsthemen, (2) Kontraindikationen, (3) der EMDR-Schmerztherapeut, (4) das EMDR-Protokoll zur Behandlung chronischer Schmerzen (Anamnese und Behandlungsplanung; Vorbereitung; Einschätzung; Desensibilisieren und Reprozessieren; Verankerung; Körpertest; Abschluss; Überprüfung und Neubewertung), (5) Schmerz-Entspannungsübung, (6) HELP-(Healing Light Energy Process)-Übung, (6) die aus der Transaktionsanalyse stammende "Inneres Kind"-Übung. Abschließend werden Kontaktadressen für Patienten mit chronischen Schmerzen aufgelistet.

Ermis-Demirtas, Hulya; Luo, Ye; Huang, Yun-Ju	2022	The impact of COVID-19-associated discrimination on anxiety and depression symptoms in Asian American adolescents	International Perspectives in Psychology: Research, Practice, Consultation	11	3		Given the potential adverse impact of COVID-19-associated discrimination (CAD) targeting Asian Americans, we investigated the relationship between online and in-person CAD and mental health outcomes in a sample of East and Southeast Asian American (ESEAA) high school students (n = 114). The study findings revealed that students with experiences of CAD in online and offline settings reported higher levels of anxiety and depression symptoms above and beyond the traumatic events and lifetime discrimination they endured in life. These results support the need and urgency to attend to the unique challenges in the ESEAA students related to CAD and their mental health outcomes. We provided implications for practice when working with this population and discussed study limitations and recommendations for future research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ertl, Verena; Pfeiffer, Anett; Saile, Regina; Schauer, Elisabeth; Elbert, Thomas; Neuner, Frank	2010	Validation of a mental health assessment in an African conflict population	International Perspectives in Psychology: Research, Practice, Consultation	1	S		We studied the validity of the assessment of posttraumatic stress disorder (PTSD) and depression within the context of an epidemiological mental health survey among war-affected adolescents and young adults in northern Uganda. Local language versions of the Posttraumatic Diagnostic Scale (PDS) and the Depression section of the Hopkins Symptom Checklist (DHSC) were administered by trained local interviewers. Correlations with probable predictor variables (i.e., trauma exposure), outcomes (e.g., impaired functioning), and local idioms of distress (i.e., spirit possession) were determined to estimate criterion-related construct validity. To assess convergent validity, expert clinicians reinterviewed a subsample using structured interviews (the Clinician Administered PTSD Scale [CAPS] and the Mini International Neuropsychiatric Interview [MINI]). Depression and PTSD symptoms as assessed by the local interviewers correlated with the context variables as predicted. After optimizing the scoring algorithm, we found good agreement between the PDS-based diagnoses and expert diagnoses. However, the concordance for depression diagnoses was not satisfactory. Results show that mental health assessments in African languages can produce reliable and valid data but that caution is warranted in the unevaluated transfer of cutoff scores and scoring algorithms. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Eschenröder, Christof T.	1995	Augenbewegungs-Desensibilisierung und Verarbeitung traumatischer Erinnerungen - eine neue Behandlungsmethode	Verhaltenstherapie und psychosoziale Praxis	27	3	341–373	Die Methode der "Eye movement desensitization and reprocessing" (EMDR), die Francine Shapiro entwickelte, wird beschrieben. Studien über die Wirksamkeit dieses Verfahrens bei Posttraumatischen Belastungsstörungen und anderen psychischen Problemen werden besprochen. Während überzeugende Nachweise für die Wirksamkeit

							des Verfahrens bei Posttraumatischen Belastungsstörungen vorliegen, gibt es in Bezug auf andere Störungen nur Einzelfallstudien und wenige Gruppenstudien, die noch keine eindeutigen Schlussfolgerungen zulassen. Theoretische Erklärungsansätze und empirische Studien zum Wirkungsmechanismus der EMDR werden referiert. Die Wirksamkeit der Methode scheint darauf zu beruhen, dass Personen sich gleichzeitig auf eine belastende Vorstellung und eine perzeptive oder motorische Aufgabe konzentrieren.
Eschenröder, Christof T.	1995	Augenbewegungs-Desensibilisierung und Verarbeitung: Eine Methode zur Behandlung von posttraumatischen Störungen und Ängsten	Autogenes Training & Progressive Relaxation	12		19-21	Ein Überblick über das von F. Shapiro entwickelte "Eye Movement Desensitization and Reprocessing" (EMDR) zur Behandlung posttraumatischer Belastungsstörungen und Angst wird gegeben. Das methodische Vorgehen sowie theoretische Überlegungen zu den Wirkmechanismen werden dargestellt.
Eschenröder, Christof T.	1997	EMDR - das neue Therapiewunder?. Erlösende Blicke	Psychologie heute	24	4	58-61	Es wird im Überblick informiert über vorliegende Befunde zur Wirksamkeit von EMDR (Eye Movement Desensitization and Reprocessing), einer Ende der achtziger Jahre von F. Shapiro entwickelten Kurztherapieform zur Behandlung traumatisierter Patienten. Zentral bei dieser Therapie ist die Annahme, dass eine Verknüpfung von belastenden Gedanken und Gefühlen einerseits und gleichzeitigen rhythmischen Augenbewegungen zu einer Reduktion traumatischer Belastungserfahrungen führt. Mögliche Ursachen für die Wirksamkeit von EMDR werden diskutiert.
Eschenröder, Christof T.	1997	EMDR. Eine neue Methode zur Verarbeitung traumatischer Erinnerungen					Der aktuelle Wissensstand zur therapeutischen Methode der Augenbewegungsdesensibilisierung und Neubearbeitung (Eye Movement Desensitization and Reprocessing) wird unter Bezugnahme auf Anwendungsbeispiele aus unterschiedlichen Bereichen und psychotherapeutischen Schulen dargestellt. Es wird gezeigt, daß diese Behandlungsmethode vor allem bei der Verarbeitung vergangener belastender Ergebnisse zu einer Minderung negativer Emotionen, neuen Einsichten und spontanen Veränderungen von Vorstellungsbildern führen kann. - Inhalt: (1) C. T. Eschenröder: Entwicklung und gegenwärtiger Status der EMDR - Ein Überblick. (2) J. Wolpe und J. Abrams: Die Überwindung einer Posttraumatischen Belastungsstörung durch Augenbewegungs-Desensibilisierung - Ein Fallbericht. (3) R. A. Kleinknecht und M. P. Morgan: Die Behandlung einer posttraumatischen Belastungsstörung mit Augenbewegungs-Desensibilisierung. (4) D. L. McCann: Die Überwindung einer Posttraumatischen Belastungsstörung nach schweren Verbrennungen in einer einzigen Sitzung mit Augenbewegungs-Desensibilisierung. (5) F. Shapiro, S. Vogelmann-Sine und L. F. Sine: Die Behandlung von

							Traumata und Suchtproblemen mit EMDR. (6) A. de Jong, E. ten Broeke und K. van der Meer: Die Bedeutung der kognitiven Faktoren im Rahmen des "Eye Movement Desensitization and Reprocessing" (EMDR). Ein Fallbeispiel einer Klientin mit Angst vor Erbrechen. (7) O. Schubbe: EMDR in der Therapie psychisch traumatisierter Kinder. (8) R. Tausch: Praktische Erfahrungen in der Gesprächs- und Verhaltenstherapie mit EMDR. (9) F. Lamprecht und W. Lempa: Psychoanalyse und EMDR. (10) M. Titze: EMDR-unterstützte Thematisierung bei psychodynamisch fundierten Fokalthérapien.
Eschenröder, Christof T.	1997	Entwicklung und gegenwärtiger Status der EMDR - Ein Überblick					Im Rahmen eines Literaturüberblicks werden Entwicklung, Methoden, Forschungsergebnisse und Erklärungsansätze zur EMDR (Eye Movement Desensitization and Reprocessing) dargestellt. Zunächst wird das therapeutische Vorgehen bei EMDR beschrieben. Anschließend werden Untersuchungen über die Wirkungen dieser Methode bei posttraumatischen Krankheiten und anderen Störungen referiert. Dann werden theoretische Erklärungsversuche besprochen, und Untersuchungen über verschiedene Komponenten und Prozesse in der EMDR werden vorgestellt. Abschließend wird diskutiert, bei welchen Patienten mit einer schnellen Wirkung der EMDR gerechnet werden kann und bei welchen Problemen eine Kombination mit anderen Therapiemethoden sinnvoll erscheint. Außerdem wird auf offene Fragen hingewiesen, die durch weitere Forschungen geklärt werden könnten.
Eschenröder, Christof T.	1998	Die Behandlung posttraumatischer Belastungsstörungen mit EMDR	Psychotherapie in Psychiatrie, Psychotherapeutischer Medizin und Klinischer Psychologie	3	2	152–154	Die von Francine Shapiro entwickelte Methode der Augenbewegungs-Desensibilisierung und Neubearbeitung (Eye Movement Desensitization and Reprocessing - EMDR) gehört zu den wirksamsten Verfahren zur Behandlung posttraumatischer Belastungsstörungen. Dies haben verschiedene empirische Untersuchungen gezeigt. Das therapeutische Vorgehen in der EMDR und theoretische Erklärungsversuche werden referiert, und Möglichkeiten und Grenzen der EMDR werden diskutiert.
Eschenröder, Christof T.	2006	Parallelen zwischen Energetischer Psychotherapie, Verhaltenstherapie und EMDR					In einer Diskussion der Gemeinsamkeiten und Unterschiede zwischen der Energetischen Psychotherapie, dem Eye Movement Desensitization and Reprocessing (EMDR) sowie der Verhaltenstherapie, die alle eine Verminderung dysfunktionaler negativer Emotionen zum Ziel haben, werden zunächst die Grundprinzipien der Energetischen Psychotherapie erläutert. Dazu werden die auf der Traditionellen Chinesischen Medizin und der Akupunktur fußenden Ansätze von Roger J. Callahan (Thought Field Therapy), von Gary Craig (Emotional Freedom Techniques) und von Fred P. Gallo (Energetische Psychologie) vorgestellt, in denen durch

							das Klopfen von Akupunkturpunkten eine Ausbalancierung des Energiesystems und damit eine Veränderung dysfunktionaler Kognitionen und Emotionen erfolgt. Es wird deutlich gemacht, dass die postulierten Wirkmechanismen der Energetischen Psychotherapie, die auf der Existenz feinstofflicher Energieströme (Qi) und des Meridiansystems beruhen, einen stark spekulativen Charakter haben und mit den theoretischen Grundannahmen der klassischen und kognitiven Verhaltenstherapie nicht vereinbar sind. Trotzdem lassen sich im konkreten therapeutischen Vorgehen Parallelen zu Techniken, die in der Verhaltenstherapie und im EMDR Anwendung finden, aufzeigen. Dies wird am Beispiel der Korrektur psychischer Umkehrungen (PU-Korrektur), des Klopfens von Meridianpunkten zur Reduzierung belastender Emotionen, dem Einsatz des Augenrollens und der Behandlungsserie sowie dem Verankern positiver Veränderungen deutlich gemacht. Auf den theoretischen Ansatz von Joaquin Andrade, der neurophysiologische Erklärungen für die Wirkungen der Energetischen Psychotherapie anführt, sowie auf erste Untersuchungen zu den wirksamen Komponenten der Energetischen Psychotherapie wird hingewiesen. Abschließend werden zwei Fallbeispiele von Angstpatienten, bei denen die Methoden der Energetischen Psychotherapie in kurzer Zeit zu deutlichen Besserungen geführt haben, geschildert.
Eschenröder, Christof T.	2015	Joseph Wolpe - Leben und Werk. Eine Würdigung zum 100. Geburtstag	Verhaltenstherapie und psychosoziale Praxis	47	2	367–381	Das Leben von Joseph Wolpe (1915-1997) und seine Beiträge zur Entwicklung der Verhaltenstherapie werden beschrieben. Auf der Grundlage von Studien über experimentelle Neurosen bei Tieren entwickelte Wolpe in den fünfziger Jahren Methoden zur Behandlung neurotischer Störungen, die auf dem Prinzip der reziproken Hemmung beruhen. Die von Wolpe formulierten technischen und moralischen Grundprinzipien der Verhaltenstherapie, die Bedeutung der Verhaltensanalyse für die Behandlungsplanung und die Techniken des Selbstsicherheitstrainings, der systematischen Desensibilisierung und der Augenbewegungs-Desensibilisierung werden dargestellt. Zudem werden Kontroversen mit psychoanalytischen Ansätzen und anderen Richtungen der Verhaltenstherapie besprochen.
Eschenröder, Christof T.	2015	Eye Movement Desensitization and Reprocessing (EMDR)					
Eschenröder, Christof T.	2019	Streifzüge durch die Geschichte der Verhaltenstherapie					In einer historischen Betrachtung einzelner Facetten der Verhaltenstherapie (VT) wird zunächst ein kurzer Überblick über die Geschichte der VT gegeben. Dabei werden ihre theoretischen und praktischen Vorläufer, die lerntheoretisch fundierte VT, die kognitiv-behavioralen Therapieansätze und die Verfahren der "Dritten Welle"



							<p>der VT in komprimierter Form behandelt. In den weiteren Kapiteln werden wichtige Pioniere der VT vorgestellt und einige eher selten thematisierte Aspekte dieses Therapieansatzes besprochen: Mit seinen Übungen zur Angstüberwindung nahm der junge Johann Wolfgang von Goethe die Methode der verlängerten Konfrontation mit Angstsituationen vorweg. Die Konzepte von Burrhus Frederic Skinner regten Forschungen zu operanten Therapiemethoden an; sein utopischer Roman "Walden Two" und seine Schriften zu gesellschaftlichen Problemen wurden lebhaft diskutiert. Die lerntheoretischen Ansätze der VT von Joseph Wolpe und Hans-Jürgen Eysenck orientieren sich überwiegend an Konzepten der klassischen Konditionierung. Albert Ellis und Donald Meichenbaum sind bedeutsame Pioniere einer kognitiven VT. Daran anschließend werden die Bedeutung des Humors und der Umgang mit Träumen in der VT besprochen. Abschließend werden neuere Varianten der Desensibilisierung - EMDR und Klopfmethoden - dargestellt, und es wird für eine Integration dieser Methoden in das breite Spektrum verhaltenstherapeutischer Ansätze geworben. - Inhalt: (1) Die Entwicklung der Verhaltenstherapie - Ein kurzer Überblick. (2) Goethes Straßburger Übungen zur Angstüberwindung. (3) Burrhus Frederic Skinner - Vom Laborexperiment zur Planung einer idealen Gesellschaft. (4) Joseph Wolpes Beitrag zur Entwicklung der Verhaltenstherapie. (5) Hans-Jürgen Eysenck und der "Kampf um die Verhaltenstherapie". (6) Albert Ellis und die Rational-Emotive Verhaltenstherapie. (7) Donald Meichenbaum und die Kognitive Verhaltensmodifikation. (8) Humoristische Interventionen in der Verhaltenstherapie. (9) Über den Umgang mit Träumen in der Verhaltenstherapie. (10) Neue Varianten der Desensibilisierung - EMDR und Klopfmethoden.</p>
Eschenröder, Christof T. (Ed.)	1997	EMDR. Eine neue Methode zur Verarbeitung traumatischer Erinnerungen					
Essen, Günter	2008	Lehrbuch der Klinischen Psychologie und Psychotherapie bei Kindern und Jugendlichen					
Eblinger, Katja	1998	Traumaexposition zur Traumasynthese. Traumazentrierte Psychotherapie: Kognitive Verhaltenstherapie und EMDR im Vergleich	Persönlichkeitsstörungen - Theorie und Therapie	2		59-67	<p>Zwei Konzepte zur Behandlung der posttraumatischen Belastungsstörung werden verglichen: Kognitive Verhaltenstherapie und "Eye Movement Desensitization and Reprocessing" (EMDR). Erstere geht in ihren Grundideen auf Mowrers Zweifaktoretheorie zu Angststörungen zurück. Zur Anwendung kommen die Methoden der Systematischen Desensibilisierung, der Reizüberflutung sowie das</p>

							<p>Stressimpfungstraining nach Meichenbaum und andere Methoden kognitiver Neustrukturierung. EMDR geht auf eine Entdeckung zurück, der zufolge sich spontane Blickbewegungen positiv auf emotional belastende Erinnerungen auswirken. Nachträglich wurde dies mit dem Modell der beschleunigten Informationsverarbeitung von Shapiro in Verbindung gebracht. Konkret folgt das Vorgehen acht aufeinanderfolgenden Phasen, bei der nach einer Vorbereitung die Traumaexposition (anhand eines relevanten Bildes und begleitenden Kognitionen) mit Blickbewegungen verarbeitet wird. Gemeinsamkeiten der beiden Therapierichtungen werden in den zahlreichen Versuchen gesehen, EMDR lerntheoretisch zu rekonstruieren und die inhaltliche Nähe zu Expositionstherapien zu dokumentieren. Unterschiede bestehen in der spezifischen ständigen Regulation von Nähe und Distanz zu den aversiven Inhalten im EMDR, so dass die Reize sowohl kognitiv, als auch emotional verarbeitet werden können. Abschließend wird darauf hingewiesen, dass einige Autoren die posttraumatische Belastungsstörung in sogenannte Typ-I- und Typ-II-Traumata unterteilen. Letztere können zu stärkeren und chronischen Belastungen führen. Für diese komplexen Störungen erscheinen die lerntheoretischen Grundannahmen der kognitiven Verhaltenstherapie als zu einfach. Im EMDR gibt es über ein ressourcenorientiertes Vorgehen eine Anschlussmöglichkeit zur entsprechenden Erweiterung der Theorie.</p>
<p>Every-Palmer, Susanna; Flewett, Tom; Dean, Shaystah; Hansby, Oliver; Colman, Atalie; Weatherall, Mark; Bell, Elliot</p>	2019	<p>Eye movement desensitization and reprocessing (EMDR) therapy for posttraumatic stress disorder in adults with serious mental illness within forensic and rehabilitation services: a study protocol for a randomized controlled trial</p>	Trials	20	1	642	<p>BACKGROUND: Eye movement desensitization and reprocessing (EMDR) is an evidenced-based treatment for posttraumatic stress disorder (PTSD). Forensic mental health services provide assessment and treatment of people with mental illness and a history of criminal offending, or those who are at risk of offending. Forensic mental health services include high, medium, and low-security inpatient settings as well as prison in-reach and community outpatient services. There is a high prevalence of PTSD in forensic settings and posttraumatic experiences can arise in people who violently offend in the context of serious mental illness (SMI). Successful treatment of PTSD may reduce the risk of relapse and improve clinical outcomes for this population. This study aims to assess the efficacy, risk of harm, and acceptability of EMDR within forensic and rehabilitation mental health services, as compared to treatment as usual (routine care). METHODS: This is a single-blind, randomized controlled trial comparing EMDR therapy to the waiting list (routine care). Adult forensic mental health service users (n = 46) with SMI and meeting the criteria for PTSD will be included in the study. Participants will be</p>

							<p>randomized after baseline assessment to either treatment as usual plus waiting list for EMDR or to treatment as usual plus EMDR. The EMDR condition comprises nine sessions, around 60 min in length delivered weekly, the first of which is a case conceptualization session. The primary outcomes are clinician and participant-rated symptoms of PTSD, and adverse events. Secondary outcomes include psychotic symptoms, social functioning, level of disability, self-esteem, depressive symptoms, post-trauma cognitions, and broad domains of complex posttraumatic difficulties. A trained assessor blinded to the treatment condition will assess outcomes at baseline, 10 weeks, and 6 months. Additionally, grounded theory qualitative methods will be used to explore participant experience of EMDR for a subset of participants. DISCUSSION: This study will contribute to the currently limited evidence base for EMDR for PTSD in forensic settings. It is the first randomized clinical trial to assess the efficacy, risk of harm, and acceptability of EMDR for PTSD in people with SMI in either forensic, mental health inpatient, or custodial settings. TRIAL REGISTRATION: Australia and New Zealand Clinical Trials Network, ACTRN12618000683235. Registered prospectively on 24 April 2018.</p>
Fahte, Manfred; Greenlee, Mark	2003	The neuropsychology of vision					<p>Presents a comprehensive review of the neuropsychology of vision, with information ranging from the background in basic visual physiology to clinical studies of patients with object and color processing disorders to studies of neuropsychology and rehabilitation. New and adapted methods for measuring brain activity are frequently referred to such as multi-unit sum potential recording, functional magnetic resonance imaging (fMRI), and transcranial magnetic stimulation. Contents: (A) Physiology and anatomy of the visual system: Single cells. (1) G. Rainer and N. K. Logothetis: Vision, behavior, and the single neuron. (2) J. Bullier: Cortical connections and functional interactions between visual cortical areas. (B) Sum potentials in humans: Electroencephalography and magnetoencephalography. (3) T. F. Munte and H.-J. Heinze: Electro- and magneto-encephalographic and event-related potential studies of visual processing in normals and neurological patients. (C) Imaging studies: Functional magnetic resonance imaging and positron emission tomography. (4) M. W. Greenlee: Functional magnetic resonance imaging and positron emission tomography studies of motion perception, eye movements, and reading. (D) Lesion studies in trained monkeys and humans (transcranial magnetic stimulation). (5) W. H. Merigan and T. Pasternak: Lesions in primate visual cortex leading to deficits of visual perception. (6) A. Ellison et al: Magnetic</p>

							stimulation in studies of vision and attention. (E) Psychophysics: Patient studies. (7) M. Fahle: Failures of visual analysis: Scotoma, agnosia, and neglect. (8) C. A. Heywood and A. Cowey: Colour vision and its disturbances after cortical lesions. (9) L. Weiskrantz: Unconscious perception: Blindsight. (10) M. J. Farah: Perception, memory, and agnosia. (F) Rehabilitation and recovery. (11) J. Zihl: Recovery and rehabilitation of cerebral visual disorders.
Fallon, Nicholas; Giesbrecht, Timo; Stancak, Andrej	2018	Attentional modulation of desensitization to odor	Attention, perception & psychophysics	80	5	1064–1071	Subjective and behavioral responsiveness to odor diminishes during prolonged exposure. The precise mechanisms underlying olfactory desensitization are not fully understood, but previous studies indicate that the phenomenon may be modulated by central-cognitive processes. The present study investigated the effect of attention on perceived intensity during exposure to a pleasant odor. A within-subjects design was utilized with 19 participants attending 2 sessions. During each session, participants continuously rated their perceived intensity of a 10-minute exposure to a pleasant fragrance administered using an olfactometer. An auditory oddball task was implemented to manipulate the focus of attention in each session. Participants were instructed to either direct their attention toward the sounds, but still to rate odor, or to focus entirely on rating the odor. Analysis revealed three 50-second time windows with significantly lower mean intensity ratings during the distraction condition. Curve fitting of the data disclosed a linear function of desensitization in the focused attention condition compared with an exponential decay function during distraction condition, indicating an increased rate of initial desensitization when attention is distracted away from the odor. In the focused-attention condition, perceived intensity demonstrated a regular pattern of odor sensitivity occurring at approximately 1-2 minutes intervals following initial desensitization. Spectral analysis of low-frequency oscillations confirmed the presence of augmented spectral power in this frequency range during focused relative to distracted conditions. The findings demonstrate for the first time modulation of odor desensitization specifically by attentional factors, exemplifying the relevance of top-down control for ongoing perception of odor.
Fanti, Kostas A.; Vanman, Eric; Henrich, Christopher C.; Avraamides, Marios N.	2009	Desensitization to media violence over a short period of time	Aggressive behavior	35	2	179–187	This study investigated the desensitization to violence over a short period of time. Participants watched nine violent movie scenes and nine comedy scenes, and reported whether they enjoyed the violent or comedy scenes and whether they felt sympathetic toward the victim of violence. Using latent growth modeling, analyses were carried out to investigate how participants responded to the different scenes

							across time. The findings of this study suggested that repeated exposure to media violence reduces the psychological impact of media violence in the short term, therefore desensitizing viewers to media violence. As a result, viewers tended to feel less sympathetic toward the victims of violence and actually enjoy more the violence portrayed in the media. Additionally, desensitization to media violence was better represented by a curvilinear pattern, whereas desensitization to comedy scenes was better represented by a linear pattern. Finally, trait aggression was not related to the pattern of change over time, although significant effects were found for initial reports of enjoyment and sympathy.
Farina, Benedetto; Imperatori, Claudio; Quintiliani, Maria I.; Castelli Gattinara, Paola; Onofri, Antonio; Lepore, Marta; Brunetti, Riccardo; Losurdo, Anna; Testani, Elisa; Della Marca, Giacomo	2015	Neurophysiological correlates of eye movement desensitization and reprocessing sessions: preliminary evidence for traumatic memories integration	Clinical physiology and functional imaging	35	6	460–468	We have investigated the potential role of eye movement desensitization and reprocessing (EMDR) in enhancing the integration of traumatic memories by measuring EEG coherence, power spectra and autonomic variables before (pre-EMDR) and after (post-EMDR) EMDR sessions during the recall of patient's traumatic memory. Thirteen EMDR sessions of six patients with post-traumatic stress disorder were recorded. EEG analyses were conducted by means of the standardized Low Resolution Electric Tomography (sLORETA) software. Power spectra, EEG coherence and heart rate variability (HRV) were compared between pre- and post-EMDR sessions. After EMDR, we observed a significant increase of alpha power in the left inferior temporal gyrus ( $T = 3.879$ ; $P = 0.041$ ) and an increased EEG coherence in beta band between C3 and T5 electrodes ( $T = 6.358$ ; $P < 0.001$ ). Furthermore, a significant increase of HRV in the post-EMDR sessions was also observed (pre-EMDR: $6.38 \pm 6.83$ ; post-EMDR: $2.46 \pm 2.95$ ; U-Test = 45, $P = 0.043$ ). Finally, the values of lagged coherence were negatively associated with subjective units of disturbance ( $r(24) = -0.44$ , $P < 0.05$ ) and positively associated with parasympathetic activity ( $r(24) = 0.40$ , $P < 0.05$ ). Our results suggest that EMDR leads to an integration of dissociated aspects of traumatic memories and, consequently, a decrease of hyperarousal symptoms [Correction made here after initial publication].
Feeny, Norah C.; Foa, Edna B.; Treadwell, Kimberli R. H.; March, John	2004	Posttraumatic Stress Disorder in Youth: A Critical Review of the Cognitive and Behavioral Treatment Outcome Literature	Professional Psychology: Research and Practice	35	5	466–476	What treatments work for children who have posttraumatic stress disorder (PTSD)? Perhaps more important, what else do clinicians need to learn? In this article, the authors focus on treatment research in the area of trauma and PTSD in youth, in an attempt to highlight the clinical implications of such work and to identify the areas in which additional research is needed. Overall, there is emerging evidence that a variety of cognitive and behavioral programs are effective in treating youth with PTSD. In spite of such evidence, additional research is

							needed to shore up the scientific base for effective clinical practice with these youth. Psychologists working with traumatized youth will find this article a useful update on the state of evidence for cognitive-behavioral interventions in the treatment of PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Feiring, Candice; Taska, Lynn; Lewis, Michael	2002	Adjustment following sexual abuse discovery: The role of shame and attributional style	Developmental psychology	38	1		This study examined adjustment following sexual abuse as a function of shame and attributional style. One hundred forty-seven participants (83 children and 64 adolescents) were seen at the time of abuse discovery and again 1 year later. Once adjustment at abuse discovery was accounted for, shame and attribution style explained additional variation in subsequent adjustment, whereas abuse severity did not. A pessimistic attribution style at abuse discovery moderated the relation between severity of abuse and subsequent depressive symptoms and self-esteem. The relations between abuse severity and these outcomes were significant only at high levels of pessimistic attribution style. Of note, patterns of change in shame and attribution predicted which children remained at risk or improved in adjustment. In addition, age and gender differences were found in adjustment over time. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Feldmann, Robert Enrico; Seidler, Günter H.; Abdallah-Steinkopff, Barbara	2013	Traum(a) Migration					
Ferrajão, Paulo Correia; Elklit, Ask	2020	World assumptions and posttraumatic stress in a treatment-seeking sample of survivors of childhood sexual abuse: A longitudinal study	Psychology of Violence	10	5	501–508	Objective: The present study examined the bidirectional relation of world assumptions to posttraumatic stress disorder (PTSD) symptoms, that is, if world assumptions affect subsequent PTSD symptoms levels and also if PTSD symptoms affect subsequent levels of world assumptions, in survivors of childhood sexual abuse during treatment for PTSD. Method: Sample included 797 individuals who were sexually abused in childhood. Structural equation modeling was conducted to examine the bidirectional relation of world assumptions to PTSD symptoms, at three points in time: at the beginning of psychotherapeutic treatment and at 6 months and 12 months after. Results: Mean scores on both Worthiness of the Self and Benevolence of World scales increased over the course of treatment. Scores on Worthiness of the Self predicted subsequent scores on PTSD symptoms levels and scores on PTSD symptoms predicted subsequent scores on Worthiness of the Self. Higher scores on the Benevolence of the World at the beginning of the treatment predicted lower PTSD symptoms levels at 6 months into treatment. Conclusions: Findings suggest that both beliefs about the self and the

							<p>benevolence of the world are involved in recovery from PTSD. Interventions to rebuild realistic beliefs about the self and world seem to be critical to achieve this outcome. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Feske, Ulrike	1996	Eye movement desensitization and reprocessing treatment for panic disorder: Efficacy and mechanisms					<p>The efficacy and mechanisms of the eye movement desensitization and reprocessing (EMDR) procedure for the treatment of panic disorder was analyzed. In study 1, the feasibility and efficiency of EMDR therapy for panic symptoms was investigated. 7 outpatients with panic disorder received an information-gathering session followed by 5 EMDR sessions. EMDR yielded impressive average effect sizes for panic frequency, fear of fear, and generalized anxiety, respectively. In study 2, it was examined whether rapid eye movement induces relaxation. 33 subjects with panic disorder were randomly assigned to an eye movement (EM) or an eye fixation (EF) condition. Subjects in the EM group generated rapid eye movements while focusing on a neutral image. The eye movement was the same as that in EMDR treatment. Procedures in the EF group were identical, except that subjects focused their eyes on a steady point. Compared to eye fixation, eye movement did not lead to greater decrements in state anxiety, thereby failing to provide evidence for the relaxation-inducing effects of rapid eye movement. In study 3, it was examined whether the beneficial results achieved the case series (study 1) with a panic disorder population could be replicated in a controlled trial by contrasting the effects of EMDR to those of a waiting list (WL) and it was determined whether the eye movement is essential for EMDR's apparent effectiveness by contrasting EMDR's efficacy to that of the same treatment omitting the eye movement (eye fixation exposure and reprocessing of EFER). 43 outpatients with panic disorder were randomly assigned to one of the three groups. EMDR subjects showed greater improvement than WL subjects on panic frequency and on composite measures of social concerns/generalized anxiety, agoraphobia/anticipated panic/coping, physical concerns, and generalized anxiety/fear of panic. EMDR also yielded superior outcome on secondary measures of depression, general distress, and social adjustment. Posttest comparisons between EMDR and EFER revealed that EMDR clients showed greater improvement than EFER clients on two of the five primary outcome measures (agoraphobia/anticipated panic/coping and generalized anxiety/fear of panic). EMDR was no more effective than EFER in reducing social concerns/generalized anxiety, physical concerns, or panic frequency, though nonsignificant differences favored EMDR.</p>

Feske, Ulrike	1998	Eye Movement Desensitization and Reprocessing Treatment for Posttraumatic Stress Disorder	Clinical Psychology: Science and Practice	5	2	171–181	A qualitative review of experimental and quasi-experimental outcome studies of eye movement desensitization and reprocessing (EMDR) treatment for persons with posttraumatic stress disorder (PTSD) suggests that the treatment is effective for civilian but not combat PTSD. The current data indicate that additional research into EMDR's efficacy for PTSD is warranted. Further studies should include comparisons to placebo control procedures and existing validated treatments for PTSD, an adequate treatment dose, systematic efforts to establish and assess treatment integrity and quality, and long-term follow-up data. The therapeutic mechanisms underlying EMDR's observed benefits remain elusive. Whether the eye movement or some other type of stimulation is essential to EMDR's effects cannot be determined from the current data.
Fetner, Maggie; Cascio, Carissa J.; Essick, Gregory	2014	Nonverbal patient with autism spectrum disorder and obstructive sleep apnea: use of desensitization to acclimatize to a dental appliance	Pediatric dentistry	36	7	499–501	Patients with autism spectrum disorders (ASDs) may have difficulty tolerating conventional dental treatment due to aberrant sensory responsiveness. The purpose of this report was to describe the successful treatment of obstructive sleep apnea (OSA) in a nonverbal 20-year-old male patient with ASD using a dental appliance. A series of appointments prepared the patient for the required treatment procedures and desensitized him for use of the final appliance. The final appliance improved outcomes of a post-treatment sleep study, indicating successful treatment of OSA. Understanding the specific challenges of patients with ASD and the patience and foresight of providers in approaching these challenges, in collaboration with caregivers, can contribute to improved health outcomes for these patients.
Field, Andy P.; Nightingale, Zoë C.	2009	Test of time: what if little Albert had escaped?	Clinical child psychology and psychiatry	14	2	311–319	Watson and Rayner's (1920) 'Little Albert' experiment has become one of the most famous studies in psychology. It is a staple of many general psychology textbooks and is part of the very fabric of the discipline's folklore. Despite this fame, the study has been widely criticized in the nearly 90 years since it was published for its lack of methodological rigour. This article attempts to evaluate the contribution of the 'Little Albert' study to modern clinical psychology by speculating on what theories and treatments of child anxiety would look like in a parallel universe in which the study never took place because 'Little Albert' escaped from the hospital in which Watson tested him.
Field, Annalisa; Cottrell, David	2011	Eye movement desensitization and reprocessing as a therapeutic intervention for traumatized children and	Journal of Family Therapy	33	4	374–388	Eye movement desensitization and reprocessing (EMDR) is a relatively new form of psychotherapy for post-traumatic symptoms of relevance to systemic therapists. The literature available on individual EMDR in traumatized children is reviewed in this article. A sample of eight



		adolescents: a systematic review of the evidence for family therapists					studies was examined, consisting of three controlled trials, two uncontrolled studies and three case reports or series. The controlled trials compared EMDR with waiting list controls or cognitive behavioural therapy (CBT). The study samples were small and their methodological quality variable. In all the studies, the results suggested a positive effect for EMDR but did not appear superior to CBT. It is therefore possible that systemic interventions may be improved by the integration of EMDR and family therapy with children and adolescents.
Field, Nigel P.; Muong, Sophear; Sochanvimean, Vannavuth	2013	Parental styles in the intergenerational transmission of trauma stemming from the Khmer Rouge regime in Cambodia	American Journal of Orthopsychiatry	83	4		The impact of parental styles in intergenerational transmission of trauma among mothers who survived the Khmer Rouge regime in Cambodia, in power from 1975 to 1979, and their teenaged children was examined in 2 studies. In Study 1, 46 Cambodian female high school students and their mothers were recruited. Each daughter completed anxiety and depression measures as well as assessment of her mother's role-reversing, overprotective, and rejecting parental styles, whereas the mothers completed measures of their trauma exposure during the Khmer Rouge regime and PTSD symptoms. In support of trauma transmission, the mother's PTSD symptoms were predictive of her daughter's anxiety. Moreover, the mother's role-reversing parental style was shown to mediate the relationship between her own and her daughter's symptoms. In support of their generalizability, the results were replicated in Study 2 in a Cambodian-American refugee sample comparing 15 mental health treatment-seeking mothers and their teenaged children with 17 nontreatment-seeking mother-child pairs. The implications of the findings within the larger literature on intergenerational trauma transmission stemming from genocide are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Figley, Charles R.	1998	Neurobiology, treatment innovations, and a cyclone in the Cook Islands: Implications for understanding and treating PTSD	Traumatology	4	1	No Paginat on Specifie d-No Paginat on Specifie d	This article is an overview of the three articles published in the ejournal, TRAUMATOLOGY's Volume IV, Issue 1 in 1998. Regarding the issue's first article (Bergmann, 1998), it is noted that recent discoveries make it possible to not only understand brain functions associated with experiencing and recovering from a traumatic experience, but may explain why EMDR works. This article then reviews Gentry (1998), noting the innovative treatment approach and the need for research. The latter part of the article includes a review of Taylor (1998). The author is impressed with the effort to respect cultural differences in providing post-disaster assistance. The final section discusses important research implications in each of the

							areas represented by these articles. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Figley, Charles R.	1998	Psychological debriefing, troubled children, and homophobia: Toward a multidisciplinary, multidimensional field of traumatology	Traumatology	4	2	No Paginat on Specifie d-No Paginat on Specifie d	This article asserts that in order for the field of Traumatology, to thrive it must embrace a multidisciplinary approach that adopts a wide variety of methods of inquiry. An example of such diversity of inquiry is the latest issue of TRAUMATOLOGYe. Three papers are reviewed. It is noted that the Dyregrov (1998) article represents the latest assertion that psychological debriefing including, but not limited to Critical Incident Stress Debriefing (CISD) is valuable. The assertion is that no research has confirmed the lack of utility. Indeed, the fact that so many continue to use debriefings illustrate the utility of the approach. This article then focuses on the paper by Bedics, Rappe & Sansone (1998). Their study focused on the case records of children enrolled in a residency treatment program for children with conduct disorders, 11–16 years old. The investigators predicted and found that a substantial number of children in the program were exposed to considerable traumatic events and met the criteria for PTSD. The third paper by Daugherty and Esper (1998) reported the findings of an interesting study of reactions to male rape victims. Consistent with previous research, belief in a just world predicted greater victim blame and homosexual victims were accorded more blame than heterosexual victims. The final section of this article discusses the most recent history of the field of Traumatology. Among other things, it notes that these three contributions illustrate the diversity of theoretical and methodological orientations represented in the field. It is noted that in order to most effectively help traumatized people there must be a commitment to open discourse, the scientific method, and creative methods for achieving these goals. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Filkuková, Petra; Hafstad, Gertrud Sofie; Jensen, Tine K.	2016	Who can I trust? Extended fear during and after the Utøya terrorist attack	Psychological Trauma: Theory, Research, Practice, and Policy	8	4		Objective: The aim of the study was to investigate specific peritraumatic reactions among adolescent and young adult survivors of the 2011 terrorist attack on Utøya Island, Norway. The authors focused specifically on a phenomenon that has so far not been thoroughly investigated: fear of nondangerous stimuli (“extended fear”) during and immediately after the traumatic event. Method: In total, 325 survivors of the shooting on Utøya Island were interviewed 4–5 months after the attack and provided a free narrative of the event. Posttraumatic stress symptoms were assessed using the UCLA PTSD Reaction Index; depression and anxiety were assessed using HSCL-8. For the purpose of the current study, the authors chose participants who were under the age of 26 at the time of the terrorist attack (M =

							18.4 years), which constituted the vast majority of the total sample (93%). Results: The authors found that 54% of the sample felt threatened during and immediately after the attack, not only by the perpetrator himself, but by other people as well; in most cases by people who came to help them (medical personnel, policemen, volunteers). The participants who mentioned experiencing extended fear in their trauma narratives had significantly higher scores of posttraumatic stress symptoms, anxiety, and depression 5 months after the attack than participants who did not peritraumatically experience extended fear. Conclusions: Early detection of extended fear can help in identifying individuals who will later develop symptomatology. In addition, knowledge of the phenomenon could help policemen and medical personnel understand survivors' seemingly irrational reactions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Finzi-Dottan, Ricky; Gewirtz-Meydan, Ateret	2021	Children under fire: The role of maternal caregiving, reflection functioning, and posttraumatic stress disorder	Psychological trauma : theory, research, practice and policy			No Paginat on Specifie d-No Paginat on Specifie d	Objective: The study seeks to examine the psychological maladjustment of children who are exposed to continuous terror attacks. It is hypothesized that maternal posttraumatic stress disorder (PTSD) may hinder mothers' sensitive and responsive caregiving, reflective functioning, and viewing of her child (as "difficult"), which can subsequently negatively impact their children's psychological adjustment. Method: A cohort of 235 mother-child dyads participated in the study. The children's (aged 7-11; 43% boys) psychological maladjustment was assessed by the PAQ. The mothers completed the DSM-5 checklist for PTSD, Caregiving System Functioning scale, Rumination-Reflection Questionnaire, and Difficult Child scale. Results: High levels of maternal PTSD, high scores of avoidant caregiving, and low reflective functioning of the mother predicted the child's psychological maladjustment. Maternal levels of PTSD moderated the associations between maternal avoidant caregiving and reflection, and child's maladjustment, whereas perceiving the child as difficult moderated the association between maternal reflection and child maladjustment. Conclusion: The findings suggest that, to enhance the psychological adjustment of children confronted with stressful life situations, their mothers must be able to process their traumatizing experiences, or else they may struggle to provide their children with emotional regulation and support. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Fischer, Gottfried; Riedesser, Peter	2009	Lehrbuch der Psychotraumatologie					In Lehrbuchform wird die Psychotraumatologie dargestellt, die Wissensbestände aus unterschiedlichen Disziplinen wie Psychologie, Medizin, Pädagogik zusammenführt. Von einem Verlaufsmodell der

							<p>psychischen Traumatisierung ausgehend werden Ursachen und Folgen seelischer Verletzungen, Prävention und therapeutische Möglichkeiten behandelt. Vorgestellt wird ein allgemeines Verlaufsmodell, die Unterschiede des individuellen Traumaerlebens und spezielle traumatisierende Situationen werden analysiert. Verschiedene Therapieformen (psychodynamisch, verhaltenstherapeutisch, EMDR) werden erklärt und kritisch eingeordnet. Die vorliegende 4. Auflage wurde um folgende Inhalte ergänzt: ICD-Störungsbilder im Kontext psychotraumatischer Ätiologie, zielgruppenorientierte Intervention als sekundäre Prävention und ein Ausblick, wie die Psychotraumatologie in einem neuen Studienfach Psychotherapiewissenschaft in der universitären Ausbildung optimal verankert werden kann. - Inhalt: (1) Allgemeine Psychotraumatologie. (2) Situation, Reaktion, Prozess - ein Verlaufsmodell der psychischen Traumatisierung. (3) Differenzielle Psychotraumatologie: Erforschung von Traumafolgen nach dem Verlaufsmodell. (4) Traumatherapie. (5) Prävention. (6) Holocaust. (7) Folter und Exil. (8) Kindheitstrauma. (9) Vergewaltigung. (10) Gewaltkriminalität. (11) Arbeitslosigkeit als psychisches Trauma. (12) Lebensbedrohliche Erkrankung als Faktor psychischer Traumatisierung. (13) Mobbing. (14) Ausblick: Die Zukunft der Psychotraumatologie und die Frage der Ausbildung.</p>
<p>Fischer, P.; Moser, U.; Scharfetter, J.; Straker, I.; Münker-Kramer, E.; Oberlechner, H.; Iglseeder, B.; Kapeller, P.; Rabitsch, S.</p>	2014	<p>Themenschwerpunkt: Demenz. (Mit 7 Einzelbeiträgen)</p>	<p>psychopraxis. neuropraxis</p>	17	1	6-33	<p>Insgesamt sieben Beiträge werden unter dem Themenschwerpunkt "Demenz" vorgelegt: (1) P. Fischer, U. Moser und J. Scharfetter: Aktuter Verwirrheitszustand (Delir) - Ein Stiefkind der Medizin (S. 6-9). (2) I. Straker: Therapieresistente Depression - eine differenzialdiagnostische Herausforderung (S. 10-12). (3) E. Münker-Kramer: EMDR in der Traumatherapie. Eye Movement Desensitization and Reprocessing (EMDR) ist ein effektiver und effizienter Ansatz zur Behandlung posttraumatischer Syndrome und darüber hinaus (S. 13-16). (4) H. Oberlechner: Die Hysterie im neuen Gewand und im Wandel der Zeit. Teil I: Die Geschichte der Hysterie, eine Begriffserklärung sowie ein kompakter Abriss der Entwicklung des Konzepts bei Sigmund Freud (S. 17-19). (5) B. Iglseeder: Sekundäre Demenzen: Diagnose von Demenzen, die als Folge struktureller, entzündlicher oder metabolischer Hirnerkrankungen auftreten (S. 20-25). (6) P. Kapeller: Normaldruckhydrozephalus. Diagnose, Differenzialdiagnosen und Therapie des ideopathischen Normaldruckhydrozephalus (S. 26-29). (7) S. Rabitsch: Die CERAD-Testbatterie. Ergebnisse und ihre Auswirkungen im Patientenalltag (S. 30-33).</p>

Fischer, Sascha; Kropp, Stefan	2022	Therapiemotivation und individualisierte Therapie. Erfahrungen mit Einsatzkräften in der zivilen stationären Behandlung	Trauma. Zeitschrift für Psychotraumatologie und ihre Anwendungen	20	4	72–87	Für die Traumatherapie stehen gute evidenzbasierte Methoden zur Verfügung. Vor dem Hintergrund der Erfahrungen in der Behandlung von Einsatzkräften im zivilen Kontext stellen wir Faktoren in Anlehnung an Norcross vor, die eine Individualisierung des persönlichen Zugangs und der Therapie ermöglichen. Erfahrungen und Modelle hinsichtlich der Präferenzen der Patienten für das Setting, der Motivationslage, Reaktanzphänomenen und Copingstrategien werden vorgestellt. Die Individualisierung und Berücksichtigung der Motivationslage kann PatientInnen ermöglichen, aktiv und selbstbestimmt ihre Therapie mitzugestalten.
Fisher, Naomi; Patel, Henna; van Diest, Caroline; Spain, Debbie	2022	Using eye movement desensitisation and reprocessing (EMDR) with autistic individuals: A qualitative interview study with EMDR therapists	J. Trauma. Stress. (Journal of traumatic stress)	95	4	1071–1089	Abstract Objectives Eye Movement Desensitisation and Reprocessing (EMDR) is an evidence-based psychological therapy that targets distress associated with trauma and affective disturbance. Few studies have examined EMDR for autistic individuals who have co-occurring mental health conditions, but there is preliminary evidence of effectiveness. The current study explored EMDR therapists' experiences of working with autistic individuals, and adaptations incorporated into clinical practice to make this more accessible and effective. Design A qualitative interview design was used. Data were thematically analysed. Method Twenty-three UK-based EMDR therapists attended one-off semi-structured qualitative interviews. Results Four main themes emerged: (1) the experience of being autistic; (2) factors around accessing EMDR; (3) adapting EMDR; and (4) supervision and support for EMDR therapists. Participants described offering a nuanced and tailored approach; one that retained the integral components of the eight phases of EMDR, while also being flexible and responsive to each client. Conclusions Findings reinforce the importance of offering formulation-based psychological therapy that flexes in an evidence-informed way, according to the preferences and needs of autistic individuals. Further research should establish factors influencing accessibility and effectiveness of EMDR for autistic individuals, and the impact of autism-relevant training on the knowledge, skills and confidence of EMDR therapists and clinical supervisors working with this client group.
Flatten, Guido	2011	Leitlinienreport zur S2-Leitlinie Diagnostik und Therapie von akuten Folgen psychischer Traumatisierung	Trauma & Gewalt	5	3	212–213	Im Folgenden wird ein Leitlinienreport zur S2-Leitlinie Diagnostik und Therapie von akuten Folgen psychischer Traumatisierung dargestellt, dessen Aufgabe es ist, die methodische und inhaltliche Arbeit der Leitlinienkommission zu skizzieren. Mit Bezug auf den Vorstandsbeschluss der Deutschsprachigen Gesellschaft für Psychotraumatologie DeGPT wird im November 2006 die Anmeldung des neuen Leitlinienprojektes und die Bildung einer redaktionellen

						<p>Expertengruppe beschlossen. Entsprechend den Vorgaben der Arbeitsgemeinschaft Wissenschaftlich Medizinischer Fachgesellschaften (AWMF) sind für das psychosomatische und psychiatrische Fachgebiet zuständige AWMF-Fachgesellschaften zur Kooperation des neuen Leitlinienprojektes eingeladen worden. Es folgen zwischen September 2006 und Februar 2008 sieben Expertenkonferenzen, zu denen weitere Experten im Rahmen von Fachvorträgen und gemeinsamer Diskussion eingeladen werden. Die Erarbeitung und Darstellung der Leitlinieninhalte hat sich am Deutschen Instrument zur methodischen Leitlinienbewertung (Delbi) in der Fassung von 2005/2006 orientiert. Im Rahmen von Literaturrecherchen sind verschiedene Leitliniendatenbanken und -anbieter zu folgenden Themen gesichtet worden: (1) Epidemiologische Daten, (2) Risikofaktoren und Screening in der Akutphase, (3) Psychosoziale Frühintervention, (3) Psychologisches Debriefing, (4) Trauma-fokussierte kognitiv-behaviorale Therapie, (5) EMDR (Eye Movement Desensitization and Reprocessing), (6) Psychodynamische Techniken, (7) Psychopharmakologische Intervention. Eine Evidenzbewertung für die Qualitätsbeurteilung therapeutischer Verfahren ist in Anlehnung an die Canadian Task Force on the Periodic Health Examination gemäß der Adaptation von Rudolph und Eich (1999) durchgeführt worden. Innerhalb des Konsensusprozesses ist die Zertifizierung der Leitlinie durch die Fachgesellschaften DeGPT, Deutsches Kollegium für psychosomatische Medizin (DKPM), Deutsche Gesellschaft für Psychosomatische Medizin (DGPM) und Deutsche Gesellschaft für Psychiatrie, Psychotherapie und Nervenheilkunde (DGPPN) erfolgt. Die Veröffentlichung S2-Leitlinie steht seit Herbst 2009 auf dem Leitlinienportal der AWMF zur Verfügung.</p>	
Fleck, Jessica I.; Olsen, Robert; Tumminia, Michael; DePalma, Francesco; Berroa, John; Vrabel, Abigail; Miller, Shannon	2018	Changes in brain connectivity following exposure to bilateral eye movements	Brain and cognition	123		142–153	<p>The present research assessed how engaging in bilateral eye movements influences brain activity. Participants had their resting-state brain activity recorded with electroencephalography (EEG) before and after they performed 30 s of bilateral eye movements or a center-control manipulation. We assessed differences in change scores for absolute power and coherence between the eye-movement and center-control conditions. A main effect for handedness was present for EEG power in the theta and beta frequency bands, with inconsistent-handed participants displaying a greater increase than consistent-handed participants in both frequency bands. For theta, the increase in power for inconsistent handers was specific to participants in the bilateral eye-movement condition, whose increase</p>

							in theta power exceeded the increase in theta power for consistent-handed participants regardless of condition. In contrast, for coherence, a main effect for condition was present for the delta frequency band, with participants in the control condition exhibiting a significant drop in posterior delta coherence pre to post. We suggest that the maintenance of posterior delta coherence over time may be an important factor in sustaining attention. Further, the malleability of EEG power for inconsistent-handed participants reveals the importance of individual-differences variables in the potential for behavioral manipulations to change brain activity.
Fletcher, Adrian A.	2022	Multilayered	Psychiatric services (Washington, D.C.)	73	9	1059–1060	
Foa, E. B.; Dancu, C. V.; Hembree, E. A.; Jaycox, L. H.; Meadows, E. A.; Street, G. P.	1999	A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims	Journal of consulting and clinical psychology	67	2	194–200	Ninety-six female assault victims with chronic posttraumatic stress disorder (PTSD) were randomly assigned to 4 treatment conditions: prolonged exposure (PE), stress inoculation training (SIT), combined treatment (PE-SIT), or wait-list control (WL). Treatment consisted of 9 twice-weekly, individual sessions. Independent evaluations were conducted at pretreatment; posttreatment; and 3-, 6-, and 12-month follow-ups. All 3 active treatments reduced severity of PTSD and depression compared with WL but did not differ significantly from each other, and these gains were maintained throughout the follow-up period. However, in the intent-to-treat sample, PE was superior to SIT and PE-SIT on posttreatment anxiety and global social adjustment at follow-up and had larger effect sizes on PTSD severity, depression, and anxiety. SIT and PE-SIT did not differ significantly from each other on any outcome measure.
Foa, E. B.; Molnar, C.; Cashman, L.	1995	Change in rape narratives during exposure therapy for posttraumatic stress disorder	Journal of traumatic stress	8	4	675–690	This paper presents a coding system developed to explore changes in narratives of rape during therapy for posttraumatic stress disorder (PTSD) involving repeated reliving and recounting of the trauma. Relationships between narrative categories hypothesized to be affected by the treatment and treatment outcome were also examined. As hypothesized, narrative length increased from pre- to post-treatment, percentage of actions and dialogue decreased and percentage of thoughts and feelings increased, particularly thoughts reflecting attempts to organize the trauma memory. Also as expected, increase in organized thoughts was correlated negatively with depression. While indices of fragmentation did not significantly decrease during therapy, the hypothesized correlation between decrease in fragmentation and reduction in trauma-related symptoms was detected.

Foa, Edna B.; Hearst-Ikeda, Diana; Perry, Kevin J.	1995	Evaluation of a brief cognitive-behavioral program for the prevention of chronic PTSD in recent assault victims	Journal of consulting and clinical psychology	63	6	948–955	The efficacy of a brief prevention program (BP) aimed at arresting the development of chronic posttraumatic stress disorder (PTSD) was examined with 10 recent female victims of sexual and nonsexual assault who received 4 sessions of a cognitive-behavioral program shortly after the assault. Their PTSD and depression severity was compared with that of 10 matched recent female assault victims who received repeated assessments of their trauma-related psychopathology (assessment control; AC). The BP program consisted of education about common reactions to assault and cognitive-behavioral procedures. Two months postassault, victims who received the BP program had significantly less severe PTSD symptoms than victims in the control condition; 10% of the former group met criteria for PTSD versus 70% of the latter group. Five and a half months postassault, victims in the BP group were significantly less depressed than victims in the AC group and had significantly less severe reexperiencing symptoms. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Foa, Edna B.; Zoellner, Lori A.; Feeny, Norah C.; Hembree, Elizabeth A.; Alvarez-Conrad, Jennifer	2002	Does imaginal exposure exacerbate PTSD symptoms?	Journal of consulting and clinical psychology	70	4	1022–1028	Symptom exacerbation (i.e., treatment side effects) has often been neglected in the psychotherapy literature. Although prolonged exposure has gained empirical support for the treatment of chronic posttraumatic stress disorder (PTSD), some have expressed concern that imaginal exposure, a component of this therapy, may cause symptom exacerbation, leading to inferior outcome or dropout. In the present study, symptom exacerbation was examined in 76 women with chronic PTSD. To define a "reliable" exacerbation, we used a method of incorporating the standard deviation and test-retest reliability of each outcome measure. Only a minority of participants exhibited reliable symptoms exacerbation. Individuals who reported symptom exacerbation benefited comparably from treatment. Further, symptom exacerbation was unrelated to dropout. Thus, although a minority of individuals experienced a temporary symptom exacerbation, this exacerbation was unrelated to outcome. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Fodstad, Jill C.; Kerswill, Stephanie A.; Kirsch, Alexandra C.; Lagges, Ann; Schmidt, Jonathan	2021	Assessment and Treatment of Noise Hypersensitivity in a Teenager with Autism Spectrum Disorder: A Case Study	Journal of autism and developmental disorders	51	6	1811–1822	Noise hypersensitivity is a poorly understood symptom of Autism Spectrum Disorder (ASD). For some, problem behaviors co-occur with the aversive noise. Limited literature exists on treating noise hypersensitivity; however, noise hypersensitivity may be related to a specific phobia. This case study utilizes modified Cognitive Behavioral Therapy (CBT) to address anxiety, avoidance, and problem behaviors evoked by noise in a teen with ASD and mild Intellectual Disability (ID). Using multi-method assessment and individualized treatment,



							problem behaviors reduced, and independent coping strategies use occurred. Successful desensitization supports the efficacy of modified CBT as a treatment for noise-related anxiety and problem behaviors in individuals with ASD and ID. Outcomes are discussed considering intervention difficulties for noise hypersensitivity in a complex and diverse population.
Foley, T.; Spates, C. R.	1995	Eye movement desensitization of public-speaking anxiety: a partial dismantling	Journal of behavior therapy and experimental psychiatry	26	4	321–329	Forty college students suffering from public speaking anxiety and having experienced a specific traumatic speech-related event were exposed to either a standard EMD protocol with eye movements; a moving audio stimulus in place of the eye movements; a protocol with eyes resting on the hands in place of the eye movement, or a no-treatment control condition. The results revealed that EMD is comparable in limited effectiveness to the other procedures and that the eye movements are not a crucial component of the treatment with this population.
Folk, Johanna B.; Ramos, Lili M. C.; Bath, Eraka P.; Rosen, Brooke; Marshall, Brandon D. L.; Kemp, Kathleen; Brown, Larry; Conrad, Selby; Tolou-Shams, Marina	2021	The prospective impact of adverse childhood experiences on justice-involved youth's psychiatric symptoms and substance use	Journal of consulting and clinical psychology		19 39- 21 17( Ele ctr oni c), 00 22- 00 6X( Pri nt)	483– 498	Objective: Justice-involved youth report high rates of adverse childhood experiences (ACEs; abuse, neglect, household dysfunction) and are at high risk for elevated behavioral health needs (i.e., substance use, psychiatric symptoms). Research with broad samples of adolescents shows ACEs predict behavioral health outcomes, yet most research on the impact of ACEs among justice-involved youth focuses on recidivism. The present study addresses this gap by examining the prospective association between ACEs and psychiatric symptoms, substance use, and substance-related problems (i.e., consequences of use) among first-time justice-involved youth. Method: First-time justice-involved youth (n = 271; 54.3% male; M age = 14.5 years; 43.5% Latinx; non-Latinx: 34.2% White, 8.6% Black, 7.1% Other, 6.7% Multiracial) and their caregivers were assessed at youth's first court contact and 4- and 12-month follow-ups. Youth and caregivers reported youth's exposure to ACEs through a series of instruments at baseline and 4-months (e.g., Childhood Trauma Questionnaire Short-Form; Traumatic Life Events Inventory). Primary outcomes included youth alcohol and cannabis use (Adolescent Risk Behavior Assessment), consequences of use (Brief Young Adult Alcohol Consequences Questionnaire; Brief Marijuana Consequences Scale), and psychiatric symptoms (Behavior Assessment System for Children; National Stressful Events Survey PTSD Short Scale). Results: Youth were exposed to three ACEs, on average, prior to first justice contact (M = 3). Exposure to more ACEs, particularly abuse, predicted substance use and psychiatric outcomes. Gender differences emerged for cannabis use and internalizing symptoms. Conclusions:

							Implications for trauma-responsive juvenile justice reform are discussed, including screening for ACEs and their sequelae at first court contact and considering the role of masculine norms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Follette, William C.; Papa, Anthony; Davis, Deborah	2020	Eye Movement Desensitization and Reprocessing (EMDR)				1-6	Abstract Eye movement desensitization and reprocessing (EMDR) was developed in the late 1980s as a treatment for posttraumatic stress disorder. Since then the therapy has been shown to be efficacious for this and other disorders. It is broadly disseminated and widely practiced. There are several controversies surrounding this therapy. Though eye movements were originally proposed to be an important active component of the intervention, several studies have called that claim into question. Questions remain, including what the mechanisms of action are for EMDR, how distinctive this therapy is from other interventions that include exposure and information-processing components, and what training is needed to be technically proficient? Moreover, use of EMDR for memory recovery poses significant risk, as it incorporates many features that memory researchers have shown to promote development of false memories.
Forbes, David; Creamer, Mark C.; Phelps, Andrea J.; Couineau, Anne-Laure; Cooper, John A.; Bryant, Richard A.; McFarlane, Alexander C.; Devilly, Grant J.; Matthews, Lynda R.; Raphael, Beverley	2007	Treating adults with acute stress disorder and post-traumatic stress disorder in general practice: a clinical update	Medical Journal of Australia (Medical Journal of Australia)	187	2	120-123	General practitioners have an important role to play in helping patients after exposure to severe psychological trauma. In the immediate aftermath of trauma, GPs should offer ?psychological first aid?, which includes monitoring of the patient's mental state, providing general emotional support and information, and encouraging the active use of social support networks, and self-care strategies. Drug treatments should be avoided as a preventive intervention after traumatic exposure; they may be used cautiously in cases of extreme distress that persists. Adults with acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) should be provided with trauma-focused cognitive behaviour therapy (CBT). Eye movement desensitisation and reprocessing (EMDR) in addition to in-vivo exposure (confronting avoided situations, people or places in a graded and systematic manner) may also be provided for PTSD. Drug treatments should not normally replace trauma-focused psychological therapy as a first-line treatment for adults with PTSD. If medication is considered for treating PTSD in adults, selective serotonin reuptake inhibitor antidepressants are the first choice. Other new generation antidepressants and older tricyclic antidepressants should be considered as second-line pharmacological options. Monoamine oxidase inhibitors may be considered by mental health specialists for use in people with treatment-resistant symptoms.

<p>Forbes, David; Creamer, Mark; Phelps, Andrea; Bryant, Richard; Mcfarlane, Alexander; Devilly, Grant J.; Matthews, Lynda; Raphael, Beverley; Doran, Chris; Merlin, Tracy; Newton, Skye</p>	<p>2007</p>	<p>Australian guidelines for the treatment of adults with acute stress disorder and post-traumatic stress disorder</p>	<p>The Australian and New Zealand journal of psychiatry</p>	<p>41</p>	<p>8</p>	<p>637–648</p>	<p>Over the past 2-3 years, clinical practice guidelines (CPGs) for post-traumatic stress disorder (PTSD) and acute stress disorder (ASD) have been developed in the USA and UK. There remained a need, however, for the development of Australian CPGs for the treatment of ASD and PTSD tailored to the national health-care context. Therefore, the Australian Centre for Posttraumatic Mental Health in collaboration with national trauma experts, has recently developed Australian CPGs for adults with ASD and PTSD, which have been endorsed by the National Health and Medical Research Council (NHMRC). In consultation with a multidisciplinary reference panel (MDP), research questions were determined and a systematic review of the evidence was then conducted to answer these questions (consistent with NHMRC procedures). On the basis of the evidence reviewed and in consultation with the MDP, a series of practice recommendations were developed. The practice recommendations that have been developed address a broad range of clinical questions. Key recommendations indicate the use of trauma-focused psychological therapy (cognitive behavioural therapy or eye movement desensitization and reprocessing in addition to in vivo exposure) as the most effective treatment for ASD and PTSD. Where medication is required for the treatment of PTSD in adults, selective serotonin re-uptake inhibitor antidepressants should be the first choice. Medication should not be used in preference to trauma-focused psychological therapy. In the immediate aftermath of trauma, practitioners should adopt a position of watchful waiting and provide psychological first aid. Structured interventions such as psychological debriefing, with a focus on recounting the traumatic event and ventilation of feelings, should not be offered on a routine basis.</p>
<p>Frank Hofmann, Frank; Hase, Michael; Gohl, Mirjam; Hase, Adrian</p>	<p>2021</p>	<p>Trauma Psycho Social Support Plus and EMDR therapy for children and adolescents in a post-conflict setting: Mental health training in Kurdistan</p>	<p>Torture : quarterly journal on rehabilitation of torture victims and prevention of torture</p>	<p>31</p>	<p>1</p>	<p>76–87</p>	<p>INTRODUCTION: This paper describes the implementation of a pilot project in Kurdistan / Northern Iraq on the use of EMDR in children in post-conflict settings. METHODS: A 4-field scheme aimed at patient stabilisation was taught to social workers for the application with children and adolescents in Northern Iraq. If possible, the stabilisation was followed by procedures aimed at memory reprocessing or modification within the eightphase EMDR protocol and (in all cases) with further care. RESULTS: An initial assessment of the children and adolescents themselves revealed significant traumatic burden. The subjective distress was reduced when the rescue and the present situation were reflected age-appropriately with the help of pictures and sketches. For six children and adolescents, a post-stabilisation treatment within EMDR therapy was offered. The first results in this</p>

							very small sample were encouraging providing support for a fullscale controlled study.
Franz, Molly R.; Kumar, Shaina A.; Brock, Rebecca L.; Calvi, Jessica L.; DiLillo, David	2022	Parenting behaviors of mothers with posttraumatic stress: The roles of cortisol reactivity and negative emotion	Journal of Family Psychology	36	1	130–139	Although posttraumatic stress disorder (PTSD) is associated with negative family outcomes, including parenting challenges, little is known about the biological and emotional processes that might underlie this association. The present project addressed this gap by examining associations between maternal PTSD and parenting behaviors in a lab setting. We expected that PTSD would be associated with more ineffective parenting behaviors and that negative emotion and cortisol reactivity would mediate this relation. A total of 78 mothers and their toddler-aged children completed a task designed to elicit parental responses to typical instances of child misbehavior. Salivary cortisol was collected from mothers prior and subsequent to the lab paradigm and mothers provided ratings of their experienced emotion while viewing a video of the interaction. Contrary to hypotheses, cortisol reactivity did not mediate associations between PTSD and parenting. However, findings suggest that PTSD is associated with greater permissive parenting behaviors, and mothers with even subthreshold symptoms of PTSD may experience more negative emotion during challenging parent–child interactions that ultimately interferes with parenting. Mothers with PTSD may benefit from interventions that focus on modifying the intensity of their negative emotions in the context of child misbehavior to more effectively set limits in everyday discipline encounters. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Fraus, Katherine; Dominick, Whitney; Walenski, Aundrea; Taku, Kanako	2023	The impact of multiple stressful life events on posttraumatic growth in adolescence	Psychological trauma : theory, research, practice and policy	15	1	10–17	Objective: Posttraumatic growth (PTG) has been primarily recognized as a result of experiencing a single life crisis. The current study investigated how PTG may be attributed to experiences of a multitude of highly stressful life events, and how PTG is correlated with PTSD symptoms, the severity of the event, and the total number of childhood traumas experienced. Method: Adolescents (N = 139) participated in a survey that assessed six major life events of childhood trauma and rated the severity of each event, posttraumatic stress symptoms (PTSS), and PTG. Results: The majority of adolescents attributed their PTG experiences to one event, despite experiencing multiple traumas. However, experiencing more events was associated with greater PTSS and some forms of PTG such as changed priorities, increased self-reliance, and establishing a new path in life. Results from regression analyses also showed that trauma severity and PTSS were linearly correlated with PTG, and thus, a curvilinear relationship was not identified. Conclusions: Cumulative

							traumatic events may lead to increases in a sense of personal growth, while also increasing distress, in nonclinical adolescents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Freedom, John	1998	Spontanes Reframing	MultiMind - NLP aktuell	7	6	13–16	Ein Überblick über das Reframing als Umstrukturieren von Wahrnehmungsrahmen eines Klienten in der Psychotherapie wird gegeben. Neben Reframing-Mechanismen in der Hypnotherapie von M. Erickson, dem Neurolinguistischen Programmieren und dem "Eye Movement Desensitization and Reprocessing" werden spontan auftretende Reframing-Prozesse beleuchtet. An einem Fallbeispiel wird deutlich gemacht, wie im Neurolinguistischen Programmieren der Wahrnehmungsrahmen des Klienten elitiert und verändert werden kann.
Freeman, Linda N.; Shaffer, David; Smith, Helen	1996	Neglected victims of homicide: The needs of young siblings of murder victims	American Journal of Orthopsychiatry	66	3		Interviewed 15 children (aged 7–18 yrs) an average of 5 mo after the murder of an older sibling. Ss' mothers rated the child's behavior currently and retrospectively (6 mo before the death) using the Child Behavior Checklist (CBCL). Ss were also administered the Diagnostic Interview Schedule for Children (DISC). Bereaved Ss were behaviorally similar to controls before the homicide and were no more likely to have had a psychiatric disorder with onset prior to the homicide. After the homicide, parents of bereaved Ss reported more internalizing symptoms on the CBCL, and more psychiatric disorders were indicated by the DISC. Although most showed significant symptoms of depression, anxiety, posttraumatic stress disorder (PTSD), and psychosocial impairment, few had received any community or mental health system support or services for these symptoms. Implications for interventions with this population are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Freh, Fuaad Mohammed	2016	PTSD, depression, and anxiety among young people in Iraq one decade after the american invasion	Traumatology	22	1		No research, to date, has been conducted on psychological disorders among young adults in Iraq after the U.S. war. The aim of this study was to assess the prevalence of posttraumatic stress disorder (PTSD), anxiety disorder, and depression. The study also investigated the extent to which differences in the types of war trauma and social support accounted for variation in PTSD and psychiatric disorders among young adults from Iraq. The randomly selected participants (n = 224) ranged in age from 12 to 23 years. They were selected from 10 public school system in the highly war-exposed areas (Ramadi and Fallujah city). Questionnaires were administered in an interview format with participants at schools by 3 trained psychologists. Results showed that 55.8% reported symptoms consistent with a diagnosis of current PTSD related to the war, and 63.4% reported symptoms consistent with current depression. Results of multiple regression

							analysis indicated that perceived social support during and after the war was a significant predictor for PTSD and depression. These findings add support to the existing literature which has found that exposure to war experience tends to produce long-term substantial psychological disorders. It also underscores the importance of social support and immediate emotional response to trauma in predicting trauma-related psychopathology, and highlights the potential need for providing early care to exposed individuals exhibiting immediate and severe emotional responses. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Frei, Susanne	2017	Psychotherapie in der Psychoonkologie. Fallorientierte Darstellung	psychopraxis. neuropraxis	20	3	134–139	Anhand von Fallbeispielen wird verdeutlicht, welche psychotherapeutischen Ziele und möglichen Inhalte in der Psychoonkologie mit Psychotherapie behandelt werden können. Von Patienten gezeichnete und gemalte Bilder aus Therapiesitzungen und von einer psychischen Stresssituation während einer Stammzelltransplantation machen deutlich, wie stark die Affekte sind, die im klinischen Alltag allzu oft übersehen werden. Ein längerer Fallbericht über eine bisher vier Jahre dauernde Psychotherapie einer zu Behandlungsbeginn 43-jährigen Brustkrebspatientin nach Mamma-Operation (kleiner Tumor, kein Lymphknotenbefall, keine Metastasen) zeigt, wie sich psychische und psychosomatische Symptome und die Persönlichkeit der Patientin durch eine Hypnosepsychotherapie mit fallweisem Einsatz von EMDR beim Auftauchen stark traumatischer Erlebnisse verändern können und sich ihr Gesundheitsverhalten und ihre Selbstschutzmechanismen deutlich verbesserten. Es wird gezeigt, wie auch mit Krebspatienten generell zum entsprechenden Zeitpunkt eine tiefe psychische Regressions- und Traumaarbeit durchgeführt werden kann.
Freiha, Tanos	2016	EMDR in der Behandlung von psychischen Traumata bei jugendlichen Diabetikern mit Diabetes Mellitus Typ 1					Der Einsatz der EMDR-(Eye Movement Desensitization and Reprocessing-)Methode in der Behandlung von psychischen Traumata bei jugendlichen Patienten mit Diabetes Mellitus Typ 1 wird erörtert. Dabei werden folgende Aspekte behandelt: (1) Genetische und stressgebundene Faktoren in der Erkrankung und die Spezifität in der Manifestation der Diagnose Diabetes Mellitus Typ 1. (2) Spezifika der acht Phasen des EMDR-Standardprotokolls bei der traumabezogenen psychotherapeutischen Behandlung von psychischen Traumata bei Patienten mit Diabetes Mellitus Typ 1. (3) Therapieverlauf (dargestellt anhand von zwei Fallvignetten mit jugendlichen Diabetikern). (4) Spezifische Aspekte der EMDR-Behandlung von Patienten mit Diabetes Mellitus Typ 1 und Bausteine in der Therapieplanung und Durchführung mit dem EMDR-Standardprotokoll.

Freiha, Tanos	2016	Mit EMDR am Symptom Albtraum arbeiten					<p>Beschrieben wird die "Regisseurtechnik", eine von T. Freiha entwickelte EMDR-(Eye Movement Desensitization and Reprocessing-)Methode, die in der Arbeit am Symptom Albtraum eingesetzt wird. Definiert wird diese Technik als ein verstärktes Reprozessieren, bei dem der Patient schrittweise durch seine eigene Imagination in die Fortsetzung des unterbrochenen Albtraums geführt wird. Dabei ist die Auswahl eines Bildes ("image") wichtig, damit der Patient sich nicht mit dem ganzen "Film" beschäftigen muss. Nach einleitenden Anmerkungen zu Albträumen, die bei einer Posttraumatischen Belastungsstörung auftreten können, sowie zu anderen Arten von Angst- und Albträumen wird die Integration der Regisseurtechnik in Phase 3 (Bewertungsphase) und Phase 4 (Desensibilisierung/Prozessierung) in das EMDR-Standardprotokoll erläutert. Dann wird eingegangen auf den Umgang mit Blockaden, Voraussetzungen für die Anwendung der Regisseurtechnik, mögliche Verläufe bei der Anwendung dieser Technik sowie Kontraindikationen.</p>
Freiha, Tanos; Lempertz, Daniela; Hofmann, Arne	2015	Kinder und Jugendliche auf der Flucht - Wann und wie kann eine Traumatherapie helfen?	Psychotherapie Aktuell	7	4	22-24	<p>Es wird der Frage nachgegangen, wann und wie eine Traumatherapie Flüchtlingen im Kindes- und Jugendalter in Deutschland helfen kann. Schätzungen zu Folge leiden zwischen 30 und 60% der unbegleiteten minderjährigen Flüchtlinge an einer posttraumatischen Belastungsstörung (PTBS). Die Folgeprobleme der PTBS stellen ein großes Hindernis bei der Integration dar. Insofern ist eine frühe Diagnostik und Behandlung eine wichtige Maßnahme, die gesamtgesellschaftlich geboten ist und langfristig Kosten spart. Erst nachdem eine Alltagsfunktionalität hergestellt wurde, kann jedoch ein Screening auf PTBS sinnvoll durchgeführt werden. Neben dem realen Schutz und Stabilisierungsmaßnahmen ist ein Kontakt mit der Ursprungsfamilie im Heimatland als ein Stabilisierungsbeschleuniger anzusehen. Auch Familienzusammenführungen mit dem Ziel, Verwandte gemeinsam unterzubringen, führt zu einer Linderung des akuten und chronischen Leidens und zu einer Verringerung der Symptomatik. Die Durchführung eines Screenings sollte spätestens drei Monate nach dem Erreichen der äußeren Stabilität erfolgen. Es ist selten, dass Kinder und Jugendliche das Vollbild einer PTBS entwickelt. Die empfundene Belastung wird jedoch als hoch erlebt. Die Weltgesundheitsorganisation empfiehlt die Anwendung traumatherapeutischer Interventionen, wozu kognitiv behaviorale Therapien und EMDR-Therapie zählen. EMDR kann in Gruppentherapien für Kinder und Jugendliche angeboten werden. Eine fundierte Ausbildung in traumatherapeutischen Verfahren ist Voraussetzung.</p>

Frewen, Paul A.; Brown, Matthew F. D.; Lanius, Ruth A.	2017	Trauma-related altered states of consciousness (TRASC) in an online community sample: Further support for the 4-D model of trauma-related dissociation	Psychology of Consciousness: Theory, Research, and Practice	4	1	92–114	A recent “4-D model” of trauma-related dissociation differentiates trauma-related symptoms into distressing experiences nevertheless associated with normal waking consciousness (NWC-distress) versus dissociative experiences exemplary of trauma-related altered states of consciousness (TRASC) along 4 dimensions: One’s experience of (a) time and memory, (b) thought, (c) one’s body, and (d) emotion. However, experiences of TRASC have not been assessed in large community samples in relation to the revised Diagnostic and Statistical Manual for Mental Disorders, fifth edition (DSM–5) posttraumatic stress disorder (PTSD) criteria. We evaluated TRASC as well as PTSD symptoms by self-report in participants recruited online (n = 2478). We also evaluated the hypotheses of the 4-D model via measures of PTSD and related psychological symptoms, dissociative experiences, and childhood trauma history. Consistent with hypotheses, relative to symptoms of NWC-distress, experiences of TRASC were (a) endorsed less frequently, (b) coendorsed less frequently, (c) predicted incremental variance in measures of dissociative experiences, and (d) were more specific to a history of childhood traumatization. An exploratory factor analysis generated a 2-factor solution that also supports the distinction between NWC-distress and TRASC. The present results generally support differentiating between dissociative versus nondissociative experiences as outcomes of posttraumatic stress. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Freyberger, Harald J.; Kuwert, Philipp	2013	Posttraumatische Belastungsstörungen (PTSD)					Verhaltenstherapeutische und psychodynamische Ansätze der Psychotherapie von posttraumatischen Belastungsstörungen werden beschrieben. Einleitend wird anhand der Epidemiologie und der diagnostischen Kriterien ein Einblick in die Definition der Störung gegeben. Anschließend werden ätiologische Modelle, Grundlagen und Behandlungsschwerpunkte der psychodynamischen Psychotherapie und der Verhaltenstherapie umrissen und Ergebnisse von Studien zur Wirksamkeit dieser Verfahren skizziert. Als Methoden der kognitiven Verhaltenstherapie werden die Prolonged Exposure Therapy, die Intensive Cognitive Therapy (Intensive CT-PTSD) und die narrative Expositionstherapie (NET) vorgestellt, als psychodynamische Verfahren das "EMDR" (Eye Movement Desensitization and Reprocessing), die psychodynamisch imaginative Traumatherapie (PIT) und die mehrdimensionale psychodynamische Traumatherapie (MPTT). Anschließend werden störungsspezifisch anwendbare Techniken vorgestellt (Notfallinterventionen, Techniken bei persistierender Symptomatik, Exposition in sensu und in vivo,



							kognitionsfokussierte Behandlungselemente, Diskriminationstraining und Angstbewältigungstraining). Neben einer Beschreibung der Gemeinsamkeiten und Unterschiede der kognitiven Verhaltenstherapie und der psychodynamischen Therapie werden schließlich Aspekte der Beziehungsgestaltung und der Integration der Psychotherapie in den Gesamtbehandlungsplan thematisiert.
Frick-Helms, Sandra B.	1997	"Boys cry better than girls": Play therapy behaviors of children residing in a shelter for battered women	International Journal of Play Therapy	6	1	73–91	Conducted client-centered play therapy sessions with 24 children (aged 2.8–9 yrs) of battered women. Process and content of play therapy sessions are reported using literature regarding the characteristics of PTSD as a framework. A case study is included. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Friesen, Edith; Sopp, M. Roxanne; Brueckner, Alexandra H.; Ferreira de Sá, Diana; Michael, Tanja	2022	Investigation of early night sleep effects on subsequent fear extinction learning and recall	Journal of Experimental Psychopathology	13	2	1–16	Extinction learning is considered an important underlying process of successful treatment of posttraumatic stress disorder (PTSD). However, sleep disturbances may impede this learning process: Current accounts postulate that sleep facilitates encoding by promoting neural plasticity during slow wave sleep (SWS). Based on this hypothesis, we tested whether early night sleep, with high amounts of SWS, facilitates subsequent extinction learning and recall. Sixty-three participants took part in a trauma-adapted fear conditioning experiment. One group received a three-hour sleep opportunity in the early night half, whereas the other group stayed awake. Thereafter, both groups underwent extinction training and a return-of-fear test. Retention was assessed after another sleep opportunity in both groups. Linear mixed-effects models and Bayesian inference did not support the hypothesis of strengthened fear extinction by prior early night sleep. Subsequent exploratory analyses, in contrast, point to a role of rapid eye movement sleep in promoting successful fear extinction learning. Further confirmatory research should re-investigate these effects and their implications for the treatment of PTSD.
Frommberger, Ulrich; Keller, Rolf	2007	Empfehlungen von Qualitätsstandards für stationäre Traumatherapie. Indikation, Methoden und Evaluation stationärer Traumatherapie in Rehabilitation, Akutpsychosomatik und Psychiatrie					Von der Arbeitsgruppe "Stationäre Traumatherapie" der Deutschsprachigen Gesellschaft für Psychotraumatologie erarbeitete Empfehlungen von Qualitätsstandards für die stationäre Traumatherapie in der Rehabilitation, Akutpsychosomatik und Psychiatrie werden vorgelegt. Neben einer Bestandsaufnahme im deutschsprachigen Raum werden Standards für Struktur-, Prozess- und Ergebnisqualität stationärer Traumatherapie empfohlen, die unabhängig von der Art der klinischen Einrichtung traumatisierten Patienten ein hohes Maß an Behandlungsqualität sichern und Behandlern und Kostenträgern als Orientierungsleitfaden für stationäre Traumatherapie dienen sollen. Es wird ein integratives

						<p>Versorgungsmodell angestrebt, das auch eine Vernetzung und gegenseitige Ergänzung von ambulanter und stationärer Therapie vorsieht. - Inhalt: (1) U. Frommberger: Kurze Einführung in das Krankheitsbild der Posttraumatischen Belastungsstörung und weiterer psychischer Störungen nach Traumatisierung. (2) H.-H. Melbeck: Kriterien für eine stationäre Traumatherapie. (3) V. Jacob und Mitarbeiter: Strukturmerkmale des Behandlungssettings. (4) Behandlungsprozess (R. Keller: Phasenmodell der Traumatherapie; J. Graul und K.-H. Biesold: Diagnostische Vorphase; R. Keller, A. Klein und R. Schüpp: Stabilisierungsphase; R. Keller und Mitarbeiter: Konfrontationsphase; R. Keller: Integrationsphase). (5) U. Frommberger: Empirische Wirksamkeitsnachweise traumatherapeutischer Methoden (Metaanalysen). (6) Empirisch geprüfte Behandlungsmethoden (U. Frommberger: Psychopharmakotherapie; J. Graul und R. Keller: Verhaltenstherapie; A. Klein und K. Sturz: Eye Movement Desensitization and Reprocessing (EMDR); E. Weinel, H.-H. Melbeck und W. Schurig: Psychodynamische Traumatherapie). (7) Weitere Verfahren der Traumatherapie (R. Keller: Imaginative Verfahren; K. Sturz: Imagery Rescripting and Reprocessing Therapy (IRRT); H.-H. Melbeck, W. Schurig und R. Keller: Körperorientierte und kreative erfahrung; V. Jacob und R. Keller: Soziale und berufliche Reintegration. (8) R. Keller, K. Dilcher und U. Frommberger: Evaluation stationärer Traumatherapie. (9) R. Keller, V. Jacob und A. König: Rahmenbedingungen (Verweildauer und Kostenübernahme, Vernetzung und Behandlungskette). (10) U. Frommberger: Zusammenfassung und Thesen.</p>
Frommberger, Ulrich; Maercker, Andreas	2006	Posttraumatische Belastungsstörung (ICD-10 F4)				<p>Ein Überblick über die Diagnostik und die evidenzbasierten Therapiemöglichkeiten der Posttraumatischen Belastungsstörung (PTBS, ICD-10 F4) wird gegeben. Ausgehend von der Definition eines schweren psychischen Traumas wird die Symptomatik und Differentialdiagnostik der PTBS skizziert und diagnostische Instrumente zu ihrer Erfassung werden beschrieben. Daten zur Epidemiologie und zum Verlauf dieser Störung werden berichtet. Hinsichtlich der Ätiologie der PTBS zeigt sich, dass prätraumatische Faktoren, eine biologische und psychische Vulnerabilität, psychosoziale Faktoren, Eigenschaften des Traumas selbst und posttraumatische Faktoren die Verarbeitung des Traumas und die Entwicklung einer PTBS multikausal beeinflussen. Die Befunde zur Prävention einer PTBS durch Frühinterventionen unmittelbar nach dem Trauma (Debriefing) werden kritisch diskutiert. Als wirksame psychotherapeutische Verfahren wird das Vorgehen in der</p>

							Verhaltenstherapie (Exposition in sensu und in vivo) und der "Eye Movement Desensitization and Reprocessing"-Therapie skizziert. Auf die psychopharmakologische Behandlung von PTBS Patienten sowie die Kombination von Verhaltenstherapie und Pharmakotherapie bei therapieresistenten Patienten wird eingegangen.
Frommberger, Ulrich; Menne, Britta	2017	Posttraumatische Belastungsstörung, komplexe posttraumatische Belastungsstörung oder dissoziative Störung					
Fruhmann Berger, Monika; Johannsen, Leif; Karnath, Hans-Otto	2008	Time course of eye and head deviation in spatial neglect	Neuropsychology	22	6	697–702	Investigated the correlation between eye and head deviation in spatial neglect. 6 adult stroke patients with spatial neglect (NEG), 6 adult stroke patients without spatial neglect (RBD), and 6 adult patients without brain lesions (NBD) were studied. Spatial neglect was assessed using a letter cancellation task, the Bells test, and a copying task. NEG patients were tested 3 times over a 10-month period. RBD and NBD patients were tested once. Measurement of unrestricted gaze was observed at rest and during active exploratory search. Results of the study showed no difference between the RBD and NBD test results. NEG patients demonstrated a reduction in eye deviation in both active and passive conditions and a reduction in neglect severity over time. The study suggests that stroke patients undergo an adjustment of their mental body position in response to their altered neural situation.
Fu, Fang; Chow, Amy; Li, Jie; Cong, Zhen	2018	Emotional flexibility: Development and application of a scale in adolescent earthquake survivors	Psychological trauma : theory, research, practice and policy	10	2	246–252	Objective: Coping flexibility is strongly associated with individuals' well-being when coping with trauma. However an instrument to measure emotional flexibility, a specific type of coping flexibility, is yet to be developed. The present study reported the development and validation of a Self-Administered Inventory on emotional flexibility. The study also explored the relationship between emotional flexibility and psychological well-being in adolescents who had experienced the 2008 Sichuan earthquake in China. Method: A sample of 327 adolescents from Beijing was recruited for item development and preliminary validation. Another sample of 941 middle school students from areas affected by the Sichuan earthquake was recruited for further validation and examination of its relationship with psychological well-being. Exploratory factor analysis and confirmatory factor analysis were used to examine the construct validity of the scale. The criterion validity of the measure was assessed using Pearson's correlation coefficient. Results: The Emotional Flexibility Scale comprises 10 items covering 3 dimensions, namely tuning of

							positive emotions, emotion communication, and tuning of negative emotions. Emotional flexibility was positively correlated with cognitive flexibility and psychological well-being. Conclusions: The Emotional Flexibility Scale provides a brief, reliable, and valid measure of emotion regulation ability of adolescents faced with disasters. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Fulcher, R.; Cellucci, T.	1997	Case formulation and behavioral treatment of chronic cough	Journal of behavior therapy and experimental psychiatry	28	4	291–296	The present report describes the case formulation and successful treatment of a 13 year-old boy with a severe habitual cough persisting 2 months after hospitalization, despite negative physical findings. At initial assessment, he literally coughed at every breath and was on housebound instruction. The case formulation highlighted the etiological importance of classical conditioning to breathing in air and the subsequent development of a nervous habit. Treatment was conducted over six sessions and initially involved desensitization to increasing amounts of air flow. A second phase involved strengthening awareness and control over coughing at home using self-management and positive practice procedures. The case formulation, treatment procedures and changes in coughing behavior (2-year follow-up) are described.
Fulginiti, Anthony; Rice, Eric; Hsu, Hsun-Ta; Rhoades, Harmony; Winetrobe, Hailey	2016	Risky integration: A social network analysis of network position, exposure, and suicidal ideation among homeless youth	Crisis: The Journal of Crisis Intervention and Suicide Prevention	37	3	184–193	Background: Although the protective value of social connectedness is emphasized in suicide prevention programming, little is known about the relationship between connectedness in high-risk runaway and homeless youth (RHY) networks and suicidal ideation. Aims: The study examined how social connectedness, in the form of social network position and network exposures, was associated with suicidal ideation among RHY. Method: Using population-level social network data from 384 RHY, each youth's network position and exposure to potentially suicidogenic peer attributes were calculated. Logistic regression analyses were used to examine associations between network position (core vs. periphery), peer exposures (e.g., depressed or suicidal peers), and suicidal ideation. Results: In univariable analyses, being in the core of the network and being connected to greater proportions of depressed and suicidal peers increased the likelihood of suicidal ideation. In the final multivariable model, higher exposure to depressed peers remained associated with suicidal ideation, and a marginal effect for network position was observed. Conclusion: The risk of suicidal ideation was linked to depression among peers and to a lesser extent being more integrated into the RHY network. Identifying and treating depression in naturally occurring friendship groups, particularly in the core of the network, represents a promising

							network-level intervention. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Funk, Jeanne B.	2005	Children's exposure to violent video games and desensitization to violence	Child and adolescent psychiatric clinics of North America	14	3	387-404, vii-viii	Desensitization to violence is cited frequently as being an outcome of exposure to media violence and a condition that contributes to increased aggression. This article initiates the development of a conceptual model for describing possible relationships among violent video games, brain function, and desensitization by using empathy and attitudes toward violence as proxy measures of desensitization. More work is needed to understand how specific game content may affect brain activity, how brain development may be affected by heavy play at young ages, and how personality and lifestyle variables may moderate game influence. Given the current state of knowledge, recommendations are made for clinicians to help parents monitor and limit exposure to violent video games and encourage critical thinking about media violence.
Furr, Jami M.; Comer, Jonathan S.; Edmunds, Julie M.; Kendall, Philip C.	2010	Disasters and youth: A meta-analytic examination of posttraumatic stress	Journal of consulting and clinical psychology	78	6	765–780	Objective: Meta-analyze the literature on posttraumatic stress (PTS) symptoms in youths post-disaster. Method: Meta-analytic synthesis of the literature (k = 96 studies; Ntotal = 74,154) summarizing the magnitude of associations between disasters and youth PTS, and key factors associated with variations in the magnitude of these associations. We included peer-reviewed studies published prior to 1/1/2009 that quantitatively examined youth PTS (≤18 years at event) after a distinct and identifiable disaster. Results: Despite variability across studies, disasters had a significant effect on youth PTS (small-to-medium magnitude; rpooled = .19, SEr = .03; d = 0.4). Female gender (rpooled = .14), higher death toll (disasters of death toll ≤25: rpooled = .09; vs. disasters with ≥1,000 deaths: rpooled = .22), child proximity (rpooled = .33), personal loss (rpooled = .16), perceived threat (rpooled = .34), and distress (rpooled = .38) at time of event were each associated with increased PTS. Studies conducted within 1 year post-disaster, studies that used established measures, and studies that relied on child-report data identified a significant effect. Conclusion: Youths are vulnerable to appreciable PTS after disaster, with pre-existing child characteristics, aspects of the disaster experience, and study methodology each associated with variations in the effect magnitude. Findings underscore the importance of measurement considerations in post-disaster research. Areas in need of research include the long-term impact of disasters, disaster-related media exposure, prior trauma and psychopathology, social support, ethnicity/race, prejudice, parental psychopathology, and the effects of disasters in developing regions of the world. Policy and clinical

							implications are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Gallagher, Thea; Gay, Natalie G.; Asnaani, Anu; Foa, Edna B.	2013	Empirically Based Trauma Therapies				265–292	Summary Posttraumatic stress disorder (PTSD) is a psychiatric disorder that is associated with significant adverse health and life consequences. Researchers have found PTSD to be the most prevalent Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis following traumas of mass shootings, terrorist attacks, and large-scale acts of violence. This chapter discusses psychosocial treatments, and then describes pharmacological interventions for PTSD. Evidence-based treatments for PTSD include prolonged exposure therapy (PE), cognitive processing therapy (CPT), eye movement desensitization and reprocessing (EMDR), and selective serotonin reuptake inhibitors (SSRIs). The chapter explains theoretical basis, empirical support, and key treatment components of PE, CPT and EMDR. It presents a case study to illustrate how treatment can be applied to individuals with PTSD from a mass shooting incident, using PE as the sample treatment approach. The chapter explores the empirical support for SSRIs as a pharmacological treatment approach for PTSD.
Galley, N.; Hofmann, A.	1999	Eye Movement Desensitization and Reprocessing (EMDR) als Behandlungsmethode bei psycho-traumatischen Hyper- und Amnesien					Es wird im Überblick informiert über die Anwendung der Augenbewegungsdesensibilisierung im Rahmen der Behandlung von psychotraumatischen Hyper- und Amnesien. Zunächst wird das Konzept der posttraumatischen Belastungsstörung eingeführt, und das in diesem Zusammenhang auftretende Phänomen der Nachhallerinnerungen (flashbacks) wird erläutert. Dann werden neuropsychologische Grundlagen von Gedächtnisprozessen und von Gedächtnisstörungen. besprochen. Der therapeutische Ansatz der Augenbewegungsdesensibilisierung wird dargestellt, und seine Anwendung bei posttraumatischen Hyper- und Amnesien wird diskutiert.
Gallo, Fred	2004	Energetische Psychotherapie II (Level 3-4)					Eingeführt wird in den theoretischen Hintergrund der Energie-Psychologie als neuer Ansatz zur Diagnose und Behandlung psychischer Probleme. Die von Fred Gallo entwickelten Konzepte sind eine Integration aus Konzepten der Hypnotherapie, des Neurolinguistischen Programmierens (NLP), der angewandten Kinesiologie, Modellen, die mit den EMDR-Verfahren verwandt sind, sowie aus der Akupunktur/Akupressur abgeleiteten Interventionen. Energie-Psychologie deutet psychische Probleme als Störungen im Energiesystem des Organismus und "balanciert" sie mit verschiedenen Techniken auf der Grundlage eines systemischen Ansatzes, der zu neuer Selbstregulation führt. In Orientierung an die

							<p>Konzepte der Akupunktur geht man davon aus, dass die zu behandelnden Probleme in Zusammenhang stehen mit Prozessen, die man als "Energie-Blockaden" bezeichnen kann. Deshalb wird in Ergänzung zu den Verfahren der klassischen Kurzzeittherapien unter anderem das energetische System beeinflusst durch Stimulierung der Akupunkturpunkte auf den Meridianen, durch Körperhaltungen und Bewegungen. Durch die Aktivierung und Nutzung unbewusster Bio-Energie-Felder ergeben sich wirksame Selbstheilungsprozesse. Die Interventionen der Energetischen Psychotherapie lassen sich in andere Therapien integrieren. Die Energetische Psychotherapie hat sich inzwischen etabliert und kann auf stabile klinische Erfolge in einem breiten Spektrum von Symptomen verweisen. Sie ist hilfreich bei der Behandlung von Ängsten, Lampenfieber, Panikattacken, Phobien, traumatischen Erfahrungen (PTSD), Depressionen sowie Schmerzproblemen. Bei diesem Film handelt es sich um die Fortsetzung des Seminars "Energetische Psychotherapie I (Level 1-2)". Der Seminarfilm liegt in englischer Sprache mit deutscher Übersetzung vor.</p>
Gallo, Fred	2006	Einführung in die Energetische Psychotherapie					<p>Energie-Psychologie, der theoretische Hintergrund, ist ein neuartiger Ansatz zur Diagnose und Behandlung psychischer Probleme. Die von Fred Gallo entwickelten Konzepte sind eine Integration aus Konzepten der Hypnotherapie, des NLP, der angewandten Kinesiologie und auch Modellen, die mit den EMDR-Verfahren verwandt sind, sowie Interventionen, die aus der Akupunktur/ Akupressur abgeleitet sind. Energie-Psychologie deutet psychische Probleme als Störungen im Energiesystem des Organismus und "balanciert" sie mit verschiedenen Techniken. In Anlehnung an die Konzepte der Akupunktur geht man davon aus, dass die zu behandelnden Probleme in Zusammenhang stehen mit Prozessen, die man als "Energie-Blockaden" bezeichnen kann. Deshalb wird das energetische System durch Stimulierung der Akupunkturpunkte auf den Meridianen, durch Körperhaltungen und Bewegungen beeinflusst. Damit setzen diese Interventionen auf einer tieferen Ebene an. Durch die Aktivierung und Nutzung unbewusster Bio-Energie-Felder ergeben sich oft wirksame Selbstheilungsprozesse. Die Interventionen der Energetischen Psychotherapie lassen sich gut in andere Therapien integrieren. Die Energetische Psychotherapie kann inzwischen auf stabile klinische Erfolge in einem breiten Spektrum von Symptomen verweisen. Sie ist hilfreich bei der Behandlung von Ängsten, Lampenfieber, Panikattacken, Phobien, traumatischen Erfahrungen (PTSD), Depressionen sowie vielen Arten von Schmerzproblemen. Eine breit</p>

							angelegte amerikanische Studie stuft sie als eine der vier effektivsten psychotherapeutischen Methoden ein.
Gamo, Nao J.; Arnsten, Amy F. T.	2011	Molecular modulation of prefrontal cortex: Rational development of treatments for psychiatric disorders	Behavioral Neuroscience		19 39- 00 84( Ele ctr oni c), 07 35- 70 44( Pri nt)	282- 296	Dysfunction of the prefrontal cortex (PFC) is a central feature of many psychiatric disorders, such as attention deficit hyperactivity disorder (ADHD), posttraumatic stress disorder (PTSD), schizophrenia, and bipolar disorder. Thus, understanding molecular influences on PFC function through basic research in animals is essential to rational drug development. In this review, we discuss the molecular signaling events initiated by norepinephrine and dopamine that strengthen working memory function mediated by the dorsolateral PFC under optimal conditions, and weaken working memory function during uncontrollable stress. We also discuss how these intracellular mechanisms can be compromised in psychiatric disorders, and how novel treatments based on these findings may restore a molecular environment conducive to PFC regulation of behavior, thought and emotion. Examples of successful translation from animals to humans include guanfacine for the treatment of ADHD and related PFC disorders, and prazosin for the treatment of PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Garbarino, James; Bradshaw, Catherine P.; Vorrasi, Joseph A.	2002	Mitigating the effects of gun violence on children and youth	The Future of children	12	2	72-85	Countless children and youth are exposed to gun violence each year--at home, at school, in their communities, or through the media. Gun violence can leave lasting emotional scars on these children. This article reviews research regarding the psychological effects of gun violence on children and youth, and offers suggestions for how parents, school administrators, and mental health workers can mitigate these negative effects. Children exposed to gun violence may experience negative short- and long-term psychological effects, including anger, withdrawal, posttraumatic stress, and desensitization to violence. All of these outcomes can feed into a continuing cycle of violence. Certain children may be at higher risk for negative outcomes if they are exposed to gun violence. Groups at risk include children injured in gun violence, those who witness violent acts at close proximity, those exposed to high levels of violence in their communities or schools, and those exposed to violent media. Parents, school administrators, and mental health workers all can play key roles in protecting children from gun violence and helping them overcome the effects of gun-related trauma. The authors recommend a number of strategies that adults can adopt to help children cope with gun violence, such as increasing parental monitoring, targeting services to youth at risk of violent activity, and developing therapeutic interventions to help traumatized young people.



Garbarino, James; Kostelny, Kathleen; Dubrow, Nancy	1991	What children can tell us about living in danger	American Psychologist	46	4	376–383	Developmental challenges faced by children growing up in situations of chronic danger linked to community violence and communal conflict are reviewed. The concept of post-traumatic stress disorder (PTSD) is expanded to include situations of chronic and ongoing traumatic stress associated with dangerous environments—war zones and inner city neighborhoods plagued by violence and crime. Of particular importance is the impact of chronic stress and danger on the child's world view, the child's social map, and the child's moral development. On the basis of field work in 5 war zones, the article points to the importance of adult-led "processing" of the young child's experience to his or her psychological coping and moral development. Some of the contradictions operating in such environments are explored—for example, that "fanatical" ideology may provide short-term support for adults and children but also may serve to prolong communal conflict, impede the necessary processing of experience, and increase vulnerability in the long run. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Garbe, Elke	2004	Trauma und Traumatherapie					Kindliche Traumen und ihre Therapie werden thematisiert. Nach einer Definition kindlicher Traumatisierungen werden die beiden Phasen der Traumatherapie vorgestellt: (1) Stabilisierung und (2) Traumarekonstruktion zum Zwecke der Verarbeitung. Breiter diskutiert wird "Eye Movement Desensitization and Reprocessing" (EMDR) als Methode der Traumatherapie bei Kindern und Jugendlichen. Auf der Grundlage eigener Erfahrungen, die anhand von Fallbeispielen illustriert werden, wird EMDR als potente Methode dargestellt, die mit Bedacht eingesetzt werden sollte.
Garcia-Palacios, A.; Botella, C.; Hoffman, H.; Fabregat, S.	2007	Comparing acceptance and refusal rates of virtual reality exposure vs. in vivo exposure by patients with specific phobias	Cyberpsychology & behavior : the impact of the Internet, multimedia and virtual reality on behavior and society	10	5	722–724	The present survey explored the acceptability of virtual reality (VR) exposure and in vivo exposure in 150 participants suffering from specific phobias. Seventy-six percent chose VR over in vivo exposure, and the refusal rate for in vivo exposure (27%) was higher than the refusal rate for VR exposure (3%). Results suggest that VR exposure could help increase the number of people who seek exposure therapy for phobias.
Garfin, Dana Rose; Silver, Roxane Cohen; Gil-Rivas, Virginia; Guzmán, Javier; Murphy, J. Michael; Cova, Felix; Rincón, Paulina Páz;	2014	Children's reactions to the 2010 Chilean earthquake: The role of trauma exposure, family context, and school-based mental health programming	Psychological trauma : theory, research, practice and policy	6	5	563–573	Theoretically derived factors (preexisting child characteristics, trauma exposure, caregiver-child relationship, and school-based mental health programming) were examined as potential correlates of distress in children residing in the region closest to the epicenter of the 2010 Chilean earthquake. One year before the earthquake, 2nd-grade students who attended 9 schools that provide government-run mental health intervention programs were assessed via parent and

Squicciarini, Ana María; George, Myriam; Guzmán, María Paz							teacher reports for pre-intervention psychosocial difficulties. Between 3–6 months after the earthquake, a preexisting non-trauma focused, school-based intervention was delivered. Approximately 9 months post-earthquake, 117 of these children (randomly selected; mean age = 7.59), were interviewed about their experiences during the earthquake and their subsequent psychological responses. Children were exposed to multiple disaster-related traumatic events (M = 4.90; SD = 1.78); most reported posttraumatic stress (PTS) symptoms and 25.6% met criteria for the Diagnostic and Statistical Manual of Mental Disorders-defined (DSM-IV-TR; APA, 2000) probable PTSD. Female gender and exposure to violent, injurious, or death-related postdisaster traumas were correlated with PTS symptoms. Children's reports of characteristics of the home environment (conflict with their caregiver, caregiver unavailability to discuss the earthquake) were positively associated with PTS symptoms. Children's perceptions of caregiver unavailability to discuss the earthquake were associated with higher ongoing earthquake-related worry. Participation in the mental health intervention was associated with significantly lower earthquake-related worry and appeared to protect at-risk youth from elevated PTS symptomatology. Results suggest that participation in school-based mental health programs may be protective for children postdisaster and a negative family environment may be associated with increased postdisaster distress. Implications and potential applications of findings are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Garfin, Dana Rose; Silver, Roxane Cohen; Ugalde, Francisco Javier; Linn, Heiko; Inostroza, Manuel	2014	Exposure to rapid succession disasters: A study of residents at the epicenter of the Chilean Bío Bío earthquake	Journal of abnormal psychology	123	3	545–556	We examined cumulative and specific types of trauma exposure as predictors of distress and impairment following a multifaceted community disaster. Approximately 3 months after the 8.8 magnitude earthquake, tsunami, and subsequent looting in Bío Bío, Chile, face-to-face interviews were conducted in 5 provinces closest to the epicenter. Participants (N = 1,000) were randomly selected using military topographic records and census data. Demographics, exposure to discrete components of the disaster (earthquake, tsunami, looting), and exposure to secondary stressors (property loss, injury, death) were evaluated as predictors of posttraumatic stress (PTS) symptoms, global distress, and functional impairment. Prevalence of probable posttraumatic stress disorder was 18.95%. In adjusted models examining specificity of exposure to discrete disaster components and secondary stressors, PTS symptoms and global distress were associated with earthquake intensity, tsunami exposure, and injury to self/close other. Increased functional impairment

							<p>correlated with earthquake intensity and injury to self/close other. In adjusted models, cumulative exposure to secondary stressors correlated with PTS symptoms, global distress, and functional impairment; cumulative count of exposure to discrete disaster components did not. Exploratory analyses indicated that, beyond direct exposure, appraising the tsunami and looting as the worst components of the disaster correlated with greater media exposure and higher socioeconomic status, respectively. Overall, threat to life indicators correlated with worse outcomes. As failure of government tsunami warnings resulted in many deaths, findings suggest disasters compounded by human errors may be particularly distressing. We advance theory regarding cumulative and specific trauma exposure as predictors of postdisaster distress and provide information for enhancing targeted postdisaster interventions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Garrett, Amy S.; Zhang, Wei; Price, Larry R.; Cross, Jeremyra; Gomez-Giuliani, Natalia; van Hoof, Marie-Jose; Carrion, Victor; Cohen, Judith A.</p>	2023	<p>Structural equation modeling of treatment-related changes in neural connectivity for youth with PTSD</p>	<p>Journal of affective disorders</p>	334		50–59	<p><b>BACKGROUND</b>  Previous studies suggest that improvement in symptoms of posttraumatic stress disorder (PTSD) is accompanied by changes in neural connectivity, however, few studies have investigated directional (effective) connectivity. The current study assesses treatment-related changes in effective connectivity in youth with PTSD undergoing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).</p> <p><b>METHODS</b>  Functional MRI scans before and after 16 weeks of TF-CBT for 20 youth with PTSD, or the same time interval for 20 healthy controls (HC) were included in the analysis. Structural equation modeling was used to model group differences in directional connectivity at baseline, and changes in connectivity from pre- to post-treatment.</p> <p><b>RESULTS</b>  At baseline, the PTSD group, relative to the HC group, had significantly greater connectivity in the path from dorsal cingulate to anterior cingulate and from dorsal cingulate to posterior cingulate corticies. From pre- to post-treatment, connectivity in these paths decreased significantly in the PTSD group, as did connectivity from right hippocampus to left superior temporal gyrus. Connectivity from the left amygdala to the lateral orbital frontal cortex was significantly lower in PTSD vs HC at baseline, but did not change from pre- to post-treatment.</p> <p><b>CONCLUSION</b>  Although based on a small sample, these results converge with previous studies in suggesting a central role for the dorsal cingulate</p>

							cortex in PTSD symptoms. The direction of this connectivity suggests that the dorsal cingulate is the source of modulation of anterior and posterior cingulate cortex during trauma-focused cognitive behavioral therapy.
Gaylord-Harden, Noni K.; Cunningham, Jamila A.; Zelencik, Brett	2011	Effects of exposure to community violence on internalizing symptoms: does desensitization to violence occur in African American youth?	Journal of abnormal child psychology	39	5	711–719	The purpose of the current study was to examine the linear and curvilinear associations of exposure to community violence to internalizing symptoms in 251 African American adolescents (mean age = 12.86, SD = 1.28). Participants reported on exposure to community violence, anxiety symptoms, and depressive symptoms. Regression analyses were used to test the hypotheses and, consistent with predictions, the results indicated that the association between violence and depression was curvilinear; whereas the association to anxiety was linear and positive. The results highlight the importance of considering more complex models of the impact of exposure to community violence on psychological functioning in African American youth from economically-disadvantaged communities.
Geiser, F.; Bassler, M.; Bents, H.; Carls, W.; Joraschky, P.; Michelitsch, B.; Paar, G.; Ullrich, J.; Liedtke, R.	2002	Evaluation of therapeutic success by patients with anxiety disorders after inpatient psychotherapy	Der Nervenarzt	73	1	59–64	OBJECTIVE: To identify factors influencing the subjective assessment of patients regarding the outcome of in-patient psychotherapy for anxiety disorders. METHODS: A total of 231 patients were tested at admission, discharge and 1-year follow-up in a multi-center study. Subjective outcome assessment was measured with the revised German version of the Helping Alliance Questionnaire. The use of the term "outcome satisfaction" is discussed. RESULTS: Patient outcome assessment did not correlate with age, sex, or education, or with duration or severity of illness or duration of treatment. Outcome assessment was closely connected with therapy success. Reaching a low symptom level ("clinical significance") had a higher impact than a high pre-post-difference ("statistical significance"). CONCLUSIONS: Anxiety patients give a generally positive assessment of their therapy outcome, which is most determined by symptom-related treatment success. The differentiation of "clinical" and "statistical significance" of success is of importance for the patient's subjective view of the therapy outcome.
Gerber, Monica M.; Hogan, Lindsey R.; Maxwell, Kendal; Callahan, Jennifer L.; Ruggero, Camilo J.; Sundberg, Terri	2014	Children after war: A novel approach to promoting resilience through music	Traumatology: An International Journal	20	2		Increasing research is promoting the need for innovative, holistic, and sustainable ways to foster resiliency and recovery in war-affected children. The Shropshire Music Foundation seeks to promote a culture of peace and unity, as well as development and recovery for children living in postconflict Kosovo. The current study evaluated the effectiveness of this program, by independent investigators, in promoting resiliency and diminishing distress in program participants. The study evaluated groups of students with no program participation,

							new program participants, 12 months of participation, and program graduates (N = 74). Overall, children who participated in the program at least 1 year evidenced fewer affective and cognitive disturbances than children recently enrolled. Furthermore, the relationship between posttraumatic stress disorder (PTSD) symptomology and conduct problems was mediated by attention problems. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Gerecke, Peter	2013	Das Suchtrad anhalten. Abhängig? EMDR in Beratungs- und Behandlungssystemen am Beispiel Suchterkrankungen	Kommunikation & Seminar	22	2	52-54	Im Überblick werden Möglichkeiten eines Einsatzes von Eye Movement Desensitization and Reprocessing (EMDR) in Beratungs- und Behandlungssystemen der Drogenrehabilitation skizziert.
Gerecke, Peter	2014	Anker für den sicheren Ort. Erfahrungen mit der Kombination von EMDR und NLP für die Praxis der Traumatherapie	Kommunikation & Seminar	24	3	50-51	Eine Kombination aus EMDR (Eye Movement Desensitization and Reprocessing) und NLP (Neurolinguistischem Programmieren) in der Traumatherapie wird vorgestellt. Nach einem Einblick in die Grundlagen beider Verfahren wird das praktische Vorgehen bei einer Verbindung der Therapieformen dargestellt. Bezogen auf unterschiedliche Phasen im Therapieprozess werden Schwerpunkte der Behandlung verdeutlicht.
Gerhardt, Heike	2016	Integration von EMDR in tiefenpsychologisch fundierte Psychotherapie					In einer Betrachtung der Integration von EMDR in tiefenpsychologisch fundierte Psychotherapie werden anhand einer Fallvignette (56-jährige Patientin mit einer Posttraumatischen Störung (PTBS)) die Schritte der Diagnostik bei traumamodifizierter psychodynamischer Behandlung dargestellt, und neurobiologische Aspekte traumatischen Erlebens werden im Wechselspiel mit möglichen ich-strukturellen Störungsanteilen und der Konfliktpathologie untersucht. Die erste durchgeführte EMDR-Sitzung wird komplett dargestellt und der Behandlungsverlauf wird zusammengefasst. Nach einer Schilderung des traumatischen Ereignisses werden folgende Punkte behandelt: geschilderte Symptomatik im Erstinterview; biografische Anamnese; Diagnostik nach ICD-10 und auf neurosenpsychologischer Diagnoseebene; Behandlungsverlauf unter Integration von EMDR. Abschließend wird konstatiert, dass EMDR als evidenzbasierte Behandlungsmethode der PTBS sehr gut zur Integration in tiefenpsychologisch fundierte Psychotherapie geeignet ist: Aspekte der neurobiologischen Veränderungen bei PTBS werden erfasst und mit EMDR zügig behandelt; psychodynamische Diagnostik gibt mit den Ebenen der Ich-Struktur und Konfliktpathologie guten Einblick in die Verarbeitung des Traumas und stellt eine gute Grundlage dar zur Beurteilung der vorhandenen oder fehlenden Voraussetzungen zur konfrontativen Traumabearbeitung mit EMDR bzw. zu notwendigen behandlingstechnischen Modifikationen.

Ghazali, Siti Raudzah; Chen, Yoke Yong	2018	Reliability, concurrent validity, and cutoff score of PTSD Checklist (PCL-5) for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition among Malaysian adolescents	Traumatology	24	4	280–287	Several changes have been made to the diagnostic criteria for posttraumatic stress disorder (PTSD) in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders. The present study attempts to establish the validity and reliability of the new PTSD Checklist for the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (PCL-5). A group of 597 Malaysian adolescents (Mage = 16.9, SD = 1.30) completed the PCL-5, Harvard Trauma Questionnaire, and Patient Health Questionnaire for depression (PHQ-9). The results showed the PCL-5 has good internal consistency ( $\alpha = .91$ ), test–retest reliability ( $r = .61$ ), and concurrent, convergent, and discriminant validity with the Harvard Trauma Questionnaire ( $r = .69$ ) and the Patient Health Questionnaire for depression ( $r = .56$ ). Results from the receiver operating characteristic curve and kappa coefficient analysis suggest that a PCL-5 cutoff score of 33 is feasible for use among Malaysian adolescents with 72% sensitivity and 92% specificity. Thus, the PCL-5 appears psychometrically sound, and a cutoff of 33 is recommended for PTSD screening among the Malaysian adolescent population. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ghazali, Siti Raudzah; Elklit, Ask; Sultan, M. Ameenudeen; Balang, Rekaya Vincent; Chen, Yoke Yong	2017	Lifetime trauma exposure, gender, and DSM–5 PTSD symptoms among adolescents in Malaysia	Traumatology	23	3	235–239	Adolescents who have multiple traumatic experiences may suffer from posttraumatic stress disorder (PTSD) or other mental health problems later in life. Study of trauma exposure and PTSD among adolescents is very limited in Malaysia. This study explored the prevalence of lifetime trauma, demographic risk factors, and PTSD symptoms among Malaysian adolescents. This cross-sectional study recruited 1,016 adolescents aged 13 to 17 (Mage = 14.9 years). Results showed that 83% participants had at least 1 traumatic exposure (TE), whereas prevalence of PTSD symptoms was 11.7%. Adolescents with multiple TEs and those with violent and self-inflicted TE were at significantly higher risk to develop PTSD symptoms. Findings suggest that a large proportion of Malaysian adolescents are exposed to a variety of traumatic events since childhood. Trauma exposure should be included as an important component in our adolescent mental health assessment, allowing early psychological intervention to be provided to those affected. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Giaconia, Rose M.; Reinherz, Helen Z.; Hauf, Amy Carmola; Paradis, Angela D.; Wasserman, Michelle	2000	Comorbidity of substance use and post-traumatic stress disorders in a community sample of adolescents	American Journal of Orthopsychiatry	70	2	253–262	A study of 384 18-yr-old adolescents living in the community demonstrated a frequent co-occurrence of substance use disorders and posttraumatic stress disorder (PTSD). Multiple pathways appeared to lead to this comorbidity, which was associated with widespread psychological impairment that might have serious

S.; Langhammer, Denise M.							developmental consequences. Implications for research and practice are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Gilboa-Schechtman, Eva; Foa, Edna B.	2001	Patterns of recovery from trauma: The use of intraindividual analysis	Journal of abnormal psychology	110	3		Patterns of recovery from sexual and nonsexual assault were examined. Two studies containing data from female victims of these assaults were analyzed. In Study 1, victims (N = 101) underwent 12 weekly assessments with measures of posttraumatic stress disorder (PTSD), depression, and state anxiety. In Study 2, victims (N = 108) underwent monthly assessments on the same measures. The authors examined the effects of type of trauma and time of peak reaction on long-term recovery using intraindividual analysis of change. In both studies, initial and peak reactions of rape victims were more severe than were those of nonsexual assault victims on all measures of psychopathology. Victims with delayed peak reaction exhibited more severe pathology at the final assessment than did victims with early peak reaction. Results of Study 2 indicated a slower recovery rate from sexual than nonsexual assault; in Study 1 a similar pattern of recovery emerged. The advantages of an individual-focused, longitudinal approach to recovery from a trauma are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Gilkey, So'Nia	2010	Review of Treating traumatized children: Risk, resilience and recovery	Traumatology	16	1	66-67	Reviews the book, Treating Traumatized Children: Risk, Resilience and Recovery edited by Danny Brom, Ruth Pat-Horenczyk & Julia D. Ford (see record 2008-07817-000). This book offers a comprehensive perspective of research and treatment of children who have experienced traumatizing events. The book proposes to a look at "innovative and established treatments" in a range of contexts and provide up-to-date coverage of recent contributions to "prevention, assessment, treatment and research in treating traumatized children and youth". The book presents three overarching themes, including risk and protective factors related to posttraumatic stress disorder (PTSD) development, resilience conceptualization, and operationalization challenges, and use of evidence-based treatment approaches for trauma affected children and youth. Understanding trauma effects, recovery trajectory, child development, and risk and resilience and applying trauma-informed treatment approaches are the major goals of the text. The authors pose eight essential questions to help the reader contextualize trauma effects during childhood and adolescence and to improve understanding of resilience capacities for traumatized children and youth. These key questions compel the reader to consider how to identify and diagnose PTSD in childhood and

							the impact of complex trauma on normal child development. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Gillies, Donna; Maiocchi, Licia; Bhandari, Abhishta P.; Taylor, Fiona; Gray, Carl; O'Brien, Louise	2016	Psychological therapies for children and adolescents exposed to trauma	The Cochrane database of systematic reviews	10	10	CD012371	<p>BACKGROUND: Children and adolescents who have experienced trauma are at high risk of developing post-traumatic stress disorder (PTSD) and other negative emotional, behavioural and mental health outcomes, all of which are associated with high personal and health costs. A wide range of psychological treatments are used to prevent negative outcomes associated with trauma in children and adolescents. OBJECTIVES: To assess the effects of psychological therapies in preventing PTSD and associated negative emotional, behavioural and mental health outcomes in children and adolescents who have undergone a traumatic event. SEARCH METHODS: We searched the Cochrane Common Mental Disorders Group's Specialised Register to 29 May 2015. This register contains reports of relevant randomised controlled trials from The Cochrane Library (all years), EMBASE (1974 to date), MEDLINE (1950 to date) and PsycINFO (1967 to date). We also checked reference lists of relevant studies and reviews. We did not restrict the searches by date, language or publication status. SELECTION CRITERIA: All randomised controlled trials of psychological therapies compared with a control such as treatment as usual, waiting list or no treatment, pharmacological therapy or other treatments in children or adolescents who had undergone a traumatic event. DATA COLLECTION AND ANALYSIS: Two members of the review group independently extracted data. We calculated odds ratios for binary outcomes and standardised mean differences for continuous outcomes using a random-effects model. We analysed data as short-term (up to and including one month after therapy), medium-term (one month to one year after therapy) and long-term (one year or longer). MAIN RESULTS: Investigators included 6201 participants in the 51 included trials. Twenty studies included only children, two included only preschool children and ten only adolescents; all others included both children and adolescents. Participants were exposed to sexual abuse in 12 trials, to war or community violence in ten, to physical trauma and natural disaster in six each and to interpersonal violence in three; participants had suffered a life-threatening illness and had been physically abused or maltreated in one trial each. Participants in remaining trials were exposed to a range of traumas. Most trials compared a psychological therapy with a control such as treatment as usual, wait list or no treatment. Seventeen trials used cognitive-behavioural therapy (CBT); four used family therapy; three required debriefing; two trials each</p>



						<p>used eye movement desensitisation and reprocessing (EMDR), narrative therapy, psychoeducation and supportive therapy; and one trial each provided exposure and CBT plus narrative therapy. Eight trials compared CBT with supportive therapy, two compared CBT with EMDR and one trial each compared CBT with psychodynamic therapy, exposure plus supportive therapy with supportive therapy alone and narrative therapy plus CBT versus CBT alone. Four trials compared individual delivery of psychological therapy to a group model of the same therapy, and one compared CBT for children versus CBT for both mothers and children. The likelihood of being diagnosed with PTSD in children and adolescents who received a psychological therapy was significantly reduced compared to those who received no treatment, treatment as usual or were on a waiting list for up to a month following treatment (odds ratio (OR) 0.51, 95% confidence interval (CI) 0.34 to 0.77; number needed to treat for an additional beneficial outcome (NNTB) 6.25, 95% CI 3.70 to 16.67; five studies; 874 participants). However the overall quality of evidence for the diagnosis of PTSD was rated as very low. PTSD symptoms were also significantly reduced for a month after therapy (standardised mean difference (SMD) -0.42, 95% CI -0.61 to -0.24; 15 studies; 2051 participants) and the quality of evidence was rated as low. These effects of psychological therapies were not apparent over the longer term. CBT was found to be no more or less effective than EMDR and supportive therapy in reducing diagnosis of PTSD in the short term (OR 0.74, 95% CI 0.29 to 1.91; 2 studies; 160 participants), however this was considered very low quality evidence. For reduction of PTSD symptoms in the short term, there was a small effect favouring CBT over EMDR, play therapy and supportive therapies (SMD -0.24, 95% CI -0.42 to -0.05; 7 studies; 466 participants). The quality of evidence for this outcome was rated as moderate. We did not identify any studies that compared pharmacological therapies with psychological therapies.</p> <p><b>AUTHORS' CONCLUSIONS:</b> The meta-analyses in this review provide some evidence for the effectiveness of psychological therapies in prevention of PTSD and reduction of symptoms in children and adolescents exposed to trauma for up to a month. However, our confidence in these findings is limited by the quality of the included studies and by substantial heterogeneity between studies. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies for children exposed to trauma, particularly over the longer term. High-quality studies should be conducted to compare these therapies.</p>
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<p>Gillies, Donna; Taylor, Fiona; Gray, Carl; O'Brien, Louise; D'Abrew, Natalie</p>	<p>2012</p>	<p>Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents</p>	<p>The Cochrane database of systematic reviews</p>	<p>12</p>	<p>CD006726</p>	<p>BACKGROUND: Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents. OBJECTIVES: To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD. SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions. SELECTION CRITERIA: All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD. DATA COLLECTION AND ANALYSIS: Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model. MAIN RESULTS: Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of</p>
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							<p>completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias. AUTHORS' CONCLUSIONS: There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.</p>
Gillies, Donna; Taylor, Fiona; Gray, Carl; O'Brien, Louise; D'Abrew, Natalie	2013	Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents (Review)	Evidence-based child health : a Cochrane review journal	8	3	1004–1116	<p>BACKGROUND: Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and</p>

						<p>adolescents. OBJECTIVES: To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD. SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions. SELECTION CRITERIA: All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD. DATA COLLECTION AND ANALYSIS: Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model. MAIN RESULTS: Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up to one year: one study, n = 25, OR 8.00,</p>
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						<p>95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD - 1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD - 0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias. AUTHORS' CONCLUSIONS: There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.</p>
Gilligan, Stephen	2003	EMDR und Hypnose				<p>Es wird untersucht, ob zwischen der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung und hypnotischer Trance eine Beziehung besteht und ob es möglich ist, hypnotische Behandlungsformen in Verbindung mit EMDR einzusetzen. Im Rahmen einer einführenden Fallbeschreibung werden die direkte (klassische) Hypnose, die Ericksonsche Hypnose und die EMDR-Methode erläutert. Die genannten Ansätze werden hinsichtlich folgender Aspekte verglichen: Lernzustand, der bei Destabilisierung der Identität aktiviert wird; symbolisch-prozedurale Ebene, die für das Erreichen dieses Lernzustands entscheidend ist; Kontext, in dem dieser</p>

							spezielle Lernzustand genutzt wird. Auf der Basis dieses Vergleichs wird ein allgemeines Modell entwickelt, das beschreibt, wie die Identität im Lauf ihres Wachstums und ihrer Entwicklung Zyklen der Stabilität und Instabilität durchläuft und welche Rolle Traumata und traumabezogene Therapie im Rahmen dieser Wachstumsprozesse spielen. Dann wird anhand des einleitend beschriebenen Falls veranschaulicht, wie man Ericksonsche Trancearbeit und EMDR in einer klinischen Behandlung verbinden kann.
Gillihan, Seth J.; Aderka, Idan M.; Conklin, Phoebe H.; Capaldi, Sandra; Foa, Edna B.	2013	The Child PTSD Symptom Scale: Psychometric properties in female adolescent sexual assault survivors	Psychological Assessment		19-39-13 4X( Electronic), 10-40-35 90(Print)	23-31	Traumatic experiences are common among youths and can lead to posttraumatic stress disorder (PTSD). In order to identify traumatized children who need PTSD treatment, instruments that can accurately and efficiently evaluate pediatric PTSD are needed. One such measure is the Child PTSD Symptom Scale (CPSS), which has been found to be a reliable and valid measure of PTSD symptom severity in school-age children exposed to natural disasters (Foa, Johnson, Feeny, & Treadwell, 2001). However, the psychometric properties of the CPSS are not known in youths who have experienced other types of trauma. The current study aims to fill this gap by examining the psychometric properties of the interview (CPSS-I) and self-report (CPSS-SR) administrations of the CPSS in a sample of 91 female youths with sexual abuse-related PTSD, a population that is targeted in many treatment studies. Scores on both the CPSS-I and CPSS-SR demonstrated good to excellent internal consistency. One-week test-retest reliability assessed for CPSS-SR scores was excellent ( $r = .86$ ); interrater reliability of CPSS-I scores was also excellent ( $r = .87$ ). Symptom-based diagnostic agreement between the CPSS-SR and CPSS-I was excellent at 85.5%; scores on both the CPSS-SR and CPSS-I also demonstrated good convergent validity (74.5–76.5% agreement) with the PTSD module of The Schedule of Affective Disorders and Schizophrenia for School-Age Children–Revised for DSM–IV (K-SADS; Kaufman, Birmaher, Brent, & Rao, 1997). The strong psychometric properties of the CPSS render it a valuable instrument for PTSD screening as well as for assessing symptom severity. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Gil-Rivas, Virginia; Kilmer, Ryan P.	2013	Children's adjustment following Hurricane Katrina: The role of primary caregivers	American Journal of Orthopsychiatry	83	2-3	413-421	Hurricane Katrina severely disrupted the lives of many children and families in the central Gulf Coast of the United States. Face-to-face interviews with child-caregiver dyads were conducted at approximately 1 year posthurricane (T1) and 6–10 months later (T2). The contribution of several factors—caregiver's self-reported symptomatology and coping advice and child perceptions of caregiver distress, unavailability, warmth, and caregiver-child conflict—to

							child-reported posttraumatic stress symptoms (PTSS) and depressive symptoms was examined. Findings provide partial support for the importance of the caregiving context to children's adjustment. Specifically, higher levels of caregiver-child conflict at T1 were associated with more PTSS at T2, controlling for baseline symptoms. In contrast, higher levels of caregiver education were negatively related to child PTSS at T2. After adjusting for objective hurricane exposure and symptoms at T1, none of the caregiving variables was related to child-reported depressive symptoms at T2. The implications of these findings for efforts to promote children's adjustment after disaster are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Glad, Kristin A.; Hafstad, Gertrud S.; Jensen, Tine K.; Dyb, Grete	2017	A longitudinal study of psychological distress and exposure to trauma reminders after terrorism	Psychological trauma : theory, research, practice and policy	9	Suppl 1	145-152	Objective: The aim of this study was threefold: (1) to examine the type and frequency of trauma reminders reported by survivors 2.5 years after a terrorist attack; (2) to examine whether frequency of exposure to trauma reminders is associated with psychological distress and level of functioning; and (3) to compare the worst trauma reminders reported by the same survivors at 2 different time points. Method: Participants were 261 survivors (52.1% male; Mage = 22.1 years, SD = 4.76) of the 2011 massacre on Utøya Island, Norway, who were interviewed face-to-face 14-15 and 30-32 months postterror. Participants were asked how often they had experienced various trauma reminders in the past month, which reminder was the worst, and how distressing it was. Current posttraumatic reactions were measured using the University of California at Los Angeles PTSD Reaction Index and an 8-item version of the Hopkins Symptom Checklist-25. Results: Auditory reminders were most frequently encountered and the most distressing. Frequency of exposure to trauma reminders was positively correlated with symptoms of posttraumatic stress disorder (PTSD), anxiety, and depression, as well as negatively correlated with level of functioning, over time. Almost 20% of the survivors reported being very distressed by their worst reminder 2.5 years postterror. Less than half reported the same worst reminder at both time points. Conclusion: Trauma reminders, especially auditory reminders, are prevalent and distressing for years after a terrorist attack. Exposure to reminders may be important not only in the development and maintenance of PTSD but also in a broader conceptualization of posttraumatic reactions and functioning. Which reminder survivors appraise as the worst may fluctuate over time. It is important to help survivors identify and cope with reminders. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

<p>Glad, Kristin A.; Stensland, Synne; Czajkowski, Nikolai O.; Boelen, Paul A.; Dyb, Grete</p>	<p>2022</p>	<p>The longitudinal association between symptoms of posttraumatic stress and complicated grief: A random intercepts cross-lag analysis</p>	<p>Psychological trauma : theory, research, practice and policy</p>	<p>14</p>	<p>3</p>	<p>386–392</p>	<p>Objective: Knowledge about the temporal relationship between disturbed grief and symptoms of posttraumatic stress disorder (PTSD) may have important implications for clinicians working with bereaved trauma survivors. We aimed to investigate the longitudinal association between symptoms of complicated grief and PTSD in a bereaved trauma-exposed sample. Method: In total, 275 bereaved survivors (M age = 19.3, SD = 4.6 years; 47.3% females) of the 2011 massacre on Utøya Island, Norway, participated in semistructured interviews 4–5 months (Time 1 [T1]), 14–15 months (Time 2 [T2]), and 30–32 months (Time 3 [T3]) posttrauma. Complicated grief was measured using the Brief Grief Questionnaire, and posttraumatic stress reactions using the University of California at Los Angeles PTSD Reaction Index. To explore associations between symptoms of complicated grief and PTSD over time, we used a random intercepts cross-lagged panel model. Results: The participants had lost a close friend (n = 256) and/or a family member/partner (n = 19) in the attack. We found a strong correlation between stable individual differences in symptoms of complicated grief and PTSD across the three time-points. PTSD symptoms at T2 predicted complicated grief reactions at T3, but not vice versa. Conclusion: Findings suggest that targeting PTSD symptoms among trauma-exposed bereaved may hinder later development of complicated grief. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Glashouwer, Klaske A.; Jonker, Nienke C.; Thomassen, Karen; Jong, Peter J. de</p>	<p>2016</p>	<p>Take a look at the bright side: Effects of positive body exposure on selective visual attention in women with high body dissatisfaction</p>	<p>Behaviour research and therapy</p>	<p>83</p>		<p>19–25</p>	<p>Women with high body dissatisfaction look less at their 'beautiful' body parts than their 'ugly' body parts. This study tested the robustness of this selective viewing pattern and examined the influence of positive body exposure on body-dissatisfied women's attention for 'ugly' and 'beautiful' body parts. In women with high body dissatisfaction (N = 28) and women with low body dissatisfaction (N = 14) eye-tracking was used to assess visual attention towards pictures of their own and other women's bodies. Participants with high body dissatisfaction were randomly assigned to 5 weeks positive body exposure (n = 15) or a no-treatment condition (n = 13). Attention bias was assessed again after 5 weeks. Body-dissatisfied women looked longer at 'ugly' than 'beautiful' body parts of themselves and others, while participants with low body dissatisfaction attended equally long to own/others' 'beautiful' and 'ugly' body parts. Although positive body exposure was very effective in improving participants' body satisfaction, it did not systematically change participants' viewing pattern. The tendency to preferentially allocate attention towards one's 'ugly' body parts seems a robust phenomenon in women with</p>



							body dissatisfaction. Yet, modifying this selective viewing pattern seems not a prerequisite for successfully improving body satisfaction via positive body exposure.
Goisman, R. M.; Rogers, M. P.; Steketee, G. S.; Warshaw, M. G.; Cuneo, P.; Keller, M. B.	1993	Utilization of behavioral methods in a multicenter anxiety disorders study	The Journal of clinical psychiatry	54	6	213–218	BACKGROUND: There are abundant data to justify the use of behavioral methods in treating patients with anxiety disorders. Yet there also is evidence that these methods have been underutilized in treating these patients. In this study we examined a large sample of patients with anxiety disorders to determine the extent to which behavior therapy methods were used in their treatment. METHOD: As part of a multicenter longitudinal study of patients with anxiety disorders in New England, we analyzed data pertinent to the type of treatment received by 231 patients at nine study sites. Study subjects received a battery of interview and self-report instruments administered by trained study interviewers at intake and at 6-month follow-up. A Psychosocial Treatments Interview designed by study personnel and administered by study interviewers at 6 months after intake provided data as to types of psychosocial treatment received by study subjects. RESULTS: Behavioral methods were used less frequently than supportive psychotherapy, medication, or psychodynamic psychotherapy. Among behavioral treatments, relaxation and imaginal exposure were used more frequently than in vivo exposure. Obsessive compulsive disorder and agoraphobia without panic were the diagnoses most likely to be treated behaviorally. Behavioral methods were used more frequently in combination with other modalities than they were alone. CONCLUSION: When compared with previous studies, the frequency of utilization of behavioral methods appears to have increased moderately. But our data are still consistent with a pattern of inappropriately low utilization of these effective treatment methods.
Gold, Sari D.; Feinstein, Brian A.; Skidmore, W. Christopher; Marx, Brian P.	2011	Childhood physical abuse, internalized homophobia, and experiential avoidance among lesbians and gay men	Psychological trauma : theory, research, practice and policy	3	1	50–60	This study explored relations among childhood physical abuse, internalized homophobia, experiential avoidance, and current psychological symptoms in a community sample of 122 adult lesbians and 115 adult gay men. Childhood physical abuse predicted depression and posttraumatic stress disorder (PTSD) symptoms. Furthermore, for gay men, internalized homophobia completely mediated the relation between childhood physical abuse and depression symptoms and partially mediated the relation between childhood physical abuse and PTSD symptoms. However, experiential avoidance did not mediate these relations. In contrast, experiential avoidance partially mediated the relation between childhood physical abuse and PTSD symptoms among lesbians; however, internalized

							homophobia did not mediate these relations. These findings suggest that internalized homophobia and experiential avoidance may have differential mediating roles in predicting psychological symptoms among lesbians and gay men who have experienced childhood physical abuse. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Gómez, Jennifer M.	2019	What's the harm? Internalized prejudice and cultural betrayal trauma in ethnic minorities	American Journal of Orthopsychiatry	89	2	237–247	The differential contexts that ethnic minorities face as a result of lower societal status impact outcomes of trauma. Cultural betrayal trauma theory (CBTT) is a contextualized framework that was created to examine trauma in minority populations. According to CBTT, due to societal inequality, within-group trauma in minority populations is a cultural betrayal that contributes to outcomes. In addition to looking at typically studied abuse outcomes (e.g., posttraumatic stress disorder), CBTT also predicts cultural outcomes, such as internalized prejudice, changes in ethnic identity, and (intra)cultural pressure (e.g., silencing victims of intraracial trauma to protect the minority ingroup from discriminatory individuals and systems of the dominant culture). No prior studies have examined cultural outcomes in CBTT. It was hypothesized that intraracial trauma (aka, cultural betrayal trauma) would be associated with cultural outcomes in a sample of ethnic minority college students. Participants (N = 296; 60.5% female; age: M = 20.12, SD = 2.81) were ethnic minority college students (35.0% Asian, 24.7% Hispanic–Latino American, 14.2% Other, 13.2% Black–African American, 5.7% Native Hawaiian or Other Pacific Islander, 3.4% American Indian–Alaska Native, and 3.4% Middle Eastern) attending a predominantly White university. Participants completed self-report questionnaires assessing trauma and outcomes online. Separate hierarchical linear regression analyses suggested that when controlling for age, gender, ethnicity, and interracial trauma, intraracial trauma predicted internalized prejudice, (intra)cultural pressure, and changes in identification with ethnic identity. These findings have implications for cultural competency in clinical interventions for minority victims of trauma. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Gonzales, Lauren; McNeil, Dale E.	2019	Correlates of gun violence by criminal justice-involved adolescents	Law and Human Behavior			No Paginat on Specifie d-No Paginat on	[Retraction notice: A retraction for this article was reported in Vol 43(6) of Law and Human Behavior (see record 2019-75174-001). The following Online First article published on September 9, 2019, is being retracted: Gonzales, L., & McNeil, D. E. (2019). Correlates of gun violence by criminal justice-involved adolescents. Law and Human Behavior. Advance online publication. <a href="http://dx.doi.org/10.1037/lhb0000349">http://dx.doi.org/10.1037/lhb0000349</a> . The statement on p. 4 of the

						Specific d	<p>article was incorrect. Information regarding gun violence was collected by self-report only and the dichotomized coding scheme did not reference official arrest records. This retraction is at the request of the authors. They have agreed to revise the manuscript and resubmit to the journal for potential acceptance after undergoing the peer-review process. The updated, newly accepted article has been published in June 2020 (see record 2020-07754-001.)] Objective: This study presents a prospective evaluation of the contribution of criminogenic factors, psychiatric symptomatology, and neighborhood-level factors to risk for gun violence by adolescents with criminal justice involvement. Hypotheses: We hypothesized (a) elevated psychiatric symptom clusters would be associated with increased risk for gun violence after accounting for criminogenic factors; and (b) neighborhood contextual variables would contribute independently to gun violence risk controlling for criminogenic and psychiatric factors. Method: Data were drawn from the Pathways to Desistance study (Mulvey et al., 2004), a previously collected, longitudinal evaluation of 1,354 adolescents with felony or weapons-based misdemeanor convictions. Participants were located in Arizona and Pennsylvania and aged 14–18 at baseline. The majority identified as male (86.4%) and Black (41.4%) or Hispanic (33.5%). Participants completed interviews at baseline and follow-up over 7 years. This study drew indicators of criminogenic factors, psychiatric factors, ratings of neighborhood context, and self-reported offending verified with criminal justice records. We used discrete time survival analysis to prospectively evaluate the contribution of independent variables to time to gun violence. Results: The presence of self-reported threat control override symptoms represented a 56% increase in risk controlling for demographic and criminogenic factors, odds ratio (OR) = 1.56, 95% CI [1.11, 2.18]. Ratings of higher neighborhood gun accessibility represented almost 2.5 times increased risk for gun violence controlling for demographic, criminogenic, and psychiatric factors, OR = 2.48, 95% CI [1.60, 3.85]. Conclusions: Results suggest that consideration of environmental and individual-level factors hold importance for management of community risk and public safety for adolescents with criminal justice involvement. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Gonzalez, Anabel; Mosquera, Dolores; Leeds, Andrew M.	2019	Trauma Therapy for Psychosis?				397– 409	<p>Summary Eye Movement Desensitization and Reprocessing (EMDR) therapy is a psychotherapeutic approach with broad and growing empirical support. It is an internationally recommended approach for post-traumatic stress disorder (PTSD). This chapter summarizes the</p>

						<p>application of EMDR therapy to psychotic disorders with several systematic studies and case reports. Within the field of EMDR therapy, psychopathology is understood through the adaptive information processing (AIP) model. The treatment of psychotic disorders with a specifically trauma-oriented psychotherapy, such as EMDR therapy, can help us to evaluate the relation between trauma and psychotic symptoms. The chapter describes some examples of psychotic patients treated with EMDR therapy to illustrate different combinations of biological, traumatic, and environmental factors contributing to psychotic symptoms. Results from EMDR therapy research and clinical practice offer a different perspective for understanding how some symptoms that have been defined as psychotic can be influenced by traumatic experiences.</p>
<p>Gonzalez-Vazquez, Ana I.; Rodriguez-Lago, Lucia; Seoane-Pillado, Maria T.; Fernández, Isabel; Garcia-Guerrero, Francisca; Santed-Germán, Miguel A.</p>	<p>2018</p>	<p>The progressive approach to EMDR group therapy for complex trauma and dissociation: A case-control study</p>	<p>Frontiers in Psychology, 2018</p>			<p>Eye Movement Desensitization and Reprocessing is a psychotherapeutic approach with recognized efficiency in treating post-traumatic stress disorder (PTSD), which is being used and studied in other psychiatric diagnoses partially based on adverse and traumatic life experiences. Nevertheless, there is not enough empirical evidence at the moment to support its usefulness in a diagnosis other than PTSD. It is commonly accepted that the use of EMDR in severely traumatized patients requires an extended stabilization phase. Some authors have proposed integrating both the theory of structural dissociation of the personality and the adaptive information processing model guiding EMDR therapy. One of these proposals is the Progressive Approach. Some of these EMDR procedures will be evaluated in a group therapy format, integrating them along with emotional regulation, dissociation, and trauma-oriented psychoeducational interventions. Patients presenting a history of severe traumatization, mostly early severe and interpersonal trauma, combined with additional significant traumatizing events in adulthood were included. In order to discriminate the specific effect of EMDR procedures, two types of groups were compared: TAU (treatment as usual: psychoeducational intervention only) vs. TAU+EMDR (the same psychoeducational intervention plus EMDR specific procedures). In pre-post comparison, more variables presented positive changes in the group including EMDR procedures. In the TAU+EMDR group, 4 of the 5 measured variables presented significant and positive changes: general health (GHQ), general satisfaction (Schwartz), subjective well-being, and therapy session usefulness assessment. On the contrary, only 2 of the 5 variables in the TAU group showed statistically significant changes: general health</p>

							(GHQ), and general satisfaction (Schwartz). Regarding post-test inter-group comparison, improvement in subjective well-being was related to belonging to the group that included EMDR procedures, with differences between TAU and TAU+EMDR groups being statistically significant [ $\chi^2(1) = 14.226$ ; $p < 0.0001$ ]. In the TAU+EMDR group there was not one patient who got worse or did not improve; 100% experienced some improvement. In the TAU group, 70.6% referred some improvement, and 29.4% said to have gotten worse or not improved.
Goodson, Simon; Turner, Kirstie J.; Pearson, Sarah L.; Carter, Pelham	2021	Violent Video Games and the P300: No Evidence to Support the Neural Desensitization Hypothesis	Cyberpsychology, behavior and social networking	24	1	48–55	It has been proposed that exposure to violent video games (VVGs) resulted in alterations of social behaviors such as increased aggression. The most damaging reported effect of playing VVGs is neural desensitization to violent stimuli and this is a major concern given the reported number of players and time spent playing major video game titles. The aim of this study was to investigate the existence of neural desensitization that was reported at the P300 component of event-related potentials (ERPs) in response to violent stimuli. Eighty-seven participants were recruited and placed into one of two conditions based on their video gaming behavior (violent games players and nonplayers). ERPs were recorded from participants who passively viewed violent and neutral images selected from the International Affective Picture System (IAPS). The participants then played a VVG, postplaying ERPs were recorded while viewing the neutral and violent IAPS images. The mean amplitudes of the P300 were analyzed with respect to condition, time, and content. There was a significant effect of image but not of VVG player and nonplayer. The results were interpreted as evidence against the neural desensitization hypothesis. The findings of this study are consistent with imaging research and the implications for the reported negative effects of playing VVGs are discussed.
Gorayeb, Renata P.; Gorayeb, Ricardo; Berezowski, Aderson T.; Duarte, Geraldo	2013	Effectiveness of psychological intervention for treating symptoms of anxiety and depression among pregnant women diagnosed with fetal malformation	International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics	121	2	123–126	OBJECTIVE: To determine the effectiveness of a psychological intervention targeting pregnant women with fetal malformation. METHODS: A clinical study was conducted that enrolled 65 pregnant women attending Clinics Hospital at Ribeirão Preto, University of São Paulo, Brazil, between February 2004 and May 2008. Participants were allocated to 1 of 4 groups: normal pregnancy (NP), fetal malformation (FM), fetal or neonatal death (FD), and control (CG). Psychological intervention-including support, empathy, education, and desensitization-was provided to the NP, FM, and FD groups. Women in CG did not receive the intervention and were assessed in the postnatal period only. Anxiety was measured using the Hospital Anxiety and

							Depression (HAD) scale. Depression was measured by HAD and the Edinburgh Postnatal Depression Scale. RESULTS: Significant reductions from baseline were observed in anxiety and depression scores after psychological intervention in the NP and FM groups. Symptom scores in the postnatal period were also significantly reduced among these groups (P<0.001). CONCLUSION: Psychological intervention was effective in relieving symptoms of anxiety and depression experienced by pregnant women with fetal malformation.
Goulter, Natalie; Kimonis, Eva R.; Hawes, Samuel W.; Stepp, Stephanie; Hipwell, Alison E.	2017	Identifying stable variants of callous-unemotional traits: A longitudinal study of at-risk girls	Developmental psychology	19 39- 05 99( Ele ctr oni c), 00 12- 16 49( Pri nt)	2364- 2376		Callous-unemotional (CU) traits have proven important for designating children and adolescents showing a pattern of particularly severe, stable, and aggressive antisocial behaviors (Frick, Ray, Thornton, & Kahn, 2014). Individuals with secondary CU traits represent a subpopulation that are distinguished from those with primary CU traits by their high anxiety levels and marked histories of social/environmental adversity; however, evidence is largely based on cross-sectional male samples and this study is the first to examine stable trajectories of CU variants among an all-girl population. Using longitudinal data from the Pittsburgh Girls Study (N = 1,829), we examined whether valid, stable primary and secondary variants of CU traits can be identified among girls using CU traits and anxiety scores, and whether they predict poor adolescent mental health outcomes. Separate trajectory analyses conducted from ages 7 to 15 years indicated an optimal 4-class solution for CU traits (high, moderately high, moderately low, low) and 3 classes for anxiety (high, moderate, low). Classes of interest were combined; those girls with high-anxious secondary CU traits (n = 139) reported significantly greater harsh parental punishment, depression, and less self-control at age 7, and at age 16 were distinguished by greater symptoms of depression, borderline personality disorder (BPD), and conduct disorder (CD), compared with those with primary CU traits (n = 59) and low CU girls (n = 326). Findings improve current understanding of female CU traits by supporting the possibility of multiple developmental pathways, and extend it by identifying possible factors for targeted intervention among this understudied population. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Graf, Anna; Irblich, Dieter; Landolt, Markus A.	2008	Posttraumatic stress disorder in infants and toddlers	Praxis der Kinderpsychologie und Kinderpsychiatrie	57	4	247- 263	While the occurrence of posttraumatic stress disorders (PTSD) in children and adolescents is undoubted, knowledge about the disorder in infants and toddlers is scarce. The lack of an accurate research base is mainly due to challenges in assessing PTSD in infants and toddlers. The development of an alternative set of diagnostic criteria, its empirical testing and the design of an examiner-based interview are

							recent and important steps. This article reviews the literature on PTSD in infants and toddlers. It defines the disorder and emphasizes its distinctive features in this age group. Demonstrating the development of an alternative set of diagnostic criteria and overviewing the existing assessment tools are central issues. A German version of the Posttraumatic Stress Disorder Semi-Structured Interview and Observational Record for Infants and Young Children (Scheeringa u. Zeanah, 2005) is presented for the first time. The state of research in prevalence and therapy of PTSD in infants and toddlers is described and recommendations for research and clinical practice are provided.
Grainger, R. D.; Levin, C.; Allen-Byrd, L.; Doctor, R. M.; Lee, H.	1997	An empirical evaluation of eye movement desensitization and reprocessing (EMDR) with survivors of a natural disaster	Journal of traumatic stress	10	4	665–671	Controlled studies of treatments effective with victims of natural disasters are almost nonexistent. This is a small study conducted under difficult conditions to test the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) in treating trauma related reactions following Hurricane Andrew. The results were positive in that EMDR produced significant improvement over wait list controls in perceived posttraumatic avoidance behaviors and thoughts as measured by changes in the Impact of Event Scale and significant improvement in subjective aversive reactions to representative experiences of the hurricane. These results suggest and support other studies that EMDR can be an effective therapeutic intervention for trauma reactions.
Grand, David	2011	Brainspotting - Ein neues duales Regulationsmodell für den psychotherapeutischen Prozess	Trauma & Gewalt	5	3	276–285	Mit Blick auf den neuartigen psychotherapeutischen Ansatz "Brainspotting" (BSP) wird die Auffassung vertreten, dass therapierrelevante physiologische und emotionale Empfindungen mit Augenpositionen korrespondieren und über das Gesichtsfeld zielgerichtet aktiviert werden können. Dabei werden für die Verarbeitung "relevante Augenpositionen" (brain=Gehirn; spotting=erkunden) identifiziert, von denen man annimmt, dass sie implizite Gedächtnisinhalte und entsprechende innere Erfahrungen neurologisch aktivieren. Es werden für BSP zwei Wirkmechanismen genutzt, die "fokussierte Aktivierung" impliziter Gedächtnisinhalte und die sogenannte "fokussierte Achtsamkeit" im therapeutischen Prozess. Das Ziel der Methode ist eine vollständige Auflösung blockierter Erregung im Gehirn und im Körper. Brainspotting ist ein Ansatz zur Aktivierung impliziter Information und von Ressourcen auf der Grundlage psychodiagnostischer und entwicklungsbezogener Überlegungen. Das Brainspotting-Modell unterstützt die Gestaltung der therapeutischen Beziehung und die spezifisch-therapeutische Vorgehensweise, sowohl philosophisch als auch physiologisch. In einem Überblick werden verschiedene Aspekte und Vorgehensweisen

							von BSP dargestellt: (1) "Outside-" und "Inside Window Brainspotting", (2) die beobachtende Haltung, (3) das "duale Affektregulationsmodell", (4) ein integratives Modell, (5) Neurophysiologie, (6) das "Ressourcenmodell", (7) bilaterale Klänge, (8) "Ein-Augen-Brainspotting", (9) "die Zitrone auspressen", (10) "rollendes Brainspotting", (11) "Z-Achsen Brainspotting" und (12) "Gazespotting". Zusammenfassend wird das Potential von BSP im "Affektregulationsmodell" gesehen, welches die praktische therapeutische Erfahrung in zwischenmenschlichen Beziehungen mit dem gegenwärtigen und zukünftigen Wissen über das menschliche Gehirn und dessen besonderen Fähigkeiten zur Selbstbeobachtung und Selbstheilung vereint.
Grand, David	2011	EMDR - Ein Durchbruch in der Psychotherapie					Auf der Grundlage eigener Erfahrungen als Psychotherapeut und unter Bezugnahme auf Fallbeispiele wird die traumatherapeutische Methode des Eye Movement Desensitization and Reprocessing (EMDR) beschrieben. Die einzelnen Schritte, die Wirkungsweise und die Effektivität von EMDR werden erläutert. Neben den heilenden Anwendungen wird auf Möglichkeiten des EMDR in den Kontexten Sport und Kunst verwiesen. Darüber hinaus wird gezeigt, wie mit EMDR bei Alltagsproblemen (etwa Lampenfieber, Höhenangst, Lernschwierigkeiten) gearbeitet werden kann. Im Anhang wird eine Weiterentwicklung des EMDR zum Brainspotting vorgestellt. - Inhalt: (A) Erste Erfahrungen mit EMDR. (1) Einführung in EMDR. (2) Theoretische Grundlagen des EMDR. (3) Wie ich lernte, EMDR anzuwenden - (B) Das Unmögliche ermöglichen: Traumata mit EMDR heilen. (4) Geschichten von der Eisenbahn. (5) Das Gehirn ist ein Magier: Der Prozess der Dissoziation. (6) Fast zu schön, um wahr zu sein: Traumata bei Erwachsenen heilen. (7) Traumaerlebnisse aus der Kindheit heilen. (8) EMDR und der Körper. - (C) Die ganze Welt ist eine Bühne: EMDR und die Unterstützung bei öffentlichen Auftritten. (9) Das Beste, was du sein kannst. (10) Kreativität steigern. (11) Ein neuer Unterricht für Schauspieler: EMDR und Schauspieler. - (D) Die Türen öffnen sich: Meine Reise mit EMDR. (12) Umgeworfen und mitgezerrt: Das Trauma in meiner Familie. (13) Den Teufelskreis unterbrechen: EMDR im humanitären Einsatz. (14) Eigenanwendung von bilateraler Stimulierung: Ja oder Nein. (15) Ausblick. - Anhang zur deutschsprachigen Ausgabe (Von EMDR zu Brainspotting - Interview mit David Grand).
Grand, David; Schelling, Renate	2011	"Wohin wir schauen, beeinflusst, wie wir uns fühlen"	Trauma & Gewalt	5	3	290–295	In einem Interview mit David Grand wird Brainspotting (BSP) als neue Methode für den Einsatz in therapeutischen Settings vorgestellt. David Grand ist Psychotherapeut in freier Praxis in New York, ehemaliger



							<p>Mitarbeiter des EMDR-Instituts von Francine Shapiro, Psychoanalytiker und ein international anerkannter Experte für Traumatologie. Die therapeutische Methode BSP nutzt das Gesichtsfeld als Medium, um für die Verarbeitung "relevante Augenpositionen" zu identifizieren, von denen man annimmt, dass sie implizite Gedächtnisinhalte und entsprechende innere Erfahrungen neurologisch aktivieren. In diesem Zusammenhang wird diskutiert: (1) wie sich Brainspotting entwickelte und es sich von anderen Methoden unterscheidet, (2) seit wann BSP als Behandlungsmethode angewendet wird, (3) welches Menschenbild mit dieser Form der Therapie verbunden ist, (4) wie sich die Möglichkeit der Entwicklung für BSP-Trainings in Europa und speziell in Deutschland ergab, (5) auf welchen Gebieten BSP eingesetzt werden kann, (6) welche Auswirkungen die Anwendung von bilateraler Musik auf BSP hat, (7) wie sich die Zukunft der Psychotherapie und wie sich der Stand von wissenschaftlichen Untersuchungen über BSP entwickeln wird.</p>
<p>Granek, Leeat; Bartels, Ute; Scheinemann, Katrin; Labrecque, Manon; Barrera, Maru</p>	2015	Grief reactions and impact of patient death on pediatric oncologists	Pediatric blood & cancer	62	1	134–142	<p>BACKGROUND: To examine pediatric oncologists' grief reactions to patient death, and the impact patient death has on their personal and professional lives. PROCEDURE: The grounded theory method was used. Data was collected between March 2012 and July 2012 at two academic centres in Canada. Twenty-one out of 34 eligible pediatric oncologists at different stages of their career were recruited and interviewed about their experiences with patient death. Inclusion criteria were: being able to speak English and having had a patient die in their care. The participants formed three groups of oncologists at different stages of career including: fellows, junior oncologists, and senior oncologists who varied in sub-specialties, gender, and ethnicities. RESULTS: Pediatric oncologists reported a range of reactions to patient death including sadness, crying, sleep loss, exhaustion, feeling physically ill, and a sense of personal loss. They also reported self-questioning, guilt, feelings of failure and helplessness. The impact of these deaths had personal consequences that ranged from irritability at home, feeling disconnected from family members and friends, and becoming more desensitized towards death, to gaining a greater and more appreciative perspective on life. Professional impacts included concern about turnover or burnout at work and improving holistic care as a result of patient deaths. CONCLUSIONS: Grief over patient death and the emotional labour involved in these losses are a robust part of the pediatric oncology workplace and have major impacts on pediatric oncologist's personal</p>

							and professional lives. Interventions that focus on how to help pediatric oncologists deal with these reactions are needed.
Grant, Jon E.; Donahue, Christopher B.; Odlaug, Brian L.; Kim, Suck Won	2011	A 6-month follow-up of imaginal desensitization plus motivational interviewing in the treatment of pathological gambling	Annals of clinical psychiatry : official journal of the American Academy of Clinical Psychiatrists	23	1	3-10	BACKGROUND: Pathological gambling (PG), a disabling disorder experienced by approximately 1% of adults, has few empirically validated treatments. A recent study demonstrated that 6 sessions of imaginal desensitization plus motivational interviewing (IDMI) was effective in achieving abstinence for a majority of individuals with PG. This study sought to examine whether those benefits were maintained 6 months post-treatment. METHODS: Sixty-eight individuals who met DSM-IV criteria for PG were randomly assigned to 6 sessions of IDMI or Gamblers Anonymous (GA) referral over an 8-week period. Participants who failed to respond to GA were offered IDMI after the 8-week acute treatment period. All individuals who responded to IDMI were contacted after 6 months and assessed with measures of gambling severity and psychosocial functioning. RESULTS: Forty-four participants completed 6 sessions of IDMI (25 initially assigned to IDMI and 19 to GA). Thirty-five of the 44 (79.5%) responded during acute treatment, and all 35 were available for a 6-month evaluation. All gambling severity scales maintained statistically significant gains from baseline, although some measures showed significant worsening compared with post-IDMI treatment. CONCLUSIONS: Six sessions of IDMI resulted in statistically significant reductions in PG urges and behavior, which were largely maintained for 6 months.
Grant, Jon E.; Donahue, Christopher B.; Odlaug, Brian L.; Kim, Suck Won; Miller, Michael J.; Petry, Nancy M.	2009	Imaginal desensitisation plus motivational interviewing for pathological gambling: randomised controlled trial	The British journal of psychiatry : the journal of mental science	195	3	266-267	Sixty-eight individuals were randomised to either six sessions of imaginal desensitisation plus motivational interviewing (IDMI) or Gamblers Anonymous. Individuals assigned to IDMI had significantly greater reductions in Yale-Brown Obsessive Compulsive Scale Modified for Pathological Gambling total scores, gambling urges and gambling behaviour. People who failed to respond to Gamblers Anonymous reported significantly greater reduction in pathological gambling symptoms following later assignment to IDMI. Abstinence was achieved by 63.6% during the acute IDMI treatment period.
Grant, Jon E.; Odlaug, Brian L.; Chamberlain, Samuel R.; Potenza, Marc N.; Schreiber, Liana R. N.; Donahue, Christopher B.; Kim, Suck Won	2014	A randomized, placebo-controlled trial of N-acetylcysteine plus imaginal desensitization for nicotine-dependent pathological gamblers	The Journal of clinical psychiatry	75	1	39-45	OBJECTIVE: Pathological gambling is associated with elevated proportions of nicotine dependence, and tobacco smoking in pathological gamblers has been associated with increased problem-gambling severity. This study examined the addition of N-acetylcysteine to imaginal desensitization in adults with co-occurring nicotine dependence and pathological gambling. METHOD: Twenty-eight individuals with co-occurring DSM-IV nicotine dependence and pathological gambling who were receiving behavioral therapy were recruited from December 2009 to February 2012 and randomized to

							<p>augmentation with N-acetylcysteine or placebo in an 12-week, double-blind trial. Subjects were assessed with measures of nicotine and gambling severity and followed for 3 months after treatment. The primary outcomes were the Fagerström Test for Nicotine Dependence and the pathological gambling adaptation of the Yale-Brown Obsessive-Compulsive Scale. RESULTS: During the first 6 weeks, there was a significant benefit of N-acetylcysteine treatment versus placebo on Fagerström Test for Nicotine Dependence total scores (<math>t = -2.224</math>; <math>P = .031</math>). After the initial 6 weeks, all subjects significantly (<math>P &lt; .001</math>) benefited from imaginal desensitization. During the 3-month follow-up, there was a significant additional benefit for N-acetylcysteine versus placebo on measures of problem-gambling severity (<math>t = 2.069</math>; <math>P = .043</math>). CONCLUSIONS: N-acetylcysteine treatment during therapy facilitates long-term application of behavioral therapy techniques once patients are in the community after therapy has been completed. TRIAL REGISTRATION: ClinicalTrials.gov identifier: NCT00967005.</p>
Grant, Mark; Threlfo, Catherine	2002	EMDR in the treatment of chronic pain	American Journal of Orthopsychiatry	58	12	1505–1520	<p>Abstract Chronic pain presents a persistent and significant clinical challenge. Research examining commonly used psychotherapeutic treatments suggests that the results are not always well maintained, and that pain often is unrelieved. Continued exploration of new and more effective approaches is necessary. This article outlines an application of Eye Movement Desensitization and Reprocessing (EMDR), developed to improve coping and reduce chronic pain and suffering. The effectiveness of the EMDR Chronic Pain Protocol was investigated with three adult chronic pain sufferers. Intervention effectiveness was measured at baseline, during, and postintervention, with a two-month follow-up. All clients reported substantially decreased pain levels, decreased negative affect, and increased ability to control their pain following treatment. These results indicate that EMDR may be efficacious in the treatment of chronic pain and that further research is warranted. © 2002 Wiley Periodicals, Inc. J Clin Psychol 58: 1505-1520, 2002.</p>
Grasso, Damion J.; Joselow, Beth; Marquez, Yahaira; Webb, Charles	2011	Trauma-focused cognitive behavioral therapy of a child with posttraumatic stress disorder	Psychotherapy	48	2	188–197	<p>This case study involves the use of Trauma-Focused Cognitive Behavioral Therapy to treat a preadolescent male patient referred to the Delaware public mental health system due to a history of family violence and symptoms associated with Posttraumatic Stress Disorder. Pre- to post-treatment data on self- and parent-report measures demonstrate symptom reduction and exemplify the effectiveness of the model. Data on parent participation in the session and facilitation of trauma discussion at home illustrate the parent's</p>

							contribution to the therapeutic process. Excerpts of clinical dialogue between child, parent, and therapist highlight the capacity of the model to accommodate individual needs and circumstances. Clinical recommendations supplement the treatment manual and provide clinicians with practical information for use in their own practices. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Gratz, Kim L.; Orsillo, Susan M.	2003	Scientific Expert Testimony in CSA Cases: Legal, Ethical, and Scientific Considerations	Clinical Psychology: Science and Practice	10	3	358–363	We strongly agree with T. P. Sbraga and W. O'Donohue (see record 2003-07528-007) that the science and ethics of clinical psychology, as well as the legal standards of Daubert v. Merrell Dow Pharmaceuticals, Inc. (1993), prohibit testifying that a child has been sexually abused based on the child's postabuse psychological functioning. Moreover, based on a review of the literature, we argue that it is highly unlikely that a symptom marker of childhood sexual abuse (CSA) will ever emerge that could be used in court to prove a history of childhood abuse. In light of the current status of literature on CSA, we offer some practical suggestions and guidelines for practitioners who accept the role of expert witness in this area. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Gray, J. J.; Hoage, C. M.	1990	Bulimia nervosa: group behavior therapy with exposure plus response prevention	Psychological reports	66	2	667–674	Exposure plus response prevention has been demonstrated to be effective in the treatment of bulimia nervosa. However, when done individually, it is labor intensive and cost-ineffective. In the present study exposure plus response prevention was used in the context of a 6-wk., 12-session behavioral group. In addition to the exposure plus response-prevention component, other techniques included self-monitoring, cognitive restructuring, eating-habit stabilization and problem-solving. Eight bulimic women, vomiting a minimum of five times per week for at least a year, participated in the group. At the end of treatment significant reductions in bingeing and vomiting behaviors were reported by all but one subject, substantiated by significantly lower depression scores (Beck Depression Inventory) and binge-eating scores (Binge Eating Scale). At 6 mo. and 1 yr. posttreatment, 6 of 8 subjects reported averaging less than one binge-purge episode per week, one subject continued unchanged, and one subject had relapsed. A group of wait-list control subjects reported essentially no change in binge-purge frequency over the treatment period. Exposure plus response prevention conducted in a behavioral group context appears to be a cost-effective alternative to individual treatment.
Green, Bonnie L.; Dass-Brailsford, Priscilla; Hurtado de Mendoza, Alejandra;	2016	Trauma experiences and mental health among incarcerated women	Psychological trauma : theory, research, practice and policy	8	4	455–463	Objective: Female offenders have different risk factors for offending than do male offenders, and elevated rates of interpersonal victimization such as physical, emotional, and sexual abuse, and family and community violence, are common in histories of

Mete, Mihriye; Lynch, Shannon M.; DeHart, Dana D.; Belknap, Joanne							incarcerated women. We used factor analysis to examine patterns of traumatic events experienced by women in jail and explored how these patterns were associated with 4 psychiatric disorders (posttraumatic stress disorder [PTSD], major depression, bipolar disorder, and substance use disorder) observed in this sample. Method: A total of 464 women from 9 jails in 4 geographic regions in the United States comprised the sample. Women participated in diagnostic interviews to assess trauma exposure and psychiatric disorders. Results: Three factors described the observed patterns of trauma exposure: family dysfunction (FD), interpersonal violence (IPV), and external events (EE). Life events were analyzed as a separate group of items. FD and IPV each contributed independently to the odds of having each of the 4 mental disorders studied; significant odds ratios were in the range of 1.38–2.05. All 3 factors contributed to the diagnosis of bipolar disorder. The only diagnosis to which stressful life events made a unique contribution was to the likelihood of having PTSD. Conclusion: This work provides further support for the importance of assessing trauma exposure of women in jail, especially the family context, as well as mental health. Implementation and testing of evidence-based treatment approaches that address trauma-related distress in correctional settings are warranted. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Green, J.; Benjamin, C.	1990	Phobic anxiety and clumsiness in a 10-year-old girl	Developmental medicine and child neurology	32	12	1089–1093	During assessment of a girl with a long-standing phobic state, it was found that she also had previously unrecognised perceptuo-motor problems, which were associated with continuing problems in balance and spatial awareness. Her phobia improved after a desensitisation programme, but the physical disorder persisted, despite physiotherapy. The authors conclude that the girl's phobic anxiety may have had its origin in her experience of the perceptual disorder during development.
Greene, Carolyn A.; McCoach, D. Betsy; Ford, Julian D.; McCarthy, Kimberly; Randall, Kellie G.; Lang, Jason M.	2023	Bidirectional effects of parental and adolescent symptom change in trauma-focused cognitive behavioral therapy	Psychological Trauma: Theory, Research, Practice, and Policy	15	Suppl 1		Objective: The current study examines dynamic, bidirectional associations between parent and adolescent symptom improvement in response to children's therapy for posttraumatic stress disorder (PTSD). Method: Data were collected from a racially and ethnically heterogeneous sample of 1,807 adolescents (age 13–18 years old; 69% female) and a parent participating in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) at a community outpatient behavioral health clinic. Parents self-reported their depressive symptoms and youth self-reported their PTSD and depressive symptoms at the onset of treatment and every three months for up to nine months. Using a bivariate dual change score model (BDCSM) we examine: (a) individual

							dyad members' change in symptoms and (b) the bidirectional associations between changes in the parent's and youth's symptoms across treatment. Results: Parents' and adolescents' symptoms at the start of treatment were correlated and both parents' and adolescents' symptoms decreased over the course of treatment. Parents' elevated depressive symptoms at each time point contributed to smaller decreases in their children's PTSD and depressive symptoms at the subsequent time point. Adolescents' elevated symptoms at each time point contributed to greater decreases in their parents' symptoms at the subsequent time point. Conclusions: These findings highlight the impact that parents and children have on each other's response to children's trauma-focused psychotherapy. Notably, parents' depressive symptoms appeared to slow their children's progress in treatment, suggesting that attending to parents' symptoms and providing them with supportive services may be an important adjunct to children's interventions. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Greening, Leilani; Stoppelbein, Laura; Chandler, C. C.; Elkin, T. David	2005	Predictors of children's and adolescents' risk perception	Journal of pediatric psychology	30	5	425–435	OBJECTIVE: To test cognitive-developmental, social-cognitive, motivational, and cognitive hypotheses about the psychological mechanisms underlying children's risk perception. METHOD: Youth (N = 1315) ranging from 9 to 17 years of age completed measures assessing adolescent egocentrism, personal experience with four negative health events, how much they worried about the health events, and their perceived skill for event-related activities. The measures were completed twice, 12 months apart. RESULTS: Lacking personal experience with and worrying less about health threats were significant predictors of more optimistically biased risk perception a year later. CONCLUSIONS: The lack of experience with and not worrying about serious health consequences may desensitize children to potential health risks. Clinical applications for health education programs are discussed.
Greenwald, Ricky	2001	EMDR in der Psychotherapie mit Kindern und Jugendlichen. Ein Handbuch					Es wird ein traumaorientierter integrativer Ansatz zur psychotherapeutischen Behandlung von Kindern und Jugendlichen unter Einbeziehung der selektiven Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) vorgestellt. -Inhalt: (1) Traumata bei Kindern und Jugendlichen. (2) Jungen im Latenzalter mit expansiven Verhaltensstörungen. (3) Jugendliche mit Störungen des Sozialverhaltens. (4) EMDR - ein Überblick über das Standardprotokoll. (5) Überblick über die Anwendung von EMDR bei Kindern. (6) Die Grundkomponenten der EMDR-Arbeit mit Kindern und Jugendlichen. (7) Die acht Phasen der EMDR-Behandlung bei der

							Arbeit mit Kindern und Jugendlichen. (8) Säuglinge und Kleinkinder. (9) Jüngere Kinder. (10) Familien. (11) Bettnässen. (12) Besondere Behandlungssituationen und Populationen. (Anhang) Traumaorientierung und therapeutisches Arbeiten mit Kindern.
Gregory, Jenifer; Embrey, David G.	2009	Companion recovery model to reduce the effects of profound catastrophic trauma for former child soldiers in Ganta, Liberia	Traumatology	15	1	40–51	This article describes a companion recovery model designed to reduce the symptoms of PTSD in 130 former child soldiers in Ganta, Liberia. Male and female participants were conscripted by force between 6 and 13 years of age. The article discusses a model applied to a two-weeks group training and one-on-one companion intervention. The model teaches nine conceptual modules (overwhelming events, encapsulation, somatization, recognition, release, resilience, integration, new-self, and rebuilding) and a commencement ceremony to help reintegrate participants into their communities. Two case studies involving male and female participants highlight the application of this model. The study findings reveal that the participants showed significant ( $p \leq .001$ ) recovery from profound catastrophic trauma (PCT). (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Gregory, Jenifer; Embrey, David G.	2009	Reducing the effects of profound catastrophic trauma for former child soldiers: Companion Recovery model	Traumatology	15	1	52–62	This pilot study evaluated the ability of a companion recovery model to decrease the effects of profound catastrophic trauma in 130 male and female former child soldiers in Liberia, West Africa. This 2-week intervention model was field-tested to determine its ability to reduce the symptoms of posttraumatic stress disorder (PTSD). Clinical Assessment of PTSD Scale was used to evaluate pretreatment and posttreatment symptoms of PTSD. Results showed a significant reduction ( $p \leq .001$ ) in PTSD symptoms by 33%. Early findings suggest that the model may be helpful in reducing the symptoms of trauma in former child soldiers. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Griesel, Dorothee; Wessa, Michèle; Flor, Herta	2006	Psychometric qualities of the German version of the Posttraumatic Diagnostic Scale (PTDS)	Psychological Assessment	18	3	262–268	In the present study, the psychometric properties of the German version of the Posttraumatic Diagnostic Scale (PTDS; A. Ehlers, R. Steil, H. Winter, & E. B. Foa, 1996) were evaluated in a sample of 143 trauma survivors. To investigate convergent and discriminant validity of this questionnaire, the authors assessed posttraumatic stress disorder (PTSD), anxiety, depression symptoms, and social phobia. Internal consistencies of the PTDS and its subscales as well as their association with related measures show that the German PTDS is a reliable and valid instrument for the assessment of posttraumatic stress symptoms. A 3-factor structure was found that is, however, not exactly in concordance with the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; American Psychiatric Association,

							2000) formulation (Reexperiencing, Avoidance, and Hyperarousal) but rather comprises a Reexperiencing/Avoidance factor; an Emotional Numbing/Hyperarousal factor; and a 3rd factor, consisting of Hypervigilance and an Exaggerated Startle Response. The findings are discussed with respect to their equivalency to the original PTSD, core symptoms of PTSD, and desirable future research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Grisard, Tomris	2012	Notwendigkeit und Möglichkeit einer Psychotraumabehandlung bei Menschen im höheren Lebensalter. Ein Pilotprojekt	Trauma & Gewalt	6	1	72–77	
Grossheinrich, Nicola; Firk, Christine; Schulte-Rüther, Martin; Leupoldt, Andreas von; Konrad, Kerstin; Huestegge, Lynn	2018	Looking while unhappy: A mood-congruent attention bias toward sad adult faces in children	Frontiers in Psychology, 2018				A negative mood-congruent attention bias has been consistently observed, for example, in clinical studies on major depression. This bias is assumed to be dysfunctional in that it supports maintaining a sad mood, whereas a potentially adaptive role has largely been neglected. Previous experiments involving sad mood induction techniques found a negative mood-congruent attention bias specifically for young individuals, explained by an adaptive need for information transfer in the service of mood regulation. In the present study we investigated the attentional bias in typically developing children (aged 6-12 years) when happy and sad moods were induced. Crucially, we manipulated the age (adult vs. child) of the displayed pairs of facial expressions depicting sadness, anger, fear and happiness. The results indicate that sad children indeed exhibited a mood specific attention bias toward sad facial expressions. Additionally, this bias was more pronounced for adult faces. Results are discussed in the context of an information gain which should be stronger when looking at adult faces due to their more expansive life experience. These findings bear implications for both research methods and future interventions.
Guastella, Adam J.; Richardson, Rick; Lovibond, Peter F.; Rapee, Ronald M.; Gaston, Jonathan E.; Mitchell, Philip; Dadds, Mark R.	2008	A randomized controlled trial of D-cycloserine enhancement of exposure therapy for social anxiety disorder	Biological psychiatry	63	6	544–549	BACKGROUND: Pilot research has suggested that D-cycloserine (DCS) enhances treatment outcomes for anxiety disorders when employed as an adjunct to exposure therapy (ET). The aim of this study was to determine whether 50 mg of DCS enhances ET for social anxiety disorder (SAD) according to a comprehensive set of symptom and life impairment measures. METHODS: In a randomized double-blind placebo-controlled trial, we administered 50 mg of DCS or placebo in combination with ET to 56 participants who met primary diagnosis for SAD. RESULTS: Participants administered DCS reported greater improvement on measures of symptom severity, dysfunctional cognitions, and life-impairment from SAD in comparison with placebo-



							<p>treated participants. Effect sizes were mostly in the medium range. Results also indicated that the amount of adaptive learning about one's ability to give speeches in front of an audience interacted with DCS to enhance treatment outcome. CONCLUSIONS: This study shows that the administration of DCS before ET enhances treatment outcomes for SAD. Results also provide the first preliminary evidence to suggest that DCS moderates the relationship between a reduction in negative appraisals about one's speech performance and improvement in overall SAD symptoms.</p>
<p>Guido, Cristiana A.; Zicari, Anna Maria; Duse, Marzia; Spalice, Alberto</p>	2019	<p>Eye movement desensitisation and reprocessing (EMDR) treatment associated with parent management training (PMT) for the acute symptoms in a patient with PANDAS syndrome: a case report</p>	<p>Italian journal of pediatrics</p>	45	1	74	<p>BACKGROUND: The purpose of this report was to present the results of eye movement desensitisation and reprocessing (EMDR) therapy associated with parent management training (PMT) in a child with paediatric autoimmune neuropsychiatric disorder associated with streptococcus (PANDAS), who had previously only been treated with pharmacological treatment. CASE PRESENTATION: The case concerns an 11-year-old boy who presented with simple and complex vocal tics, motor tics, obsessive-compulsive traits and irritability from the age of 6 years, in addition to a positive result for streptococcal infection. The course of symptoms followed a relapsing-remitting trend with acute phases that were contingent on the infectious episodes. CONCLUSIONS: Following eight sessions of EMDR, preceded by training sessions with the parents, the child showed a significant reduction in symptoms and disappearance of the exacerbation. These results indicate the possibility of improving the treatment outcomes of patients with PANDAS by a combined approach using both antibiotic and EMDR therapies.</p>
<p>Gülşen, Cheka; Knipscheer, Jeroen; Kleber, Rolf</p>	2010	<p>The impact of forced migration on mental health: A comparative study on posttraumatic stress among internally displaced and externally migrated Kurdish women</p>	<p>Traumatology</p>	16	4	109–116	<p>In Turkey, the large scale of internal displacement is caused by armed conflict that occurs because of the struggle of Kurds to obtain political recognition and rights in Turkey. As a result, many asylum requests were conducted in Europe and a massive wave of internal displacement took place in Turkey. Forced migration is known to influence mental health. This empirical study conducted with migrated Kurdish women (N = 1,127) both in the European Union (EU) and in Turkey aimed to explore the relationships between posttraumatic stress reactions, forced migration, and mental health status. Posttraumatic reactions were discovered to be highly related to mental health state. In addition, being internally displaced as well as having fled for war and oppression was significantly related to mental health status. The implications of these findings for posttraumatic stress theory and mental health professionals working</p>

							with traumatized migrant populations are considered. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Gunter, Raymond W.; Bodner, Glen E.	2008	How eye movements affect unpleasant memories: support for a working-memory account	Behaviour research and therapy	46	8	913–931	Eye movement desensitization and reprocessing can reduce ratings of the vividness and emotionality of unpleasant memories-hence it is commonly used to treat posttraumatic stress disorder. The present experiments compared three accounts of how eye movements produce these benefits. Participants rated unpleasant autobiographical memories before and after eye movements or an eyes stationary control condition. In Experiment 1, eye movements produced benefits only when memories were held in mind during the movements, and eye movements increased arousal, contrary to an investigatory-reflex account. In Experiment 2, horizontal and vertical eye movements produced equivalent benefits, contrary to an interhemispheric-communication account. In Experiment 3, two other distractor tasks (auditory shadowing, drawing) produced benefits that were negatively correlated with working-memory capacity. These findings support a working-memory account of the eye movement benefits in which the central executive is taxed when a person performs a distractor task while attempting to hold a memory in mind.
Guo, Xiaoyuan; Edmed, Shannon L.; Anderson, Vicki; Kenardy, Justin	2017	Neurocognitive predictors of posttraumatic stress disorder symptoms in children 6 months after traumatic brain injury: A prospective study	Neuropsychology	31	1	84–92	Objective: Various neurocognitive mechanisms have been proposed to explain the development of Posttraumatic Stress Disorder (PTSD) symptoms. However, the neurocognitive mechanisms underlying comorbid PTSD following Traumatic Brain Injury (TBI) have not been fully investigated, especially among children. This study prospectively examined the influence of theorized neurocognitive deficits at 3 months post pediatric TBI on the development of PTSD symptoms 6 months postinjury. Method: One hundred sixty-six children aged between 6 and 14 years were recruited after sustaining a TBI. Their demographic information and injury severity were assessed at 2 months postinjury, their neurocognitive outcomes in selective attention, sustained attention, verbal learning, working memory, and processing speed were assessed at 3 months postinjury, and PTSD symptoms were measured at 6 months postinjury. Results: Consistent with the Neurobiological Theory of PTSD, sustained attention deficits 3 months postinjury emerged as the key predictor for greater future PTSD severity at 6 months, especially following a mild TBI. However, contrary to the expectations of the Emotional Processing Theory and Dual Representation Theory, verbal learning and working memory deficits at 3 months postinjury protected children from the development of PTSD symptoms 6 months postinjury. Conclusions: PTSD involves a complex interplay between attention and memory

							functions post pediatric TBI. When trauma memory is relatively intact, difficulties disengaging from distractors contribute to the development of PTSD symptoms. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Håggberg, Göran	2009	EMDR and the art of psychotherapy with children	Acta Paediatrica	98	7	1230	
Haagen, Joris F. G.; Heide, F. Jackie Junter; Mooren, Trudy M.; Knipscheer, Jeroen W.; Kleber, Rolf J.	2017	Predicting post-traumatic stress disorder treatment response in refugees: Multilevel analysis	The British journal of clinical psychology	56	1	69-83	Objectives Given the recent peak in refugee numbers and refugees' high odds of developing post-traumatic stress disorder (PTSD), finding ways to alleviate PTSD in refugees is of vital importance. However, there are major differences in PTSD treatment response between refugees, the determinants of which are largely unknown. This study aimed at improving PTSD treatment for adult refugees by identifying PTSD treatment response predictors. Design A prospective longitudinal multilevel modelling design was used to predict PTSD severity scores over time. We analysed data from a randomized controlled trial with pre-, post-, and follow-up measurements of the safety and efficacy of eye movement desensitization and reprocessing and stabilization in asylum seekers and refugees suffering from PTSD. Methods Lack of refugee status, comorbid depression, demographic, trauma-related and treatment-related variables were analysed as potential predictors of PTSD treatment outcome. Treatment outcome data from 72 participants were used. Results The presence ( $B = 6.5$ , $p = .03$ ) and severity ( $B = 6.3$ , $p < .01$ ) of a pre-treatment depressive disorder predicted poor treatment response and explained 39% of the variance between individuals. Conclusions Refugee patients who suffer from PTSD and severe comorbid depression benefit less from treatment aimed at alleviating PTSD. Results highlight the need for treatment adaptations for PTSD and comorbid severe depression in traumatized refugees, including testing whether initial targeting of severe depressive symptoms increases PTSD treatment effectiveness. Practitioner points There are differences in post-traumatic stress disorder (PTSD) treatment response between traumatized refugees. Comorbid depressive disorder and depression severity predict poor PTSD response. Refugees with PTSD and severe depression may not benefit from PTSD treatment. Targeting comorbid severe depression before PTSD treatment is warranted. This study did not correct for multiple hypothesis testing. Comorbid depression may differentially impact alternative PTSD treatments.
Hadatsuki, H.; Nakagawa, T.	2000	Puberal asthma	Ryoikibetsu shokogun shirizu		31	606-608	

Hagenaars, Muriel A.; Arntz, Arnoud	2012	Reduced intrusion development after post-trauma imagery rescripting; an experimental study	Journal of behavior therapy and experimental psychiatry	43	2	808–814	<p>BACKGROUND AND OBJECTIVES: Contemporary theories predict PTSD development after trauma if trauma information is not adequately processed or negatively appraised. Mental imagery and emotional processing seem to be strongly related and evidence-based treatment strategies such as imaginal exposure and EMDR indeed include imagery as a main component. Moreover, imagery rescripting of traumatic memories is an effective treatment for PTSD. METHODS: The present study combined these lines of research and investigated the impact of early imagery rescripting on intrusion development after an aversive film. Seventy-six participants were randomly allocated to one of three conditions: imagery rescripting (IRS), imagery reexperiencing (IRE) and positive imagery (PI). All participants watched an aversive film, had a 30-min break and then received a 9-min intervention (IRS, IRE or PI). They indicated subjective distress during the intervention, recorded intrusive memories of the film for 1 week and completed the Posttraumatic Cognitions Inventory (PTCI) and a cued recall test one week later. RESULTS: The IRS group developed fewer intrusive memories relative to the IRE and PI groups, and less negative cognitions than the IRE group, while cued recall was enhanced in IRS and IRE groups compared to the PI group. IRS and PI groups experienced less distress during the intervention than the IRE group. LIMITATIONS: This is an analogue design and results should be replicated in clinical samples. CONCLUSIONS: The results suggest that IRS might be an adequate technique to change memory consolidation at an early stage and therefore a powerful and non-distressing strategy to prevent PTSD symptoms.</p>
Hahlweg, K.; Fiegenbaum, W.; Frank, M.; Schroeder, B.; Witzleben, I. von	2001	Short- and long-term effectiveness of an empirically supported treatment for agoraphobia	Journal of consulting and clinical psychology	69	3	375–382	<p>This study examined the effectiveness of individual high-density exposure (2-3 weeks, all day) for panic disorder with agoraphobia (PDAG). Participants were 416 unselected patients with a primary diagnosis of PDAG who were treated by 52 therapists in 3 outpatient clinics of the Christoph-Dornier Foundation of Clinical Psychology in Germany. Results 6 weeks after the end of therapy and at the 1-year follow-up showed highly significant reductions in anxiety symptoms, anxious cognition, agoraphobic avoidance, general symptomatology, and depressive symptoms. Results did not differ significantly between the 3 outpatient clinics and are comparable with the average effect sizes reported by meta-analytic studies of controlled efficacy research, using selected patients and specifically trained therapists. Effectiveness was not dependent on duration of disorder, number of treatment sessions, and therapist experience. The study suggests that</p>

							high-density exposure can be transported from research settings to the mental health field.
Hahn-Richert, Annette	2014	"EMDR mal kurz". EMDR-Varianten in der Traumatherapie					Der Einsatz von Varianten von "Eye Movement Desensitization and Reprocessing" (EMDR) in der Traumatherapie wird erläutert. Zunächst wird das Vier-Phasen-Behandlungskonzept (Stabilisierung, Ressourcenorganisation, Exposition, Neuorientierung) mit seinen wichtigsten Behandlungsprinzipien skizziert. Im Anschluss werden die Entstehung von EMDR, ein Modell zu seiner Wirksamkeit sowie Behandlungsvarianten von EMDR vorgestellt. Schließlich wird demonstriert, wie in einem möglichen Therapieprozess mit für eine traumaspezifische Behandlung typischen Elementen EMDR-Varianten zur Anwendung kommen.
Hain, Bernhard; Micka, Ralph; Wiegand, Cordula; Hofmann, Arne; Seidler, Günter H.	2004	Integrierte traumaassoziierte Kurzzeittherapie für Akuttraumatisierte (INTAKT) - Ergebnisse einer Pilot-Studie zur Wirksamkeit von ressourcenorientierter Behandlung in der Gruppe und EMDR	Gruppenpsychotherapie und Gruppendynamik	40	3	277–296	INTAKT (Integrierte Traumaassoziierte Kurzzeittherapie) wird vorgestellt, eine Intervention in einer Ambulanten Ressourcenorientierten Gruppe (ARG) für Akuttraumatisierte in Kombination mit EMDR (eye movement desensitization and reprocessing). Studienablauf, Design und die wichtigsten Ergebnisse der verschiedenen Behandlungsgruppen werden dargestellt. Daten wurden an Stichproben von sechs (ARG) bzw. jeweils fünf (INTAKT und EMDR) Patienten erhoben. Es zeigte sich im Vergleich von ARG und INTAKT, dass Interventionen im Gruppensetting bei Akuttraumatisierten wirksam sind und dass sie hilfreich im Gesamtbehandlungsverlauf sind. Bei manchen Patienten führten allein die Interventionen in der Gruppe bereits zu einer deutlichen Symptomreduktion. Anderen Patienten ermöglichte die ARG durch ihre stabilisierende Wirkung den Übergang in eine frühe traumakonfrontative Behandlung mit EMDR. INTAKT erwies sich in seiner Wirksamkeit der ARG als alleinigem Behandlungsverfahren als überlegen.
Halladay, Jillian; Rahman, Liah; Luvisa, Madeleine; Mawson, Mackenzie; Massey, Myra; Burns, Jacinda; Kennedy, Marina; King, Kyla; Douglas-Micallef, Kalia; Carter, A.; Stead, Victoria; McCarron, Catherine; Khoshroo, Saba; MacKillop, Emily;	2024	Measuring and understanding "quality of life" among emerging adults in a substance use program	Psychology of Addictive Behaviors	38	1	65–78	Objective: This work focuses on understanding quality of life and evaluating a brief quality of life measure in an outpatient emerging adult (17–25 years of age) substance use program. Method: Mixed methods were used including: (a) psychometric evaluation of the adapted MyLifeTracker (MLT) based on assessments completed four times throughout treatment (n = 100) and (b) qualitative interviews with 12 emerging adults in the program. The study was codesigned, cofacilitated, and cointerpreted with emerging adults with lived experience. Results: At intake, emerging adults reported quality of life scores of 3.7/10 on average and significantly improved (change M = 2.1 points, d = 0.86, p < .001) at the ~12-week follow-up demonstrating program effects and sensitivity to change. Factor analysis suggested

<p>Raymond, Holly; Younger, Liam; Punia, Kiran; Venantius, Michelle; Mathew, Mareena; MacKillop, James</p>							<p>unidimensionality of the measure and internal consistency was high (<math>\omega = 0.81</math>). MLT scores correlated in expected directions with other measures of quality of life, functioning, and mental health symptoms and demonstrated incremental validity in explaining variability in these measures over and above World Health Organization quality of life items. Emerging adults thought the five items (i.e., general well-being, day-to-day activities, relationships with friends, relationships with family, coping) generally captured the most important aspects of quality of life to them and had positive impressions regarding the use of this measure for measurement-based care. Other important aspects of quality of life included feeling a sense of meaning, purpose, motivation, and independence. Conclusion: Overall, the MLT demonstrated evidence of psychometric and content validity among emerging adults in substance use treatment. (PsycInfo Database Record (c) 2024 APA, all rights reserved)</p>
<p>Haller, Moira; Chassin, Laurie</p>	<p>2013</p>	<p>The influence of PTSD symptoms on alcohol and drug problems: Internalizing and externalizing pathways</p>	<p>Psychological trauma : theory, research, practice and policy</p>	<p>5</p>	<p>5</p>	<p>484–493</p>	<p>The present study used longitudinal data from a community study of familial alcoholism to examine the extent to which the long-term influence of posttraumatic stress disorder (PTSD) symptoms on future adult alcohol and drug problems was mediated by increases in early adult internalizing or externalizing symptoms. The subsample of participants included in this study were exposed to at least one traumatic event and had measures of both pre- and post-trauma functioning (n = 166; 62% men; 57% children of parents with an alcohol disorder; 68% non-Hispanic Caucasian, 26% Hispanic). The average age of participants was 13.1-year-old at the pre-trauma assessment, 20.3 years old at the early adult post-trauma assessment, and 25.7 years old at the adult follow-up assessment. Results from path analyses indicated that PTSD symptoms directly influenced risk for adult drug problems, but PTSD symptoms only influenced risk for adult alcohol problems to the extent that PTSD symptoms increased early adult externalizing symptomatology. Early adult internalizing symptomatology did not significantly mediate the influence of PTSD on either adult alcohol or drug problems. These findings suggest that the association between PTSD and future drug problems may be best explained by a PTSD-specific self-medication mechanism, whereas the association between PTSD symptoms and future alcohol problems may be best explained by an increased propensity to engage in externalizing behaviors. This study is among the first prospective, community-based studies to examine the risk mechanisms that link PTSD symptoms to alcohol and drug problems. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>

Hamad, Ahmad; Burks, Wesley A.	2017	Emerging Approaches to Food Desensitization in Children	Current allergy and asthma reports	17	5	32	<p><b>PURPOSE OF REVIEW:</b> The purpose of this review is to highlight the recent advances in food desensitization in children with food allergy. <b>RECENT FINDINGS:</b> Recent advancements in epicutaneous, sublingual, and oral immunotherapy for food allergy in the future may offer children with food allergy and their families a viable option to reduce risk or severity of anaphylaxis with phase III trials ongoing for two of these treatment modalities. Food allergy prevalence in children is estimated to be up to 8%. These children are at risk of significant allergic reactions and anaphylaxis. Food avoidance and use of antihistamines or epinephrine has been the standard of care for these patients. This approach also has a significant socioeconomic effects on patients and their families. Recent advancements in understanding food allergy have allowed for exploring new methods of treatment. There is an increasing interest in oral immunotherapy, epicutaneous immunotherapy, or sublingual immunotherapy for food allergy. There have been also innovative approaches to immunotherapy by modification of food allergens (to make them less allergenic while maintain their immunogenicity) or adding adjunctive treatments (probiotics, anti-IgE, etc.) to increase efficacy or safety.</p>
Hamaguchi, Toyohiro; Kano, Michiko; Kanazawa, Motoyori; Itoh, Masatoshi; Yanai, Kazuhiko; Fukudo, Shin	2013	Effects of preceding stimulation on brain activation in response to colonic distention in humans	Psychosomatic medicine	75	5	453–462	<p><b>OBJECTIVE:</b> It has been suggested that the pattern of distension (moderate following mild and vice versa) might influence brain activation and the experience of hypersensitivity, offset analgesia, and anticipation. Nevertheless, how the pattern of stimulation affects sensitization and/or desensitization to visceral stimulation remains unknown. <b>METHODS:</b> In 45 nonclinical healthy participants (12 women, 33 men; 20-26 years old), brain processing of visceral sensation induced by colonic distension was examined using H2(15)O positron emission tomography. Subjective feelings regarding the stimuli were also measured. The descending colon was stimulated using six patterns of three bag pressures (0, 20, and 40 mm Hg). To evaluate the neural sensitization to visceral stimulation arising from the precedence effect, the effects of a 20- or 40-mm Hg distention after a sham or 20- or 40-mm Hg distention were analyzed using statistical parametric mapping. The level of significance was set at a voxelwise level of <math>p &lt; .0001</math>, with cluster extent sizes of <math>k &gt; 50</math>. <b>RESULTS:</b> The midbrain, insula, and cerebellum, were more strongly activated by a 20-mm Hg distention with a preceding 40-mm Hg distention than by a 20-mm Hg distention without a preceding stimulation (<math>p &lt; .0001</math>). Conversely, a sham stimulation after the experience of an intense stimulation activated the midcingulate cortex, compared with a sham stimulation without the experience of</p>

							actual visceral stimulation ( $p < .0001$ ). CONCLUSIONS: By directly comparing different patterns of visceral stimuli, preceding visceral stimuli may affect neural sensitization and/or desensitization in humans, including elevated midbrain, insula, and midcingulate cortex.
Hamby, Sherry; Finkelhor, David; Turner, Heather	2015	Intervention following family violence: Best practices and helpseeking obstacles in a nationally representative sample of families with children	Psychology of Violence	5	3		Objective: To provide the first nationally representative data on service contact, police or advocate best practices, and helpseeking obstacles for family violence that involved exposure to children. Method: A nationally representative sample of 517 family violence incidents drawn from the 4,503 respondents to the National Survey of Children's Exposure to Violence II. Results: A range of 10 best practices were offered in 13–58% of police contacts and 34–97% of advocate contacts. Most police best practices were associated with increased likelihood of arrest. Referrals and information about restraining orders and shelter were associated with victim-perpetrator separation. There was marked case attrition for all criminal justice services, including reporting to police, in-person police responding, arrest, convictions, and incarceration. Only 10 cases resulted in jail time. Counter to hypothesis, higher rates of some police best practices were associated with lower likelihood of advocate contact. Also unexpectedly, higher rates of some obstacles, such as lack of transportation, were associated with higher use of police services. Conclusions: Referral to specific resources is recommended as a focus of crisis intervention efforts. Some family's needs may be served by a single provider if best practices are used. Some obstacles may influence which services are sought rather than depress helpseeking altogether. These nationally representative data can be used as benchmarks for program evaluations and needs assessments. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Hamdan, Sami; Melhem, Nadine; Orbach, Israel; Farbstein, Ilana; El-Haib, Mohammad; Apter, Alan; Brent, David	2012	Protective factors and suicidality in members of Arab kindred	Crisis: The Journal of Crisis Intervention and Suicide Prevention	33	2	80–86	Background: Relatively little is known about the role of protective factors in an Arab population in the presence of suicidal risk factors. Aims: To examine the role of protective factors in a subsample of in large Arab Kindred participants in the presence of suicidal risk factors. Methods: We assessed protective and risk factors in a sample of 64 participants (16 suicidal and 48 nonsuicidal) between 15 and 55 years of age, using a comprehensive structured psychiatric interview, the Composite International Diagnostic Interview (CIDI), self-reported depression, anxiety, hopelessness, impulsivity, hostility, and suicidal behavior in first-degree and second-relatives. We also used the Religiosity Questionnaire and suicide attitude (SUIATT) and multidimensional perceived support scale. Results: Suicidal as opposed to nonsuicidal participants were more likely to have a



							lifetime history of major depressive disorder (MDD) (68.8% vs. 22.9% $\chi^2 = 11.17$ , $p = .001$ ), an anxiety disorder (87.5% vs. 22.9, $\chi^2 = 21.02$ , $p < .001$ ), or posttraumatic stress disorder (PTSD) (25% vs. 0.0%, Fisher's, $p = .003$ ). Individuals who are otherwise at high risk for suicidality have a much lower risk when they experience higher perceived social support ( $3.31 \pm 1.36$ vs. $4.96 \pm 1.40$ , $t = 4.10$ , $df = 62$ , $p < .001$ ), and they have the view that suicide is somehow unacceptable ( $1.83 \pm .10$ vs. $1.89 \pm .07$ , $t = 2.76$ , $df = 60$ , $p = .008$ ). Conclusions: Taken together with other studies, these data suggest that the augmentation of protective factors could play a very important role in the prevention of incidental and recurrent suicidal behavior in Arab populations, where suicidal behavior is increasing rapidly. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Hamzah, Hajar S.; Gao, Xiaoli; Yung Yiu, Cynthia K.; McGrath, Colman; King, Nigel M.	2014	Managing dental fear and anxiety in pediatric patients: A qualitative study from the public's perspective	Pediatric dentistry	36	1	29–33	PURPOSE: Internet social media offers a rich source for soliciting the public's views on health issues. This qualitative research, using YouTube as a platform, aimed to explore the public's perspectives on management of dental fear and anxiety (DFA) in pediatric patients. METHODS: Using three keywords ("dental fear," "dental phobia," and "dental anxiety"), YouTube videos were searched. Twenty-seven videos related to DFA in children and adolescents were reviewed by three investigators, including a nondental layperson. Inductive thematic analysis was adopted for interpreting the data. RESULTS: Several strategies were considered useful for controlling DFA in pediatric patients, including: verbal and nonverbal communication to establish closeness and effective guidance (explanation, permission-seeking, reassurance, and negotiation); desensitization to dental settings and procedures; tell-show-do; positive reinforcement; distraction by imagination and thoughtful designs of clinic; and parental presence and support. Some self-coping strategies adopted by patients alleviated their DFA, such as self-reasoning and trust-building through long-term connection. Dentists' clinical competence, favorable treatment outcomes, and state-of-the-art devices and technologies (dental lasers, intraoral camera, and adapted anaesthesia method) contributed to reducing DFA. CONCLUSIONS: Authentic testimonials in YouTube videos endorsed and interpreted a variety of strategies adoptable by patients, parents, and dental professionals for managing children's and adolescents' dental fears and anxieties.
Handelzalts, Jonathan E.; Hairston, Ilana S.; Muzik, Maria;	2022	A paradoxical role of childbirth-related posttraumatic stress disorder (PTSD) symptoms in the	Psychological Trauma: Theory, Research,	14	6		Objective: As mother–infant bonding difficulties are potentially detrimental to child development, it is of importance to study its etiology and associated factors. Only a minority of studies have

Matatyahu Tahar, Adi; Levy, Sigal		association between personality factors and mother–infant bonding: A cross-sectional study	Practice, and Policy				<p>focused on the role of personality and postpartum depression and posttraumatic stress disorder (PTSD) in the etiology of bonding difficulties. The present article attempted to ascertain the association of vulnerability (Neuroticism) and resilience (Dispositional Optimism) with bonding, wherein postpartum depression and PTSD symptoms were possible mediators. Method: There were 504 mothers of infants, 0–13 months, who were sampled cross-sectionally using social media. Respondents completed an online survey consisting of the following questionnaires: demographic details, Neuroticism (subscale of the Big Five Inventory, BFI), Dispositional Optimism (Life Orientation Test–Revised), postpartum PTSD symptoms (City Birth Trauma Scale, BiTS), postpartum depression symptoms (Edinburgh Postpartum Depression Scale, EPDS), and mother–infant bonding difficulties (Postpartum Bonding Questionnaire, PBQ). Results: Path analysis revealed 5 significant indirect paths: Dispositional Optimism affected bonding through EPDS (<math>\beta = -0.04</math>, <math>p = .010</math>) and through BiTS general symptoms (<math>\beta = -.02</math>, <math>p = .019</math>), and BFI-Neuroticism affected bonding through EPDS (<math>\beta = 0.14</math>, <math>p = .001</math>), BiTS birth-related symptoms (<math>\beta = -0.03</math>, <math>p = .013</math>), and BiTS general symptoms (<math>\beta = 0.11</math>, <math>p = .001</math>). Conclusions: Both Dispositional Optimism and Neuroticism correlated with bonding difficulties, mediated by postpartum depression and PTSD symptoms. When all variables were measured in a single model, postpartum PTSD birth-related symptoms predicted fewer bonding difficulties while general postpartum PTSD symptoms were associated with more bonding difficulties. Taken together, these results can promote better understanding of postpartum psychopathology and mother–infant bonding to allow for better treatments. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Hansel, Tonya Cross; Osofsky, Howard J.; Osofsky, Joy D.; Speier, Anthony H.	2019	Katrina inspired disaster screenings and services: School-based trauma interventions	Traumatology	25	2		<p>The Katrina Inspired Disaster Screenings and Services (KIDSS) toolkit supplement is designed to assist recovering communities and schools in understanding the needs of and the targeting of services toward children and adolescents. The goal of this study is to understand the efficacy of the KIDSS self-report approach for wide-spread screening of children into services and for reducing trauma symptoms of youth exposed to large-scale disasters such as Hurricane Katrina and additional traumas or disasters that occur over the course of recovery. A longitudinal survey design was used to screen 4,593 children and adolescents on the National Child Traumatic Stress Network Hurricane Assessment and Referral Tool. In addition, the subsample that received trauma informed services (N = 208), completed the</p>

							University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index at three time points. The mean age of students was 10.9 (SD = 3.2); 51% were female, and 49% were male. Reported ethnicities were as follows: 57% Caucasian, 27% African American, and 16% other. Results revealed that a greater proportion of students were appropriately referred into treatment (compared with those not receiving services and those who received treatment had a greater decrease in trauma symptoms). In addition, for the subsample that received services (N = 208), posttraumatic stress disorder symptoms decreased significantly following treatment. Empirical data supports that the KIDSS approach was effective at connecting students in need of services and for children identified, those that participated in school-based trauma treatment demonstrated reduced trauma symptoms. This study provides practical application through the steps outlined in the KIDSS process following disaster exposure. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hanson, Rochelle F.; Borotrager, Cameo; Self-Brown, Shannon; Kilpatrick, Dean G.; Saunders, Benjamin E.; Resnick, Heidi S.; Amstadter, Ananda	2008	Relations among gender, violence exposure, and mental health: The national survey of adolescents	American Journal of Orthopsychiatry	78	3		Using a nationally representative sample of 4,008 adolescents, this study examines gender differences in violence exposure, major depressive episode (MDE) and posttraumatic stress disorder (PTSD), and characteristics of violence incidents. It was hypothesized that there would be gender differences in the types of violence exposure reported and in the prevalence of MDE and PTSD and that gender would moderate the relationship between violence exposure and mental health outcomes. Results indicated significant gender differences in rates of violence exposure, PTSD, and MDE. Additionally, gender was a moderating variable in the relation between sexual assault and PTSD, but not in the other violence exposure?mental health relations examined. It thus appears that the pathways for developing PTSD may be different for male and female victims of sexual abuse. Implications for interventions and future research are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Hardy, Amy; Keen, Nadine; van den Berg, David; Varese, Filippo; Longden, Eleanor; Ward, Thomas; Brand, Rachel M.	2024	Trauma therapies for psychosis: A state-of-the-art review	Psychology and psychotherapy	97	1	74-90	BACKGROUND: Traumatic events, particularly childhood interpersonal victimisation, have been found to play a causal role in the occurrence of psychosis and shape the phenomenology of psychotic experiences. Higher rates of post-traumatic stress disorder (PTSD) and other trauma-related mental health problems are also found in people with psychosis diagnoses compared to the general population. It is, therefore, imperative that therapists are willing and able to address trauma and its consequences when supporting recovery from distressing psychosis. METHOD: This paper will support

							<p>this need by providing a state-of-the-art overview of the safety, acceptability and effects of trauma therapies for psychosis. RESULTS: We will first introduce how seminal cognitive-behavioural models of psychosis shed light on the mechanisms by which trauma may give rise to psychotic experiences, including a putative role for trauma-related emotions, beliefs and episodic memories. The initial application of prolonged exposure and eye movement and desensitization and reprocessing therapy (EMDR) for treating PTSD in psychosis will be described, followed by consideration of integrative approaches. These integrative approaches aim to address the impact of trauma on both post-traumatic stress symptoms and trauma-related psychosis. Integrative approaches include EMDR for psychosis (EMDRp) and trauma-focused Cognitive-Behavioural Therapy for psychosis (tf-CBTp). Finally, emerging dialogic approaches for targeting trauma-related voice-hearing will be considered, demonstrating the potential value of adopting co-produced (Talking with Voices) and digitally augmented (AVATAR) therapies. CONCLUSION: We will conclude by reflecting on current issues in the area, and implications for research and clinical practice.</p>
Harford, Kelli-Lee; Jambhekar, Supriya; Com, Gulnur; Pruss, Kristi; Kabour, Marianne; Jones, Kaitlin; Ward, Wendy L.	2013	Behaviorally based adherence program for pediatric patients treated with positive airway pressure	Clinical child psychology and psychiatry	18	1	151–163	<p>OBJECTIVES: Positive Airway Pressure (PAP) devices are being increasingly used in pediatric populations for problems including Obstructive Sleep Apnea. There is limited literature regarding pediatric adherence with PAP treatment or successful interventions that improve adherence. This paper describes a clinical program for pediatric PAP users which was designed to improve adherence of patients prescribed PAP therapy and involves intensive assessment and behavioral intervention. METHOD: The design and implementation of the program is described, including the purpose, goals, programmatic structure, clinical content, type and training of personnel, strengths and limitations and financial concerns as well as the challenges with the development and application of the program's protocol. RESULTS: Preliminary outcome data show short-term improvements in consistent usage for many of the patients. CONCLUSIONS: The program shows some promise and provides a framework for future program development and research.</p>
Harms, Thomas; Thielen, Manfred; Abraham, Anke	2017	Körperpsychotherapie und Sexualität					<p>Wie arbeitet die moderne Körperpsychotherapie, um innere Barrieren sexueller Ausdrucks- und Erlebnisfähigkeit zu lösen? Welche körperbasierten Zugänge können genutzt werden, um die Langzeitwirkungen sexueller Verletzungen zu überwinden? Diesen und weiteren Fragen gehen die AutorInnen im vorliegenden Band nach und machen dabei deutlich, wie spannend und effektiv die</p>

							körperpsychotherapeutische Praxis ist. Trauma-, Paar- und KörperpsychotherapeutInnen berichten über ihre Forschungen, Arbeitsmodelle und Ergebnisse aus dem Praxisalltag und vermitteln so einen fundierten Einblick in die lebendige Vielfalt körperpsychotherapeutischer Arbeit. Die Beiträge spiegeln nicht nur den aktuellen Diskurs zur Rolle der Sexualität in der modernen Körperpsychotherapie wider, sondern zeigen auch körperpsychotherapeutische Behandlungswege sexueller Probleme und Störungen auf
Harriet, E. Hollander	2009	ECEM (Eye Closure, Eye Movements): application to depersonalization disorder	The American journal of clinical hypnosis	52	2	95–109	Eye Closure, Eye Movements (ECEM) is a hypnotically-based approach to treatment that incorporates eye movements adapted from the Eye Movement Desensitization and Reprocessing (EMDR) protocol in conjunction with hypnosis for the treatment of depersonalization disorder. Depersonalization Disorder has been differentiated from post-traumatic stress disorders and has recently been conceptualized as a subtype of panic disorder (Baker et al., 2003; David, Phillips, Medford, & Sierra, 2004; Segui et. al., 2000). During ECEM, while remaining in a hypnotic state, clients self-generated six to seven trials of eye movements to reduce anticipatory anxiety associated with depersonalization disorder. Eye movements were also used to process triggers that elicited breath holding, often followed by episodes of depersonalization. Hypnotic suggestions were used to reverse core symptoms of depersonalization, subjectively described as "feeling unreal" (Simeon et al., 1997).
Harrington, Ellen F.; Crowther, Janis H.; Shipherd, Jillian C.	2010	Trauma, binge eating, and the "strong Black woman"	Journal of consulting and clinical psychology	78	4	469–479	Objective: The primary goal of this study was to test a culturally specific model of binge eating in African American female trauma survivors, investigating potential mechanisms through which trauma exposure and distress were related to binge eating symptomatology. Method: Participants were 179 African American female trauma survivors who completed questionnaires about traumatic experiences; emotional inhibition/regulation difficulties; self-silencing (prioritizing others' needs and adopting external self-evaluation standards); eating for psychological reasons; binge eating; and internalization of "Strong Black Woman" (SBW) ideology, an important cultural symbol emphasizing strength and self-sufficiency. Results: Structural path analysis supported the proposed model in which SBW ideology, emotional inhibition/regulation difficulties, and eating for psychological reasons mediated the relationship between trauma exposure/distress and binge eating. The proposed model provided better fit to the data than several competing models. Conclusions: These findings suggest that among African American trauma survivors,

							trauma exposure and distress predict greater internalization of SBW ideology, which is associated with emotional inhibition/regulation difficulties, eating for psychological reasons, and ultimately binge eating. Implications of these findings for assessment, treatment, and prevention efforts are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Harris, C. V.; Wiebe, D. J.	1992	An analysis of response prevention and flooding procedures in the treatment of adolescent obsessive compulsive disorder	Journal of behavior therapy and experimental psychiatry	23	2	107–115	Flooding and response prevention have been widely used in the treatment of adult obsessive compulsive disorder but have been overlooked in favor of less restrictive procedures when treating children. The present case investigates the utility of these procedures in an adolescent with severe compulsive handwashing. Treatments were introduced hierarchically to minimize subject distress; graded exposure decreased the frequency of handwashing, but flooding was required to eliminate the compulsion. Guidelines for the ethical use of flooding and exposure therapies with children are offered.
Hartley, Catherine A.; Casey, B. J.	2013	Risk for anxiety and implications for treatment: developmental, environmental, and genetic factors governing fear regulation	Annals of the New York Academy of Sciences	1304	1	1–13	Anxiety disorders are the most common psychiatric disorders, affecting as many as 10% of youth, with diagnoses peaking during adolescence. A core component of these disorders is an unremitting fear in the absence of present threat. One of the most commonly used therapies to treat these disorders is exposure-based cognitive behavioral therapy that identifies the source of the fear and anxiety and then desensitizes the individual to it. This treatment builds on basic principles of fear-extinction learning. A number of patients improve with this therapy, but 40-50% do not. This paper provides an overview of recent empirical studies employing both human imaging and cross-species behavioral genetics to examine how fear regulation varies across individuals and across development, especially during adolescence. These studies have important implications for understanding who may be at risk for anxiety disorders and for whom and when during development exposure-based therapies may be most effective.
Hartzell, Georgina; Stenson, Anaïs F.; van Rooij, Sanne J. H.; Kim, Ye Ji; Vance, L. Alexander; Hinrichs, Rebecca; Kaslow, Nadine; Bradley, Bekh; Jovanovic, Tanja	2022	Intergenerational effects of maternal PTSD: Roles of parenting stress and child sex	Psychological trauma : theory, research, practice and policy	14	7	1089–1098	Objectives: Parental posttraumatic stress disorder (PTSD) increases children’s risk for emotional and behavioral problems. We examined parenting stress and parenting behavior quality as mediators of the relation between maternal PTSD and problematic child behaviors in a sample at high risk for trauma exposure. We also examined whether child sex moderated this association. Method: Participants were 141 African American mother–child dyads (children aged 8–12). Mothers reported PTSD severity, parenting stress, and child behavior (externalizing, internalizing, and emotional self-control). Parenting behavior quality (accounting for factors including parental warmth and

							engagement) was assessed from an observational parent–child interaction task. Results: Parenting stress, but not observed parenting behavior quality, mediated the relation between maternal PTSD severity and child behaviors. Child sex moderated this association, such that the effect was stronger for girls. Conclusions: Maternal PTSD may be associated with negative child behavior outcomes, and this relation appears to be mediated by increased parenting stress. Stress-reducing interventions for parents with PTSD could improve child outcomes, especially for girls. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Harvey, Allison G.; Bryant, Richard A.	1998	The relationship between acute stress disorder and posttraumatic stress disorder: A prospective evaluation of motor vehicle accident survivors	Journal of consulting and clinical psychology	66	3	507–512	Motor vehicle accident survivors (n = 92) were assessed for acute stress disorder (ASD) within 1 month of the trauma and reassessed (n = 71) for posttraumatic stress disorder (PTSD) 6 months posttrauma. ASD was diagnosed in 13% of participants, and a further 21% had subclinical levels of ASD. At follow-up, 78% of ASD participants and 60% of subclinical ASD participants met criteria for PTSD. The strong predictive power of acute numbing, depersonalization, a sense of reliving the trauma, and motor restlessness, in contrast to the low to moderate predictive power of other symptoms, indicates that only a subset of ASD symptoms is strongly related to the development of chronic PTSD. Although these findings support the use of the ASD diagnosis, they suggest that the dissociative and arousal clusters may require revision. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Harvey, Allison G.; Bryant, Richard A.	1999	The relationship between acute stress disorder and posttraumatic stress disorder: A 2-year prospective evaluation	Journal of consulting and clinical psychology	67	6	985–988	Previous research established that 78% of a sample of motor vehicle accident survivors initially diagnosed with acute stress disorder (ASD) were subsequently diagnosed with posttraumatic stress disorder (PTSD) at 6 months posttrauma. Although the previous study (A. G. Harvey and R. A. Bryant, see record 1998-02631-007) provided initial evidence for the utility of the ASD diagnosis, the relationship between ASD and PTSD was assessed over a relatively short period. The present study reassessed that original sample 2 years following the trauma to establish the longer term relationship between ASD and PTSD. ASD was diagnosed in 13% of participants, and 21% were diagnosed with subsyndromal ASD. In terms of participants who participated in all 3 assessments, 63% who met the criteria for ASD, 70% who met the criteria for subsyndromal ASD, and 13% who did not meet the criteria for ASD were diagnosed with PTSD at 2 years posttrauma. These findings indicate the importance of considering multiple pathways to the development of PTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Hasandedić-Đapo, Lejla	2018	EMDR Psychotherapy in Work with Youth As Part of the Peacebuilding Activities: Case Study of the Interfaith Workshop in Bosnia and Herzegovina - Case Reports	Psychiatria Danubina	30	Su ppl 5	282–285	
Hasanović, Mevludin; Morgan, Sian; Oakley, Sanja; Richman, Sandi; Omeragić, Irma; Siručić, Nejra; Kokanović, Ivana; Imširović, Fadil; Hrvčić, Dženita; Stajić, Dajana; Oakley, Zoe	2021	Development of EMDR Therapy in Bosnia and Herzegovina - Education by Supervision to Accreditation	Psychiatria Danubina	33	Su ppl 1	4–12	<p>INTRODUCTION: Due to the increased needs of the citizens of Bosnia and Herzegovina (B&amp;H) affected by the 1992-1995 war, after five basic EMDR (Eye Movement Desensitisation and Reprocessing) trainings and one EMDR training workshop for children and adolescents, Trauma Aid UK (former Humanitarian Aid Program UK and Ireland) continually provides supervision to mental health professionals in B&amp;H, working towards European EMDR Association accreditation for the clinicians. To describe the experiences of education, clinical practice, and supervision of EMDR psychotherapy in the process of obtaining European accreditation of EMDR trainees from Bosnia and Herzegovina. SUBJECTS AND METHODS: In order to understand how EMDR trainees perceive the process of supervision up to accreditation, nine questions were sent by email to 95 EMDR trainees about practicing EMDR, the number of patients with whom they use EMDR on a monthly basis, about their supervisors, and the number of completed supervisions, blocks to treatment while practicing EMDR, as well as positive experiences with EMDR practice and working with supervisors. 36 EMDR trainees answered these questions. The answers were analyzed using quantitative and qualitative methods. RESULTS: Of the 36 participants in this short study, 30 (83.3%) are women. Most of them are from Sarajevo 14 (38.9%), Tuzla 8 (22.2%) and Mostar 3 (8.3%), 2 (5.6%) from Bihać, Brčko, Gradačac, one from Banovići, Jajce, Prnjavor, Pale and Zenica. Psychologists make up the highest number of participants 25 (72.3%), followed by 5 (13.9) neuropsychiatric specialists. 31 currently have a supervisor (86.1%), 6 have changed their supervisor, and these 31 do not want to change their existing supervisor. Of them, 5 (13.9%) asked to be assigned a new supervisor. A qualitative analysis of the respondents revealed that the greatest problem in practicing EMDR therapy is the lack of space and time in the institutions where they work, the inability to reach patients seeking EMDR treatment, the parallel use of psychotherapeutic guidelines that they have previously adopted, and insufficient determination to use EMDR. They are mostly satisfied with the experience they have gained in supervision which they deem very important in the process of accreditation. They highly appreciate the</p>



							expertise and accessibility of the supervisors, to whom they are grateful for the help and support they received while presenting their cases from EMDR practice. CONCLUSIONS: Findings from this study can serve as a basis for improving the supervisory process during the acquisition of European accreditation for EMDR practitioners in B&H. The findings can also aid in understanding the difficulties mental health professionals in BiH face practicing EMDR therapy while working towards the accreditation as practitioners of this very effective and necessary psychotherapeutic method.
Hasanović, Mevludin; Morgan, Sian; Oakley, Sanja; Richman, Sandi; Šabanović, Šemsa; Pajević, Izet	2018	Development of EMDR in Bosnia and Herzegovina - from an Idea to the First EMDR Conference	Psychiatry Danubina	30	Su ppl 5	243–248	<p>INTRODUCTION</p> <p>The needs for EMDR (eye movement desensitization and reprocessing) treatment of Bosnia-Herzegovina (BH) citizens, affected by 1992-1995 war, increased. The Trauma Aid UK (former Humanitarian Assistance Programs UK &amp; Ireland) works in partnership with mental health professionals in BH.</p> <p>AIM</p> <p>We aim to build an environment in which qualified and experienced professionals trained in EMDR may establish and sustain complete EMDR education and to keep international standards of EMDR practice.</p> <p>METHOD</p> <p>Authors described the history of idea and its realization of EMDR education considering all needed phases that were provided from the Trauma Aid UK with non profit, humanitarian approach in sharing skills of EMDR to mental health therapists in BH.</p> <p>RESULTS</p> <p>The trainers from Trauma Aid UK completed five EMDR trainings in Bosnia-Herzegovina for recruited trainees from different cities and entities in BH. For continual professional development (CPD) all of these mental health professionals need to be active participants in professional and scientific meetings. Though, Association of Bosnia and Herzegovina EMDR Therapists, member of EMDR Europe, organized the First EMDR conference in Bosnia-Herzegovina sponsored by Trauma Aid UK under the patronage of EMDR Association of UK &amp; Ireland.</p> <p>CONCLUSION</p> <p>Five training of Bosnia-Herzegovina mental health workers to effectively use EMDR with enthusiastic help of EMDR trainers from Trauma Aid UK resulted with European accredited EMDR practitioners, one European accredited EMDR consultant and the first EMDR</p>

							conference in BH. This will keep national development of psychotherapy capacities in post-war BH.
Hasbrouck, J. M.	1992	FAMC Intensive Stuttering Treatment Program: ten years of implementation	Military medicine	157	5	244–247	An intensive stuttering treatment program for military service members is described. Over a 10-year period, 117 stutters have been treated in a program in which graded airflow, tension/relaxation, electromyographic biofeedback, and a modified hierarchical desensitization procedure have been used to obtain and maintain normally fluent speech. All patients treated have met the criterion of less than 1% stuttered words. Of 57 patients followed for from 3-36 months after treatment, 42 (74%) have maintained normally fluent speech.
Hase, Michael	2006	EMDR in der Behandlung der stoffgebundenen Abhängigkeit					Vorläufige Daten einer Pilotstudie zur Behandlung von Drogenabhängigkeit mit der Eye Movement Desensitization and Reprocessing (EMDR) Methode werden präsentiert. Überlegungen zur Komorbidität von Posttraumatischer Belastungsstörung und Abhängigkeit werden angestellt und in Rückbezug auf frühere Arbeiten belegt. Das Konzept des Suchtgedächtnisses wird vorgestellt und die Vorteile der Arbeit mit EMDR bei Abhängigkeit werden daraus abgeleitet. Das "EMDR Chemical Dependency Treatment Manual" wird vorgestellt. Daten von jeweils 10 aus 15 angestrebten Versuchspersonen in der Kontrollgruppe und in der Behandlungsgruppe wurden ausgewertet. Die Teilnehmer wurden aus einer offen geführten Entgiftungsstation für Abhängige von Alkohol und legalen Drogen gewonnen. Die Teilnehmer der Kontrollgruppe absolvierten das reguläre Behandlungsprogramm. Die Teilnehmer der Behandlungsgruppe wurden zusätzlich mit zwei EMDR Sitzungen von je 60 Minuten behandelt. Nach Abschluss der körperlichen Entgiftung sowie jeweils ein und sechs Monate nach Abschluss der Behandlung wurden Daten mit den folgenden Skalen erhoben: (1) Dissociative Experiences Scale (DES); (2) ein klinisches Interview; (3) Münchener Alkoholismus-Test (MALT); (4) Obsessive-Compulsive-Drinking-Scale (OCDS); (5) Comprehensive Alcohol Expectancy Questionnaire (CAEQ); (6) Posttraumatic Stress Scale 10 Items (PTSS-10); (7) Somatoform Dissociation Questionnaire 5 Items (SDQ-5); (8) Beck-Depressions-Inventar (BDI); (9) das State-Trait-Anxiety-Inventary (STAI); (10) Traumatic Experience Checklist (TEC). Es konnte ein geringeres Ausmaß an Craving in der Behandlungsgruppe gefunden werden sowie eine geringere Rückfallquote im Vergleich zu der Kontrollgruppe. Des Weiteren ließ sich eine stärkere Reduktion des BDI Scores in der Behandlungsgruppe feststellen. Abschließend wird die klinische

							Perspektive der Behandlung stoffgebundener Abhängigkeit dargestellt und anhand von Fallvignetten illustriert.
Hase, Michael	2009	CravEx®-Reprozessierung des Suchtgedächtnisses mit der EMDR-Methode					Der Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) in der Suchttherapie wird erörtert. Dabei wird angenommen, dass eine gelungene Reprozessierung des "Suchtgedächtnisses" zu einer Verringerung des Suchtdrucks bzw. des Craving führt. In einer Pilotstudie wurden Alkohol- und Drogenabhängige einer offen geführten Entgiftungsstation, die über Suchtdruck berichteten, in Behandlungs- und Kontrollgruppe (jeweils 15 Patienten) aufgeteilt. Die Kontrollgruppe erhielt das reguläre Therapieprogramm, die Behandlungsgruppe erhielt zusätzlich zwei bis drei EMDR-Sitzungen von jeweils 60 Minuten Dauer. Der Suchtdruck wurde (vor sowie ein und sechs Monate nach der Behandlung) mit der deutschen Version der "Obsessive Compulsive Drinking Scale" (OCDS) gemessen. Während sich zu Beginn der Behandlung kein Unterschied des OCDS-Werts zwischen beiden Gruppen fand, zeigte sich zum Ende der Behandlung eine Verringerung des OCDS-Wertes in beiden Gruppen. Der Wert betrug in der Behandlungsgruppe im Mittel 9,5, in der Kontrollgruppe 18,7. Zum letzten Messzeitpunkt waren 10 Patienten der Behandlungsgruppe und alle 15 der Kontrollgruppe rückfällig. Es wird darauf hingewiesen, dass bereits mehrere EMDR-Therapeuten mit diesem als CravEx® bezeichneten Ansatz arbeiten und dass das CravEx®-Manual, in dem die Entwicklung eines Standardprotokolls angelegt ist und das Arbeitsblätter zur Behandlungsplanung, Ressourcenstärkung und Durchführung der Reprozessierung enthält, über HHP-Deutschland/Trauma-Aid, gegen eine Spende erhältlich ist.
Hase, Michael	2012	Traumatisierter sucht Bindung. Über die Zusammenhänge zwischen Bindung, Bindungsstörung, seelischer Traumatisierung und substanzgebundener Abhängigkeit					Der Zusammenhang zwischen Bindung bzw. Bindungsstörung, seelischer Traumatisierung und Entwicklung stoffgebundener Abhängigkeit wird thematisiert. Nach einigen einführenden Gedanken zum Zusammenhang der Themenbereiche werden neuere Konzepte der stoffgebundenen Abhängigkeit, die unter dem Schlagwort "Sucht-Gedächtnis" bekannt wurden, erörtert. Anschließend wird auf daraus abgeleitete Behandlungsansätze eingegangen, insbesondere das "Eye Movement Desensitization and Reprocessing" (EMDR) eingegangen. Entwicklung, Ziele und Vorgehen der EMDR, adaptive Informationsverarbeitung sowie die folgenden acht Behandlungsphasen von EMDR werden erläutert: (1) Vorgeschichte und Behandlungsplanung, (2) Vorbereitung des Patienten, (3) Bewertung des Traumas, (4) Durcharbeitung, (5) Verankerung, (6) Körper-Test, (7) Abschluss und (8) Nachbefragung. Abschließend wird

							das EMDR in der Behandlung Abhängiger sowie Möglichkeiten und Grenzen der Behandlung von komorbiden Abhängigen besprochen.
Hase, Michael	2013	Eye Movement Desensitization and Reprocessing (EMDR)					
Hase, Michael	2018	Eye Movement Desensitization and Reprocessing (EMDR) - Schritt für Schritt	PSYCH up2date	12	1	11-14	Das Vorgehen bei "Eye Movement Desensitization and Reprocessing" (EMDR) wird beschrieben. Fokussierung von Erinnerungsmaterial und Anwendung bilateraler Stimulation kennzeichnen die Arbeit mit EMDR, wobei die Bearbeitung dysfunktionaler Erinnerung eine zentrale Position einnimmt. Ziel ist die Nachverarbeitung nicht ausreichend verarbeiteter Erinnerung. Die Behandlung ist damit primär problemfokussiert, aber auch durch Integration bestimmter Techniken ressourcenaktivierend und durch die im Prozess der Verarbeitung oftmals entstehende Einsicht auch motivational klärend.
Hase, Michael	2021	The structure of EMDR therapy: A guide for the therapist	Frontiers in Psychology, 2021				Since the introduction of EMD by Dr. Shapiro in 1987, which led to the development of EMDR Therapy, clinical experiences and research contributed to a variety of protocols and procedures. While this dynamic evolution within EMDR Therapy is offering more options to treat a variety of patients suffering from various disorders, there is a greater risk of deviations from the core framework of this approach that would no longer be understood as EMDR Therapy. While research shows that following Shapiro's standard protocols and procedural steps is important to achieve positive treatment effects, it seems prudent to define the core elements in EMDR Therapy beyond adherence to the standard protocol given the complexity of clinical demands in a variety of treatment contexts. The author proposes that best practices requires not only an adherence to the fidelity of the model, but a willingness to adapt the model in order to best meet the needs of our clients in a variety of clinical contexts. Defining the core elements that constitute EMDR Therapy offers both a structure that has been well established and offers a foundation from which clinical adaptations can be made that are within the realm of what is widely accepted as EMDR Therapy. Such a structure could also be used to define research as well as clinical applications. Additionally EMDR Therapy as a comprehensive psychotherapy approach implies that the therapeutic relationship is an important component and should be considered a core element of this methodology.
Hase, Michael; Balmaceda, Ute M.; Ostacoli, Luca; Liebermann, Peter; Hofmann, Arne	2017	The AIP model of EMDR therapy and pathogenic memories	Frontiers in Psychology , 2017				Eye movement desensitization and reprocessing (EMDR) therapy has been widely recognized as an efficacious treatment for posttraumatic stress disorder (PTSD). In the last years more insight has been gained regarding the efficacy of EMDR therapy in a broad field of mental disorders beyond PTSD. The cornerstone of EMDR therapy is its unique

						<p>model of pathogenesis and change: the adaptive information processing (AIP) model. The AIP model developed by F. Shapiro has found support and differentiation in recent studies on the importance of memories in the pathogenesis of a range of mental disorders beside PTSD. However, theoretical publications or research on the application of the AIP model are still rare. The increasing acceptance of ideas that relate the origin of many mental disorders to the formation and consolidation of implicit dysfunctional memory lead to formation of the theory of pathogenic memories. Within the theory of pathogenic memories these implicit dysfunctional memories are considered to form basis of a variety of mental disorders. The theory of pathogenic memories seems compatible to the AIP model of EMDR therapy, which offers strategies to effectively access and transmute these memories leading to amelioration or resolution of symptoms. Merging the AIP model with the theory of pathogenic memories may initiate research. In consequence, patients suffering from such memory-based disorders may be earlier diagnosed and treated more effectively.</p>
<p>Hase, Michael; Balmaceda, Ute Mirian; Hase, Adrian; Lehnung, Maria; Tumani, Visal; Huchzermeier, Christian; Hofmann, Arne</p>	2015	<p>Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of depression: A matched pairs study in an inpatient setting</p>	<p>Brain and Behavior, 2015</p>			<p>Background: Depression is a severe mental disorder that challenges mental health systems worldwide as the success rates of all established treatments are limited. Eye Movement Desensitization and Reprocessing (EMDR) therapy is a scientifically acknowledged psychotherapeutic treatment for PTSD. Given the recent research indicating that trauma and other adverse life experiences can be the basis of depression, the aim of this study was to determine the effectiveness of EMDR therapy with this disorder. Method: A group of 16 patients with depressive episodes in an inpatient setting was recruited. These 16 patients were treated with EMDR therapy by reprocessing of memories related to stressful life events in addition to treatment as usual (TAU). They were compared to a group of 16 controls matched regarding diagnosis, degree of depression, sex, age and time of admission to hospital, which were receiving TAU only. Results: Sixty-eight percent of the patients in the EMDR group showed full remission at end of treatment. The EMDR group showed a greater reduction in depressive symptoms as measured by the SCL-90-R depression subscale. This difference was significant even when adjusted for duration of treatment. In a follow-up period of more than 1 year the EMDR group reported less problems related to depression and less relapses than the control group. Conclusions: EMDR therapy shows promise as an effective treatment for depressive disorders. Larger controlled studies are necessary to replicate our findings.</p>

Hase, Michael; Brisch, Karl Heinz	2022	The therapeutic relationship in EMDR Therapy	Frontiers in Psychology, 2022				<p>The history of EMDR Therapy goes back to 1987, when it was introduced as EMD, a novel treatment for PTSD by Francine Shapiro. Over the course of time, EMD developed into the comprehensive therapy approach named EMDR Therapy. The development of the "Adaptive Information Processing (AIP) Model", the model of pathogenesis and change of EMDR Therapy, was a milestone in this development from technique to psychotherapy approach. Up to date EMDR Therapy offers not only a model of pathogenesis and change, but also a variety of treatment plans and techniques to treat patients of various diagnosis far beyond PTSD. What seems to be missing is a specific description of the therapeutic relationship in EMDR Therapy. The therapeutic relationship should be described as a core element of EMDR Therapy, and seems to be related to the structure of EMDR Therapy. As attachment theory offers a view on the development of interpersonal relationships in general, an attachment theory-based perspective of the therapeutic relationship seems advisable. A description of the therapeutic relationship in EMDR Therapy is necessary at this point of the development of EMDR Therapy to a psychotherapeutic approach, and therefore we try to describe the therapeutic relationship in this article and point out parallels between the therapeutic relationship and the development and core features of an attachment based relationship. We propose to describe EMDR Therapy as a sensitive psychotherapy. Implications for treatment, training and research will be discussed.</p>
Hase, Michael; Hofmann, Arne	2005	Risiken und Nebenwirkungen beim Einsatz der EMDR-Methode	Persönlichkeitsstörungen - Theorie und Therapie	9	1	16–21	<p>Eye Movement Desensitization and Reprocessing (EMDR) ist eine nunmehr gut etablierte Methode in der Behandlung der Posttraumatischen Belastungsstörung (PTBS). EMDR hat seinen Schwerpunkt in der Durcharbeitung traumatischer Erinnerungen und anderer traumaassoziierter Symptome. Dazu zählen zum Beispiel Auslösereize oder aktuelle Verhaltensstörungen, die auf einer Traumaerfahrung basieren. Eine unkritische Anwendung des EMDR sowie eine fehlerhafte Technik können zu steigender Belastung des Patienten führen. Risiken und Nebenwirkungen des Verfahrens lassen sich durch eine präzise Diagnostik, Berücksichtigung der Patientenstabilität, Vorbereitung, Behandlungsplanung und sorgfältige EMDR-Arbeit minimieren. Die Entwicklung von Qualitätsstandards durch die EMDR-Fachgesellschaften stellen einen wichtigen Beitrag zur Reduktion von Nebenwirkungen und Qualitätssicherung der Methode dar.</p>

Hase, Michael; Hofmann, Arne	2006	Behandlung traumatisierter Abhängiger mit der EMDR- Methode				Der Ansatz "Eye Movement Desensitization and Reprocessing" (EMDR) wird als Methode für die Behandlung traumatisierter Abhängiger vorgestellt. Zum Verständnis des EMDR-Ansatzes wird ein kurzer Exkurs in die psychotraumatologischen Grundlagen vorangestellt. Befunde bei Abhängigen sowie die Therapie von Traumafolgestörungen werden kurz umrissen. EMDR wird zuerst im Überblick dargestellt und dann im Detail erläutert und auf die Anwendung bei traumatisierten Abhängigen eingegangen. Die acht Behandlungsphasen werden beschrieben: (1) Vorgeschichte und Behandlungsplanung; (2) Vorbereitung des Patienten; (3) Bewertung des Traumas; (4) Durcharbeitung; (5) Verankerung; (6) Körper-Test; (7) Abschluss; (8) Nachbefragung. Zunächst wird die Behandlung Abhängiger unter Einsatz der Methode EMDR mit spezifischen Interventionen beschrieben und später auf die Behandlung der komorbiden PTBS eingegangen. Möglichkeiten und Grenzen der Behandlung von komorbiden Abhängigen werden diskutiert.
Hase, Michael; Höllmer, Helge; Hummel, Hanne	2016	EMDR und transgenerationale Traumatisierung				Die Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) in der Behandlung transgenerational weitergegebener Traumatisierungen wird erörtert. Zunächst werden grundlegende Mechanismen transgenerationaler Traumatisierung besprochen. Dann wird eingegangen auf die Bedeutung des Narrativs bzw. des Nicht-Erzählten in der transgenerationalen Weitergabe von Traumatisierung unter besonderer Berücksichtigung des (Ver-)Schweigens und der Verleugnung in deutschen Familien nach dem Ende des Nazi-Regimes. Eine Fallvignette veranschaulicht die Problematik. Anschließend werden theoretische Modelle für die transgenerationale Weitergabe beschrieben. Anhand von fünf weiteren Fallvignetten wird die praktische EMDR-Arbeit mit transgeneracionalem Material dargestellt. Hervorgehoben wird dabei auch die Arbeit mit Soldaten, bei denen transgenerationale Traumatisierungen eine Rolle spielen. Es wird deutlich gemacht, dass EMDR die Chance bietet, die unverarbeiteten Erinnerungen, auch transgenerationaler Traumatisierung, in den therapeutischen Prozess einzubeziehen. Damit kann es gelingen, den Zyklus von Gewalt zu unterbrechen und zu einem andauernden inneren und äußeren Frieden beizutragen.
Hase, Michael; Plagge, Jens; Hase, Adrian; Braas, Roger; Ostacoli, Luca; Hofmann, Arne;	2018	Eye movement desensitization and reprocessing versus treatment as usual in the treatment of depression: A randomized-controlled trial	Frontiers in Psychology, 2018			Eye movement desensitization and reprocessing (EMDR) is a well-established treatment for post-traumatic stress disorder. Recent research suggested that it may be effective in treating depressive disorders as well. The present study is part of a multicenter randomized-controlled trial, the EDEN study, in which a homogenous group of 30 patients was treated to test whether EMDR plus treatment

Huchzermeier, Christian							as usual (TAU) would achieve superior results compared to TAU only in a psychosomatic-psychotherapeutic inpatient treatment setting. Both groups were assessed by the Beck Depression Inventory-II (BDI-II) and the Global Severity Index and depression subscale of the Symptom Checklist 90-Revised. The EMDR + TAU group improved significantly better than the TAU group on the BDI-II and Global Severity Index, while a marginally significant difference favoring the EMDR + TAU group over the TAU group was found on the depression subscale. In the EMDR + TAU group, seven out of 14 patients improved below nine points on the BDI-II, which is considered to be a full remission, while four out of 16 in the TAU group did so. These findings confirm earlier suggestions that EMDR therapy may provide additional benefit in the treatment of depression. The present study strengthens the previous literature on EMDR therapy in the treatment of depression due to the randomized-controlled design of the EDEN study.
Havelka, Judit	2010	EMDR: method of psychotherapy for the treatment of trauma	Psychiatria Hungarica : A Magyar Pszichiatriai Tarsasag tudomanyos folyoirata	25	3	243–250	Eye Movement Desensitization and Reprocessing (EMDR) is a method of psychotherapy that has been extensively researched for the treatment of trauma. The current treatment guidelines of the American Psychiatric Association and the International Society for Traumatic Stress Studies designate EMDR as an effective treatment for PTSD. In this article the author writes about the history of this "breakthrough therapy" and describes EMDR as a standardized protocol. In the second part describes trauma recovery where she uses EMDR in treating post-traumatic stress disorder in a case study about a 25 year old woman, who has been a rubbery survivor.
Hawdon, James; Ryan, John	2012	Well-being after the Virginia Tech mass murder: The relative effectiveness of face-to-face and virtual interactions in providing support to survivors	Traumatology	18	4	3–12	Acts of mass violence such as terrorist attacks or school shootings victimize more than those directly involved. Witness to these acts and members of the attacked community are at risk for increased levels of PTSD, depression, and other forms of mental distress. Research has clearly established that social support is critically important for recovering from such traumatic events (Galea et al. 2002; Johnson, North, & Smith, 2005; Ruzek et al, 2007) as being imbedded in a strong private network of friends and family can provide the emotional support survivors need to effectively cope with the tragedy (Hawdon and Ryan 2011). Given the increased use of e-mail, text messaging, and social networking sites among youth (Hinchcliffe & Gavin, 2009), it is likely that survivors of mass violence use technology to communicate with the members of their private networks (Dutta-Bergman, 2004). However, it is unclear if this "virtual interaction" can be as effective as face-to-face interaction in providing the needed support. Our research addresses this question using data collected



							after the 2007 mass murder of 32 people at Virginia Tech. Using data collected from 543 Virginia Tech students, we predict levels of emotional and behavioral well-being five months after the shootings. Our central independent variables include measures of how frequently the students communicated with their friends and families in the week following the tragedy and if these communications were in person or "virtual." Results indicate that face-to-face interaction significantly improved well-being; however, interacting with friends and family members through e-mail, text messaging, or some form of online communication was unrelated to well-being. Our findings highlight the importance of face-to-face interactions after acts of mass violence. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Hawkins, N. E.	1991	Bravery training: an approach to desensitizing young children to fears encountered in the hospital setting	Archives of physical medicine and rehabilitation	72	9	697–700	A behavioral modeling and reinforcement procedure for "bravery training" is presented for assisting young children to cope with fears encountered in a hospital setting. Its successful application is described with two young language-impaired children on an inpatient rehabilitation unit. One child was a seven-year-old boy with giant cell astrocytoma whose fearfulness of radiation treatment necessitated sedating him during the procedure; the other was a five-year-old boy with seizure disorder whose fearfulness of feedings through a stomach tube necessitated restraining him during feedings. Parent training is provided in the model as a way to assist children to generalize the coping skills to other relevant situations. The puppet bravery training model is offered as a positive supportive procedure that can help prepare even language-impaired children to cope with fears in the hospital while enabling health care providers to proceed with necessary therapies.
Hayes, Sarah A.; Hope, Debra A.; Heimberg, Richard G.	2008	The pattern of subjective anxiety during in-session exposures over the course of cognitive-behavioral therapy for clients with social anxiety disorder	Behavior therapy	39	3	286–299	Exposure-based therapies are efficacious treatments for social anxiety disorder (i.e., Gould et al., 1997). Much of the theory behind these treatments is derived from Foa and colleagues' (Foa, Huppert, & Cahill, 2005; Foa & Kozak, 1986) work on emotional processing. However, there has been little research examining individual differences in emotional processing patterns within and between treatment sessions among clients with social anxiety disorder. This study utilized longitudinal data analytic methods to examine changes in subjective anxiety during the first 3 exposure sessions in group and individual cognitive-behavioral therapy for social anxiety disorder. The results of this study provide preliminary evidence that, although anxiety generally decreases across exposures, some individuals experience considerable fluctuations in anxiety during a single

							exposure. Although anxiety during the first exposure was not significantly related to outcome, the relationship between anxiety during exposure and outcome became stronger during subsequent exposures. Overall, this study highlights the need to conduct more fine-grained analyses to better understand the mechanisms underlying exposure-based therapies for social anxiety disorder.
Heaton, L. J.; Leroux, B. G.; Ruff, P. A.; Coldwell, S. E.	2013	Computerized dental injection fear treatment: a randomized clinical trial	Journal of dental research	92	7 Su ppl	37S– 42S	One in four adults reports a clinically significant fear of dental injections, leading many to avoid dental care. While systematic desensitization is the most common therapeutic method for treating specific phobias such as fear of dental injections, lack of access to trained therapists, as well as dentists' lack of training and time in providing such a therapy, means that most fearful individuals are not able to receive the therapy needed to be able to receive necessary dental treatment. Computer Assisted Relaxation Learning (CARL) is a self-paced computerized treatment based on systematic desensitization for dental injection fear. This multicenter, block-randomized, dentist-blind, parallel-group study conducted in 8 sites in the United States compared CARL with an informational pamphlet in reducing fear of dental injections. Participants completing CARL reported significantly greater reduction in self-reported general and injection-specific dental anxiety measures compared with control individuals ( $p < .001$ ). Twice as many CARL participants (35.3%) as controls (17.6%) opted to receive a dental injection after the intervention, although this was not statistically significant. CARL, therefore, led to significant changes in self-reported fear in study participants, but no significant differences in the proportion of participants having a dental injection.
Hebebrand, Johannes; Warnke, Andreas	2009	Obsessive-compulsive disorders	Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie	37	4	364– 366	
Heber, Ruth; Kellner, Michael; Yehuda, Rachel	2002	Salivary cortisol levels and the cortisol response to dexamethasone before and after EMDR: A case report	Journal of clinical psychology	58	12	1521– 1530	Presents a case study involving a 41-year-old female suffering from chronic posttraumatic stress disorder (PTSD). The study was aimed at investigating the effects of eye movement desensitization and reprocessing (EMDR) therapy on salivary cortisol levels, and on salivary cortisol response to 0.50 mg of dexamethasone. The woman met the diagnostic criteria of the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) for PTSD. The Clinician Administered PTSD Scale (CAPS) was used to assess the severity of PTSD symptoms. The woman was administered four 90-

							minute EMDR sessions, once a week, over a 4-week period. The findings showed a moderate improvement in symptoms, increased basal cortisol levels, and an attenuated cortisol hypersuppression (as measured with the dexamethasone suppression test) following EMDR treatment. The results point out the benefits of incorporating neuroendocrine measures in the assessment of treatment outcome in PTSD.
Hébert, Martine; Paradis, Alison; Fortin, Andréanne	2021	Symptom patterns of sexually abused teenage girls seeking services	American Journal of Orthopsychiatry	91	4		Child sexual abuse (CSA) is associated with a host of negative repercussions. Yet, scholarly reports highlight the diversity of symptom presentation in survivors of CSA. Relying on the complex posttraumatic stress disorder (C-PTSD) framework, this study aimed to identify symptom profiles in teenage girls seeking services following disclosure of CSA. Participants included 207 teenage girls aged 12–18. They completed questionnaires on PTSD symptoms (i.e., reexperiencing, avoidance, and hyperarousal) and domains of impairments of the C-PTSD (i.e., interpersonal difficulties, biology, affect and behavioral regulation, dissociation, cognition, and self-concept). A latent profile analysis identified three profiles: PTSD, Complex PTSD, and Resilient. Results support the validity of the C-PTSD model with a subgroup reporting classic PTSD symptoms as well as alterations in several domains of functioning. Our second aim was to explore potential correlates of the resulting symptom profiles. Both personal and family factors were found to distinguish profiles, with teens in the Resilient group reporting fewer associations with delinquent peers, less use of avoidance coping strategies, and more maternal support than the two other profiles. Furthermore, CSA severity did not differ between the Complex PTSD and the Resilient profiles. The current findings argue in favor of a more individualized approach to treatment taking into consideration differences in presentation of symptoms among profile teenage survivors of CSA. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)
Hébert-Ratté, Roxanne; Dufour, Magali; Hébert, Martine	2023	Validation of the Internet Gaming Disorder Test (IGDT-10) in a sample of Quebec French-speaking youth and associations with trauma and PTSD	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement			No Paginat on Specifie d-No Paginat on Specifie d	The Internet Gaming Disorder Test (IGDT-10; Király et al., 2015) is a recent measure of gaming disorder (GD) using the criteria proposed in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). However, studies examining its validity with French-Canadian youth samples are lacking. Moreover, trauma and posttraumatic stress disorder (PTSD) have been associated with other addictive disorders but remain understudied in relation to GD. The present study aimed to address these gaps in the scientific literature. A sample of 1,851 adolescent and young adult online gamers (83.8% boys) completed an online survey. A confirmatory factor analysis was

						conducted, and Pearson chi-square analyses were used to compare the endorsement of each GD criteria among addicted and nonaddicted players. Associations between IGDT-10 and psychological distress, trauma and PTSD were also examined. The French version of the IGDT-10 showed adequate internal consistency ( $\alpha = .63$ ; $\Omega = .65$ ) and its unidimensional structure was confirmed. Significant differences were identified on all items between GD and non-GD gamers. Furthermore, GD gamers reported psychological distress, trauma, and PTSD significantly more frequently. Overall, the French version of the IGDT-10 appears to show good psychometric properties, and associations with criterion measures support its overall validity. Further studies should pursue exploration of the associations between GD, trauma, and PTSD. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Heinz, Adrienne J.; Wiltsey-Stirman, Shannon; Jaworski, Beth K.; Sharin, Theresa; Rhodes, Lori; Steinmetz, Sarah; Taylor, Kathrine; Gorman, Bernard; Mason, Debbie; Marikos, Sarah; McGovern, Mark	2022	Feasibility and preliminary efficacy of a public mobile app to reduce symptoms of postdisaster distress in adolescent wildfire survivors: Sonoma rises	Psychological Services	19	Suppl 2	In October 2017, Northern California experienced devastating and historic wildfires leaving the community in need of support to foster emotional resilience during the recovery process. Adolescents represent a particularly vulnerable population in the wake of disaster, and digital mental health interventions may hold promise for reaching teens at scale. The present study examined the feasibility and efficacy of a mobile mental health app for disaster, Sonoma Rises. A multiple-baseline single-case experimental design (SCED) utilizing a research-enabled version of the app was employed with seven adolescents who experienced significant damage to their homes and schools in the wildfires. Participants completed daily mood ratings, weekly measures of posttraumatic stress symptoms, internalizing and externalizing symptoms, psychosocial functioning, and then pre-post-measures of anxiety, depression, wellbeing, sleep, academic engagement, and perceived social support as well as quantitative and qualitative measures of intervention satisfaction and feasibility. Sonoma Rises was found to be feasible in terms of engagement, satisfaction, and likelihood of recommending to a friend. During the study, another wildfire occurred and all participants underwent a prolonged mandated evacuation and were subject to a series of extended power outages. Uptake of the publicly available version of the Sonoma Rises app among the general population was modest but engagement among users was sustained. Lessons learned are offered to contribute to the science and practice of building, disseminating, and implementing digital tools to conduct more equitable disaster mental health outreach and research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Heinz, Peter; Pfitzer, Franz	2014	Störungsspezifisches stationäres Behandlungsprogramm für komplex traumatisierte Erwachsene. Konzept der Traumastation der Klinik St. Irmingard in Prien am Chiemsee	Trauma. Zeitschrift für Psychotraumatologie und ihre Anwendungen	12	1	26–37	Vorgestellt wird das Konzept einer Spezialstation für komplex-traumatisierte Erwachsene, das Methoden integrativ ist und Ansätze der psychodynamischen und kognitiv-behavioralen Therapie einbezieht. Es nimmt Bezug auf eine stark ressourcenorientierte "Schonende Traumatherapie", die unter Berücksichtigung des individuellen Stresstoleranzfensters frühzeitig auch konfrontative Behandlungselemente einbezieht. Maßgebliche Impulse für die Arbeit mit dem Persönlichkeitssystem sowie den körper- und affektbezogenen Phobien gehen von dem Modell der Strukturellen Dissoziation aus. Zur Traumabearbeitung werden neben der Bildschirm- oder Beobacherteknik vor allem die modifizierten Protokolle der EMDR-Methode (Eye Movement Desensitization Therapy) eingesetzt. Für die Koordination des multimodalen Therapieprogramms im Team wird ein adaptiertes Phasenmodell vorgestellt, das auch eine Zuordnung der Therapien im Gruppensetting zu den Behandlungsphasen gestattet.
Hekmat, H.; Groth, S.; Rogers, D.	1994	Pain ameliorating effect of eye movement desensitization	Journal of behavior therapy and experimental psychiatry	25	2	121–129	This study explores the efficacy of eye movement desensitization and reprocessing (EMD/R) in the management of acute pain induced by hand exposures to ice water. Thirty participants were randomly assigned to one of the following interventions: (a) eye movement desensitization and reprocessing, (b) eye movement desensitization with music (EMD/M), and (c) control. The EMD/R participants focused on negative experiences associated with exposure to ice water, generated positive self-talk, and diverted their attention away from pain by focusing on a rapidly moving light on a monitor. The EMD with music group received eye movement desensitization coupled with preferred music. Repeated measures univariate and multivariate analysis of covariance was used to analyze the data. Results indicated that both procedures alleviated participants' pain to a similar degree and significantly more than the control, $P < 0.05$ .
Hellström, K.; Ost, L. G.	1995	One-session therapist directed exposure vs two forms of manual directed self-exposure in the treatment of spider phobia	Behaviour research and therapy	33	8	959–965	Fifty-two patients with spider phobia, fulfilling the DSM-III-R criteria for simple phobia, were assessed with behavioral, physiological and self-report measures. They were randomly assigned to five different treatment conditions: (1) one session therapist-directed exposure (maximum 3 hours), (2) specific manual-based treatment in the home, (3) specific manual-based treatment at the clinic, (4) general manual-based treatment in the home and (5) general manual-based treatment at the clinic. The results show that therapist-directed one-session treatment was significantly more effective than three of the manual-based treatments, both at the post-treatment and follow-up stages. Specific manual-based treatment at the clinic was significantly more

							successful than the other manual-based treatments, but only at follow-up. The proportion of clinically significant improved patients at follow-up was 80% in the therapist-directed group compared to 63% for the specific manual-based treatment at the clinic, 10% for specific manual-based treatment in the home, 9% for general manual-based treatment in the home, and 10% for general manual-based treatment at the clinic. The conclusion that can be drawn is that one-session therapist-directed treatment is the treatment of choice for spider phobia but manual-based treatment is a good alternative in some cases.
Hellström, K.; Ost, L. G.	1996	Prediction of outcome in the treatment of specific phobia. A cross validation study	Behaviour research and therapy	34	5-6	403–411	The purpose of this study was to investigate possible predictors of treatment outcome in specific phobia at 1 week after treatment, and at 1 year follow-up. The subjects (n = 138) came from four studies (two on spider phobia, one on blood phobia and one on injection phobia), and all had been diagnosed with simple phobia according to DSM-III-R. The dependent variable was clinically significant improvement in three different factors; avoidance behavior in a behavior test, self-rated anxiety during the test, assessor rating of phobic severity or fainting behavior. Fourteen variables covering self-report, demographic and physiological variables, and data from the behavior test were used as prognostic variables. Multiple regression analyses were used in a cross validation procedure. The results showed that diastolic blood pressure at pretest was a predictor at post-treatment for one sample and credibility was found as a predictor for the other sample both at post-treatment and at 1 year follow-up. Analyses were made for the diagnoses and the treatments but the results were inconclusive. Despite the large sample size and the cross validation procedure no stable predictors were found for short- and long-term outcome. The few significant predictors should be considered as chance findings.
Hendrix, Yvette M. G. A.; Sier, Misha A. T.; Baas, Melanie A. M.; van Pampus, Maria G.	2022	Therapist perceptions of treating posttraumatic stress disorder in pregnancy: The VIP Study	J. Traum. Stress (Journal of traumatic stress)	35	5	1420–1431	Abstract There is no consensus on the treatment of posttraumatic stress disorder (PTSD) during pregnancy, and therapists' views on the matter are largely unknown. This cross-sectional study aimed to explore therapist beliefs and experiences regarding PTSD treatment during pregnancy. Participants were therapists (N = 301) with experience treating PTSD who completed an online survey. The primary outcome measure was the percentage of therapists who were experienced in treating PTSD symptoms during pregnancy; secondary outcome measures assessed preferred treatments for the general and pregnant populations, perceived reluctance to treat PTSD in pregnancy, and perceived effects and adverse events attributed to

							<p>treatment for pregnant women and fetuses. The majority of participants (n = 246, 81.7%) had experience with treating PTSD during pregnancy. Eye movement desensitization and reprocessing was the preferred treatment for both the general and the pregnant populations. Almost half of the sample (48.8%) reported hearing that PTSD treatment in pregnancy could be harmful; 30.5% of therapists were reluctant to treat pregnant women with PTSD. Most therapists observed a clinically relevant posttreatment reduction of PTSD symptoms in pregnant women. Perceived adverse maternal and fetal events attributed to treatment were reported by 8.4% and 1.4% of therapists, respectively. Despite reluctance, most therapists reported treating PTSD during pregnancy. The results show that although therapists often reported hearing that treating PTSD during pregnancy was harmful, only a small percentage reported perceived adverse events, and treatment was often viewed as effective. These findings implicate a more positive view on the treatment of PTSD in pregnancy.</p>
Hensel, Thomas	2002	EMDR - eine neue Behandlungsform für traumatisierte Kinder, Jugendliche und deren Familien					<p>EMDR (Eye Movement Desensitization and Reprocessing) ist die zurzeit effektivste und schonendste Behandlungsform für Menschen mit traumabedingten Störungen, insbesondere einer posttraumatischen Belastungsstörung. Thomas Hensel stellt in einem Workshop nach einer kurzen theoretischen Einführung in die Psychotraumatologie im Kindes- und Jugendalter verschiedene Praxisbeispiele mit EMDR-Behandlung vor. Mit Videoeinspielungen wird die kindspezifische und altersgemäße Durchführung veranschaulicht. Die Beispiele umfassen das Vorschulalter bis zum Jugendalter. Anschließend werden die Abläufe und weitere Aspekte erläutert (EMDR-Setting, Ressourceninstallierung). An einem Beispiel zeigt Hensel die einzelnen Phasen des standardisierten EMDR-Verfahrens nach F. Shapiro. Darüber hinaus wird an weiteren Praxisbeispielen verdeutlicht, dass EMDR als ein Element eines Gesamttherapieprozesses auch bei dysfunktionalen, verfestigten Zuständen wirksam ist (Alpträume, Missbrauchserfahrungen, Lernbehinderung, Störungen des Sozialverhaltens).</p>
Hensel, Thomas	2006	Effektivität von EMDR bei psychisch traumatisierten Kindern und Jugendlichen	Kindheit und Entwicklung	15	2	107–117	<p>EMDR (Eye Movement Desensitization and Reprocessing) ist ein eigenständiges, effektives und empirisch gut belegtes Verfahren zur Behandlung chronischer posttraumatischer Belastungsstörung (PTBS) im Erwachsenenalter. Vorgelegt wird ein Überblick über den Forschungsstand des Einsatzes von EMDR bei traumatisierten Kindern und Jugendlichen. Die existierenden kontrolliert-randomisierten Studien werden zusammengefasst und hinsichtlich ihrer methodologischen Güte eingeschätzt. Die empirische Bewährung und</p>

						die Effektivität des Verfahrens werden verdeutlicht. Die Ergebnisse weisen - wenn auch auf schmaler empirischer Basis - darauf hin, dass EMDR bei Kindern und Jugendlichen hinsichtlich der Symptomreduktion und Effizienz (geringe Behandlungsdauer) vergleichbar wirksam ist wie bei Erwachsenen. Fragen der Integration des Verfahrens in die bestehende Versorgungsstruktur werden diskutiert.
Hensel, Thomas	2007	EMDR (Eye Movement Desensitization and Reprocessing)				Über den Einsatz von "Eye Movement Desensitization and Reprocessing" (EMDR) in der Behandlung von Kindern mit traumatischen Erfahrungen wird berichtet. Das von F. Shapiro entwickelte Verfahren nutzt die entspannende Wirkung rhythmischer Rechts-Links-Augenbewegungen für die Auflösung traumatischer Erinnerungen. Befunde der Grundlagenforschung zu den Fragen, welche grundlegenden Mechanismen für die durch die Augenbewegungen induzierten Phänomene verantwortlich sind und ob die bilaterale Stimulation ein eigenständiger Wirkfaktor ist oder ob es sich bei EMDR um ein habituales Geschehen handelt, werden angeführt. Indikationen und Kontraindikationen des Einsatzes von EMDR in der traumafokussierten Kinderpsychotherapie werden genannt und ein Überblick über das therapeutische Vorgehen nach dem "Altersmodifizierten Standardprotokoll für Kinder bis zwölf Jahre" (ASP), das die Strukturierung des Erwachsenenprotokolls übernimmt und es den Erfordernissen der verschiedenen Altersstufen der Kinder anpasst, wird gegeben. Folgende acht Phasen des ASP, die aufeinander aufbauen, werden skizziert: (1) Anamnese und Behandlungsplanung, (2) Vorbereitung und Stabilisierung (etwa Etablierung eines Sicheren Ortes, Ressourcen-Installation), (3) Beginn der Traumaexposition durch altersangepasste schrittweise prozessuale Aktivierung der mit dem traumatisierenden Ereignis verbundenen psychischen Komponenten (Auswahl eines Erinnerungsbildes (Target), Ermittlung dysfunktionaler und angemessener Selbstüberzeugungen, Einschätzung der Stimmigkeit der positiven Kognition, Einschätzung des aktuellen Belastungsgrades und der traumabezogenen Körperempfindung), (4) Prozessierungsphase unter Einsatz der bilateralen Stimulation durch Augenbewegungen, (5) Verankerung einer konstruktiven kognitiven Betrachtungsweise des ehemaligen traumatischen Geschehens, (6) Körpertest, (7) Abschluss der Sitzung, (8) Überprüfung der Effekte der letzten EMDR-Behandlung in der nächsten Sitzung. Als Varianten des ASP werden die Arbeit mit Narrativen und der Einsatz kreativer Materialien (Malen, Tönen, Sandkasten, Inszenierungen mit Puppen)



							angesprochen. Ein tabellarischer Überblick über die Effektstärken von insgesamt sechs kontrolliert-randomisierten Studien zu EMDR bei Kindern und Jugendlichen sowie der Vergleich der durchschnittlichen Effektstärken der kontrollierten Studien von EMDR mit Erwachsenen und Kindern bzw. Jugendlichen belegen, dass EMDR als ein empirisch gut bewährtes Verfahren zur Behandlung von Kindern und Jugendlichen mit einer Posttraumatischen Belastungsstörung (PTBS) angesehen werden kann. Die Anwendung des ASP wird an drei Fallbeispielen (siebenjähriger Junge mit Ängsten und phobischen Reaktionen, fünfjähriger Junge mit Albträumen, vierjähriger Junge mit PTBS nach einem medizinischen Eingriff) anschaulich gemacht.
Hensel, Thomas	2007	EMDR mit Kindern und Jugendlichen					"Insgesamt scheint mir das Buch eine sehr gute Ergänzung ... zu einer qualifizierten Weiterbildung im Bereich des EMDR zu sein." (Schwierige Kinder, 1/2007)
Hensel, Thomas	2007	EMDR mit Kindern und Jugendlichen - Die Grundlagen					Die Grundlagen der Anwendung von Eye Movement Desensitization and Reprocessing (EMDR) bei Kindern und Jugendlichen werden beschrieben. Nach einer Einführung in das Thema wird auf die Fundamente der Arbeit mit EMDR bei Kindern eingegangen. Danach wird das altersmodifizierte Standardprotokoll für Kinder bis zwölf Jahre erläutert. Als nächstes wird beschrieben, wie die altersspezifische Durchführung einer EMDR-Behandlung gestaltet sein sollte. Dann wird auf kreative Alternativen zum altersmodifizierten Standardprotokoll und dessen Modifikationen eingegangen. Letztlich wird das spezifische Vorgehen bei verschiedenen Störungen erläutert.
Hensel, Thomas	2007	EMDR mit Kindern und Jugendlichen. Ein Handbuch					
Hensel, Thomas	2007	Traumazentrierte Psychotherapie (EMDR) bei Jugendlichen mit Störungen des Sozialverhaltens - das MASTR-Manual					Ein Manual zur traumazentrierten Psychotherapie (EMDR) bei Jugendlichen mit Störungen des Sozialverhaltens wird dargestellt. Zunächst werden Störungen des Sozialverhaltens beschrieben und diese als Ausdruck komplexer Traumatisierungen interpretiert. Anschließend werden die drei Phasen des MASTR-(Motivation-Adaptive Skills-Trauma Resolution-)Protokolls beschrieben: Motivationsphase, Selbstkontrollphase und Phase der Traumaaarbeit. Zur Motivationsentwicklung dienen die Bausteine "Rapport herstellen", "Ressourcen- und Trauma-Anamnese", "persönliche Ziele herausarbeiten" sowie "die Motivation für die weitere Arbeit festigen". Zur Entwicklung von Selbstkontrolle werden ein traumabasiertes Störungsmodell für das problematische Verhalten entwickelt, die Selbstwahrnehmung verbessert, Entscheidungsfolgen expliziert, Traumatrigger durch imaginative Techniken gemeistert sowie

							Stressreduktion im Alltag vorbereitet. Abschließend wird auf die Traumaarbeit mit EMDR eingegangen.
Hensel, Thomas	2012	Ambulante Traumatherapie mit geistig behinderten Kindern und Jugendlichen - Methoden und Techniken					Anhand von Fallbeispielen werden Möglichkeiten, Methoden und Techniken der ambulanten Traumatherapie mit geistig behinderten Kindern und Jugendlichen aufgezeigt. Die Beispiele aus der Praxis beziehen sich auf die EMDR (Eye Movement Desensitization and Reprocessing), die Arbeit mit Trauma-Narrativen und die traumabezogene Spieltherapie.
Hensel, Thomas	2013	In: Sack, Martin; Sachsse, Ulrich; Schellong, Julia (Ed.), Komplexe Traumafolgestörungen. Diagnostik und Behandlung von Folgen schwerer Gewalt und Vernachlässigung (S. 331-343). Stuttgart: Schattauer, 2013				331-343	
Hensel, Thomas	2013	Psychotherapie komplexer Traumafolgestörungen bei Kindern und Jugendlichen					Nach einem kurzen Abriss diagnostischer Aspekte komplexer Traumatisierung im Kindes- und Jugendalter (entwicklungsbezogene Traumafolgestörung) werden psychotherapeutische Ansätze zur Behandlung betroffener Kinder und Jugendlicher vorgestellt. Für den deutschsprachigen Raum werden spieltherapeutische Verfahren, dissoziationsbezogene Methoden, traumafokussierende Verfahren (traumafokussierte kognitiv-behaviorale Therapie, Eye Movement Desensitization and Reprocessing (EMDR)), die Arbeit mit Narrativen und das therapeutische Milieu angeführt. Darüber hinaus werden fünf neuere US-amerikanische Ansätze skizziert: Eltern-Kind-Psychotherapie, integratives Behandlungsmodell, neurosequenzielles Modell therapeutischer Aktivitäten, ARC-(Attachment, Self-Regulation and Competency-)Modell sowie Family Attachment Narrative Therapy. Es wird betont, dass die Komplexität und Vielfältigkeit der Phänomene komplexer Traumatisierung bei Kindern und Jugendlichen eine schulenorientierte Behandlungskonzeptualisierung nach den Psychotherapie-Richtlinien obsolet macht. Dies betrifft nicht nur den therapeutischen Blick auf das Kind in der exklusiven Zweier-Dynamik, sondern ebenso das Grundverständnis eines therapeutischen Milieus, das das gesamte Lebensfeld des Kindes im Blick haben muss. Alle Beteiligten sollten geschult werden, um die traumabedingten Verhaltensweisen dieser Kinder zu verstehen und erfolgreich darauf reagieren zu können.
Hensel, Thomas	2014	EMDR mit Kindern und Jugendlichen					Unterschiedliche Anwendungsfelder von "Eye Movement Desensitization and Reprocessing" (EMDR) in der Behandlung von Kindern und Jugendlichen werden erläutert. Es wird aufgezeigt, dass

							diese Methoden in ihren vielfältigen technischen Umsetzungsmöglichkeiten das Feld psychotherapeutischen Handelns deutlich erweitern oder erleichtern, etwa in der Arbeit mit Säuglingen, präverbalen Traumatisierungen, geistig behinderten Kindern, Jugendlichen mit Störungen des Sozialverhaltens oder mit Gruppen nach Naturkatastrophen oder Großschadensereignissen. Nach Hinweisen zur geschichtlichen Entwicklung, den Wirkfaktoren und dem konkreten Vorgehen folgen Behandlungsbeispiele, zum Teil als Transkripte von EMDR-Sitzungen zu folgenden Themen: Monotrauma (Suizid des Vaters); präverbales Trauma; Arbeit mit einem autistischen Kind nach Monotrauma; Störung des Sozialverhaltens (Jugendlicher); EMDR-Narrativ-Arbeit bei komplexen Traumafolgestörungen; EMDR als Gruppenverfahren.
Hensel, Thomas	2014	In: Krist, Marita; Wolcke, Adelheid; Weisbrod, Christina; Ellermann-Boffo, Kathrin (Ed.), Herausforderung Trauma. Diagnosen, Interventionen und Kooperationen der Erziehungsberatung (S. 133-159). Weinheim: Beltz Juventa, 2014				133–159	
Hensel, Thomas	2023	25 Jahre Traumatherapie mit Kindern und Jugendlichen - Ein persönlich-fachlicher Rückblick	Praxis der Kinderpsychologie und Kinderpsychiatrie	72	2	85–95	Zurückgeblickt wird auf 25 Jahre engagierter Arbeit im Feld der Psychotraumatologie und der Traumatherapie mit Kindern und Jugendlichen und der damit verbundenen persönlichen Entwicklung. Die Entwicklung des Traumaansatzes bei Kindern und Jugendlichen wurde von Anfang an miterlebt und mitgestaltet. Dies brachte große Freude für die und in der therapeutischen Arbeit mit sich sowie einen intensiven Impuls zur eigenen inneren Arbeit, intellektuelles Vergnügen, neue Konzepte zu erarbeiten und viele als wunderbar erlebte Begegnungen in den Weiterbildungsgruppen mit Personen, denen das Wohl von Kindern so sehr am Herzen lag. Es wird der Überzeugung Ausdruck verliehen, dass dem traumakonfrontativen Ansatz die Zukunft gehört, weil er wirksam ist und der "Privatisierung von Stress" entgegenwirkt.
Hensel, Thomas; Esser, Günter	2015	Leserbrief zum Beschluss des Wissenschaftlichen Beirats Psychotherapie (WBP), EMDR mit Kindern und Jugendlichen nicht als wissenschaftliche Methode zur Behandlung der	Psychotherapeutenjournal	14	3	263–265	Es wird ein Leserbrief von Thomas Hensel zum Beitrag von Günter Esser et. al. (in Psychotherapeutenjournal 2015, 14 (1)) vorgelegt mit einem anschließenden Kommentar von Günter Esser. Die Kommentare beziehen sich darauf, dass der Wissenschaftliche Beirat Psychotherapie zusammenfassend festgestellt hat, dass die EMDR Methode bei Kindern und Jugendlichen als Methode zur Behandlung der Posttraumatischen Belastungsstörung nicht als wissenschaftlich

		Posttraumatischen Belastungsstörung anzuerkennen					anerkannt gelten kann. Ebenso kann EMDR bei Kindern und Jugendlichen nicht als wissenschaftlich anerkannte Methode für den Anwendungsbereich 6 (Anpassungs- und Belastungsstörungen, F43) gelten, da hierfür keine ausreichende Anzahl unabhängiger, methodisch adäquater und valider Studien vorliegt.
Herbert, Claudia	2002	Noch mal ganz von vorn anfangen? Warum die psychischen Folgen der Flutkatastrophe für Betroffene in Ostdeutschland ein besonders traumatisches Ereignis sein können	Psychologie heute	29	11	36–41	
Herbert, Linda; DunnGalvin, Audrey	2021	Psychotherapeutic Treatment for Psychosocial Concerns Related to Food Allergy: Current Treatment Approaches and Unmet Needs	The journal of allergy and clinical immunology. In practice	9	1	101–108	Psychosocial concerns, such as anxiety and decreased quality of life, are common among patients with food allergy and their caregivers. There is evidence that childhood anxiety disorders are at the outset of a "cascade of psychopathology," highlighting the importance of early recognition and treatment. Provision of psychological services is needed, beginning with a thorough assessment of food allergy-related quality of life, subjective perceptions of food allergy severity, and environmental factors. Implementation of patient-centered cognitive-behavioral, medical coping, and motivational interviewing strategies may promote healthy food allergy management and adjustment. We present 2 cases, a mother of a young child with food allergy and a young boy preparing for oral immunotherapy treatment, who received psychological services for food allergy-related anxiety. For each, treatment resulted in decreased anxiety and improved food allergy management/oral immunotherapy treatment engagement. We also discuss unmet food allergy-related psychosocial needs, including the lack of food allergy-specific anxiety measures, psychosocial domains that warrant investigation (trauma, feeding concerns), development of supportive interventions for patients engaging in allergen immunotherapy, and the lack of adequate mental health providers with food allergy expertise.
Herkt, Deborah; Tumani, Visal; Grön, Georg; Kammer, Thomas; Hofmann, Arne; Abler, Birgit	2014	Facilitating access to emotions: neural signature of EMDR stimulation	PloS one	9	8	e106350	BACKGROUND: Eye Movement Desensitisation and Reprocessing (EMDR) is a method in psychotherapy effective in treating symptoms of posttraumatic stress disorder. The client attends to alternating bilateral visual, auditory or sensory stimulation while confronted with emotionally disturbing material. It is thought that the bilateral stimulation as a specific element of EMDR facilitates accessing and processing of negative material while presumably creating new associative links. We hypothesized that the putatively facilitated

							access should be reflected in increased activation of the amygdala upon bilateral EMDR stimulation even in healthy subjects. METHODS: We investigated 22 healthy female university students (mean 23.5 years) with fMRI. Subjects were scanned while confronted with blocks of disgusting and neutral picture stimuli. One third of the blocks was presented without any additional stimulation, one third with bilateral simultaneous auditory stimulation, and one third with bilateral alternating auditory stimulation as used in EMDR. RESULTS: Contrasting disgusting vs. neutral picture stimuli confirmed the expected robust effect of amygdala activation for all auditory stimulation conditions. The interaction analysis with the type of auditory stimulation revealed a specific increase in activation of the right amygdala for the bilateral alternating auditory stimulation. Activation of the left dorsolateral prefrontal cortex showed the opposite effect with decreased activation. CONCLUSIONS: We demonstrate first time evidence for a putative neurobiological basis of the bilateral alternating stimulation as used in the EMDR method. The increase in limbic processing along with decreased frontal activation is in line with theoretical models of how bilateral alternating stimulation could help with therapeutic reintegration of information, and present findings may pave the way for future research on EMDR in the context of posttraumatic stress disorder.
Hermer, Matthias; Klinzing, Hans Gerhard	2004	Nonverbale Prozesse in der Psychotherapie					
Herpertz, Sabine C.; Schnell, Knut; Falkai, Peter	2013	Psychotherapie in der Psychiatrie. Störungsspezifisches Basiswissen für die Praxis					
Herpertz, Sabine; Caspar, Franz; Lieb, Klaus	2017	Psychotherapie. Funktions- und störungsorientiertes Vorgehen					
Herzog, Philipp; Kaiser, Tim; Jongh, Ad de	2023	Wie Mythen der traumafokussierten Psychotherapie eine adäquate Versorgung erschweren . Ein Plädoyer zur Implementierung evidenzbasierter Verfahren in Deutschland	Psychotherapeute njournal	22	1	30–36	Das Ziel des Artikels ist es, die Mythen von traumafokussierter Psychotherapie näher zu beleuchten, die im Zusammenhang mit der mangelnden Implementierung evidenzbasierter Verfahren zur Behandlung der Posttraumatischen Belastungsstörung (PTBS) stehen. Dazu werden im ersten Teil ausgewählte aktuelle Befunde der evidenzbasierten Psychotherapien zur Traumabehandlung vorgestellt sowie Probleme bei der Implementierung dieser Verfahren in Deutschland aufgezeigt. Dabei zeigt sich, dass trotz der immer stärker werdenden Evidenzlage insbesondere für die Prolongierte Expositionstherapie, kognitive Verarbeitungstherapie und EMDR diese

							zu selten eingesetzt werden. Anschließend werden zugrundeliegende Mythen, die in Zusammenhang mit dem aufgezeigten Versorgungsproblem stehen dürften, dargestellt und in Bezug zu aktuellen Forschungsarbeiten gestellt. Letztlich werden noch Empfehlungen für die Praxis und besseren Implementierung der Leitlinien gegeben und die Zukunft der traumafokussierten Psychotherapie diskutiert.
Hessels, Roy S.; Benjamins, Jeroen S.; Cornelissen, Tim H. W.; Hooge, Ignace T. C.	2018	A validation of automatically-generated areas-of-interest in videos of a face for eye-tracking research	Frontiers in Psychology, 2018				When mapping eye movement behavior to the visual information presented to an observer, areas of interest (AOIs) are commonly employed. For static stimuli (screen without moving elements), this requires that one AOI set is constructed for each stimulus, a possibility in most eye tracker manufacturers' software. For moving stimuli (screens with moving elements), however, it is often a time-consuming process, as AOIs have to be constructed for each video frame. A popular use case for such moving AOIs is to study gaze behavior to moving faces. Although it is technically possible to construct AOIs automatically, the standard in this field is still manual AOI construction. This is likely due to the fact that automatic AOI construction methods are (1) technically complex, or (2) not effective enough for empirical research. To aid researchers in this field, we present and validate a method that automatically achieves AOI construction for videos containing a face. The fully-automatic method uses an open-source toolbox for facial landmark detection, and a Voronoi-based AOI construction method. We compared the position of AOIs obtained using our new method, and the eye-tracking measures derived from it, to a recently published semi-automatic method. The differences between the two methods were negligible. The presented method is therefore both effective (as effective as previous methods), and efficient, no researcher time is needed for AOI construction. The software is freely available from <a href="https://osf.io/zgmeh/">https://osf.io/zgmeh/</a> .
Hetzel-Riggin, Melanie D.	2009	A test of structural invariance of posttraumatic stress symptoms in female survivors of sexual and/or physical abuse or assault	Traumatology	15	2	46–59	Recent studies on the factor structure of posttraumatic stress disorder (PTSD) symptoms tend to support one of two four-factor structures; however, little research has examined the structural invariance of PTSD structure across trauma groups. Five previously tested models of PTSD structure were compared in a large sample (N = 2,378) of female undergraduates who are survivors of sexual and/or physical abuse or assault, using the Posttraumatic Stress Disorder Questionnaire (PTSD-Q). The four-factor model of PTSD that included correlated factors of reexperiencing, avoidance, dysphoria, and hyperarousal exhibited the best fit for the data and was structurally invariant

							across the five abuse groups. Support for the four-factor dysphoria model may have important implications for revisions of the current PTSD diagnosis. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Heyne, David; King, Neville J.; Tonge, Bruce J.; Rollings, Stephanie; Young, Dawn; Pritchard, Melinda; Ollendick, Thomas H.	2002	Evaluation of child therapy and caregiver training in the treatment of school refusal	Journal of the American Academy of Child and Adolescent Psychiatry	41	6	687–695	OBJECTIVE: To evaluate the relative efficacy of (1) child therapy, (2) parent/teacher training, and (3) the combination of child therapy and parent/teacher training in the treatment of anxiety-based school refusal. METHOD: Sixty-one school-refusing children (aged 7-14 years) from throughout Melbourne, Australia, were randomized to a child therapy program, a parent and teacher training program, or a combination of the two. Children were assessed before and after treatment, and at 4.5-month follow-up, by means of attendance records, self-report of emotional distress and self-efficacy, parent and teacher reports of emotional distress, and clinician ratings of overall functioning. RESULTS: Statistically and clinically significant pretreatment-posttreatment change occurred for each group. Immediately posttreatment, child therapy appeared to be the least effective in increasing attendance. By follow-up, the attendance and adjustment of those in the child therapy group equalled that of children whose parents and teachers were involved in treatment, whether on their own (parent/teacher training) or together with their children (combined child therapy and parent/teacher training). CONCLUSION: Contrary to expectations, combined child therapy and parent/teacher training did not produce better outcomes at posttreatment or follow-up.
Hicks, Terrell A.; Bountress, Kaitlin E.; Resnick, Heidi S.; Ruggiero, Kenneth J.; Amstadter, Ananda B.	2022	Caregiver support buffers posttraumatic stress disorder symptoms following a natural disaster in relation to binge drinking	Psychological trauma : theory, research, practice and policy	14	7	1142–1148	Objective: We investigate if posttraumatic stress disorder (PTSD) symptoms mediate the effects of disaster severity or prior trauma on binge drinking following disaster exposure and test if support from caregiver moderates the relation between disaster severity and PTSD symptoms as well as prior trauma and PTSD symptoms. Method: A population-based clinical trial used address-based sampling to enroll 1,804 adolescents and parents from communities affected by tornadoes in Missouri and Alabama. Data collection via baseline (averaging 8 months postdisaster), 4-month postbaseline, and 12-month postbaseline semistructured telephone interviews was completed between September 2011 and August 2013. Longitudinal analyses, testing the indirect effects of disaster severity and prior traumatic events on alcohol use through PTSD symptoms, as potentially moderated by support from caregiver, were conducted. Results: PTSD symptoms mediated the effect of prior trauma, but not disaster severity, on binge drinking. Specifically, those with more prior

							traumas reported more PTSD symptoms, which in turn increased risk for binge drinking. Support from caregiver moderated the effect of disaster severity, but not prior trauma, on PTSD symptoms. Specifically, the effect of disaster severity on PTSD symptoms was significant for adolescents with average or below-average caregiver support. Conclusion: Findings suggest that PTSD symptomatology is one mechanism by which prior trauma can impact binge drinking among adolescents following exposure to a natural disaster. Caregiver support can serve as a buffer for reducing PTSD symptomatology related to the severity of a natural disaster, which can decrease the likelihood of adolescent binge drinking. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hildebrand, Anja; Grand, David; Stemmler, Mark	2015	Zur Wirksamkeit von Brainspotting - Ein neues Therapieverfahren zur Behandlung von Posttraumatischen Belastungsstörungen	Trauma. Zeitschrift für Psychotraumatologie und ihre Anwendungen	13	1	84-93	In einer Vorstudie wird die Wirksamkeit des von David Grand neu entwickelten Therapieansatzes "Brainspotting" für die Behandlung von Posttraumatischen Belastungsstörungen (PTBS) bewertet. Der neuartige, auch als Affektregulationsmodell bezeichnete Ansatz baut auf den bekannten Interventionen des Eye Movement Desensitization and Reprocessing (EMDR) und Somatic Experiencing (SE) auf und ist zudem stark mit der Neurophysiologie verbunden. Ziel ist dabei die möglichst vollständige Auflösung blockierter Erregung im Gehirn und im Körper. Zur Evaluierung des Ansatzes wurden Daten von 22 Klienten aus Deutschland und den USA ausgewertet, die mit Brainspotting behandelt wurden. Nach Einschätzung der Therapeuten war bei einem Großteil der Klienten eine Verbesserung der Symptomatik ersichtlich. Laut Selbstbericht der Klienten nahm die emotionale Belastung durch negative traumabezogene Kognitionen ab. Diese ersten Ergebnisse zeigen, dass mit Brainspotting die Behandlung von PTBS um eine effektive Methode erweitert werden könnte.
Hildebrand, Anja; Stemmler, Mark	2017	Die therapeutische Wirksamkeit von Brainspotting im Vergleich zu EMDR bei der Behandlung von PTBS	Trauma. Zeitschrift für Psychotraumatologie und ihre Anwendungen	15	3	82-90	Die Wirksamkeit von Brainspotting im Vergleich zu "Eye Movement Desensitization and Reprocessing" (EMDR) wurde evaluiert. Die Stichprobe bestand aus 76 ambulanten Klienten, die aufgrund des Erlebens einer traumatischen Erfahrung professionelle Hilfe aufsuchten. Sie erhielten entweder drei 60-minütige EMDR- oder Brainspotting-Sitzungen. In beiden Klientengruppen nahm die emotionale Belastung durch das traumatische Ereignis signifikant ab. Nach Einschätzung des Therapeuten zeigte sich zwischen den beiden Behandlungsgruppen beim globalen Therapieeffekt kein signifikanter Unterschied. Aus diesen Ergebnissen werden Hinweise für eine wirksame Anwendung von Brainspotting abgeleitet.



<p>Hill, Danielle C.; Stein, L. A. R.; Rossi, Joseph S.; Magill, Molly; Clarke, Jennifer G.</p>	<p>2018</p>	<p>Intimate violence as it relates to risky sexual behavior among at-risk females</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>	<p>10</p>	<p>6</p>		<p>Objective: Rates of sexually transmitted infections (STIs) among adolescents are on the rise. The majority of adolescents who contract STIs do so through risky sexual behavior. Previous literature has identified multiple correlates of risky sexual behaviors among adolescents, including physical and sexual victimization, mental health concerns, and substance use. Few studies, however, have examined these relationships together in a comprehensive model. The primary purpose of this study was to examine whether relationship violence was related to risky sexual behavior, and whether mental health symptoms and substance use mediated this relationship. Method: A cross-sectional design was used, and adolescent females (N = 179), recruited from social service agencies, were 18.9 years old on average and were 37.2% White, 19.3% Black, 37.9% multiracial, and 5.6% other. Results: Regression results revealed that females who were physically assaulted and sexually victimized by their intimate partners did engage in more sex without condoms. Mediation analyses indicated that PTSD symptoms significantly influenced the relationship between (1) physical assault and risky sexual behavior and (2) sexual victimization and risky sexual behavior. Conclusion: Contrary to expectations, PTSD may act to reduce risk perhaps by reducing interest in sex. It is important to address victimization, PTSD, and sexual risk in young women. More work is needed to understand these complex relationships using longitudinal designs. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
<p>Hinchey, Liza M. E.; Chammaa, May; Ruvolo Grasser, Lana; Saad, Bassem; Gorski, Kathleen; Javanbakht, Arash</p>	<p>2023</p>	<p>What happened matters: Trauma type and cumulative trauma exposure in refugee youth psychopathology</p>	<p>Psychological trauma : theory, research, practice and policy</p>			<p>No Paginat on Specifie d-No Paginat on Specifie d</p>	<p>Objective: Trauma exposure—a contributor to psychological risk for refugee youth—is typically assessed using cumulative indices; however, recent findings indicate that trauma type may better predict psychological outcomes. This study investigated the utility of two methods of classifying trauma exposure—cumulative trauma and exposure to specific types of trauma (i.e., trauma subtypes)—in predicting the severity of symptoms related to posttraumatic stress disorder (PTSD) and anxiety for refugee youth. Method: 96 Syrian and Iraqi youth resettled as refugees in the United States self-reported trauma exposure and psychological symptoms. Multiple regression was used to assess the variance in symptom severity explained by specific trauma subtypes (i.e., victimization, death threat, and accidental/injury) as compared to cumulative trauma scores. Results: Multiple regression models predicting PTSD revealed cumulative trauma (b = 0.07; p = .004) and death threat trauma (b = 0.16; p = .001) as significant predictors of PTSD symptom severity; notably, death threat trauma was the only subtype associated with PTSD and</p>

							explained more variance than cumulative trauma scores (10.3% and 8.4%, respectively). Cumulative trauma, but no specific trauma subtype, was associated with anxiety ( $b = .03$ ; $p = .043$ ); however, this relation did not survive correction for multiple comparisons. Conclusion: Focused trauma assessment—particularly consideration of death threat trauma and cumulative trauma exposures—may be useful in evaluating the risk of PTSD symptoms in refugee youth, whereas symptoms related to anxiety may be driven by other factors. These findings can be leveraged toward focused identification of youth at highest risk for PTSD symptoms, to improve prevention and early intervention efforts. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hinsberger, Martina; Holtzhausen, Leon; Sommer, Jessica; Kaminer, Debra; Elbert, Thomas; Seedat, Soraya; Wilker, Sarah; Crombach, Anselm; Weierstall, Roland	2017	Feasibility and effectiveness of narrative exposure therapy and cognitive behavioral therapy in a context of ongoing violence in South Africa	Psychological trauma : theory, research, practice and policy	9	3	282–291	Objective: In an observer-blinded intervention trial, we tested the reduction of posttraumatic stress symptoms, aggressive attitude, and behavior in young males living in a context of ongoing community and gang violence by means of (a) forensic offender rehabilitation narrative exposure therapy (FORNET), and (b) the cognitive-behavioral intervention “Thinking for a Change” (TFAC). A waiting list served as the control condition. Method: A total of 39 young men were included in the data analysis: 15 completed FORNET, 11 underwent cognitive-behavioral therapy (CBT), and 13 were on a waiting list for later treatment. The primary efficacy endpoints were the PTSD Symptom Scale-Interview (PSS-I) severity score, the Appetitive Aggression Scale (AAS) score, and the number of perpetrated violent event types 8 months (on average) after treatment. Results: Only in the sample receiving FORNET were posttraumatic stress disorder (PTSD) scores significantly reduced at the first follow-up (Cohen’s $d = -0.97$ ) and significantly different from those of the control group (Cohen’s $d = -1.03$ ). The changes in scores for appetitive aggression and perpetrated events were not significant for any of the treatment conditions. Conclusions: The study shows that trauma-focused treatment can reduce the psychological symptoms of posttraumatic stress even for individuals living under unsafe conditions in low-income urban communities. However, achieving changes in violent behavior within a context of ongoing violence may require more than the treatment of trauma-related suffering, confrontation with one’s offenses, or cognitive-behavioral interventions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Hirosawa, Ikuko; Hirosawa, Masataka	2003	Social anxiety disorder of childhood	Ryoikibetsu shokogun shirizu		40	45–47	

Hirschel, Michael J.; Schulenberg, Stefan E.	2009	Hurricane Katrina's impact on the Mississippi Gulf Coast: General self-efficacy's relationship to PTSD prevalence and severity	Psychological Services	6	4	293–303	Hurricane Katrina survivors (N = 399) on the Mississippi Gulf Coast were surveyed to examine the relationship between posttraumatic stress disorder (PTSD) and general self-efficacy. As hypothesized, general self-efficacy was found to be inversely correlated with PTSD severity and prevalence, women reported greater PTSD severity and lower general self-efficacy, as compared with men, and hurricane impact was found to be positively correlated with PTSD severity and prevalence. Age was not significantly associated with general self-efficacy, PTSD severity, or PTSD prevalence, and sex was not found to be significantly related to PTSD prevalence. Hierarchical multiple regression and hierarchical logistic regression analyses further demonstrated the strong association between PTSD and general self-efficacy. Study limitations, research directions, and practical implications of the findings are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Hirshfeld-Becker, Dina R.; Masek, Bruce; Henin, Aude; Blakely, Lauren Raezer; Rettew, David C.; Dufton, Lynette; Segool, Natasha; Biederman, Joseph	2008	Cognitive-behavioral intervention with young anxious children	Harvard review of psychiatry	16	2	113–125	Despite evidence that preschool and early elementary school-age children can present with anxiety disorders that may put them at risk for later psychopathology and dysfunction, the cognitive-behavioral protocols available for treating anxiety in children have been tested almost exclusively in older children. However, there could be benefits to treating children earlier, before anxiety disorders begin to impair their social and academic development. This report discusses the adaptations necessary in providing cognitive-behavioral therapy to young anxious children and describes a manualized, cognitive-behavioral intervention, with child and parent components, that was piloted openly in nine families with children aged 4 to 7 years - each of whom had multiple risk factors for developing anxiety disorders, and most of whom had already presented with anxiety disorders. Eight of the nine children were judged "much" or "very much improved" at postintervention on number of anxiety diagnoses, number of DSM-IV anxiety symptoms, and ability to cope with feared situations. Cases are presented to illustrate the way that cognitive-behavioral therapy can be conducted with youngsters in this age range. Whereas randomized, controlled trials are needed to confirm the efficacy of this manualized treatment, our experience suggests that cognitive-behavioral protocols for anxiety can be adapted and successfully implemented with young children.
Hochgerner, Markus; Hoffmann-Widhalm, Herta; Nausner,	2004	Gestalttherapie					

Liselotte; Wildberger, Elisabeth							
Hodgdon, Hilary B.; Suvak, Michael; Zinoviev, Dmitry Y.; Liebman, Rachel E.; Briggs, Ernestine C.; Spinazzola, Joseph	2019	Network analysis of exposure to trauma and childhood adversities in a clinical sample of youth	Psychological Assessment	31	11	1294–1306	Categorizing and quantifying exposure to trauma and childhood adversities (CAs) presents a significant measurement and analytic challenge. The current study examined the co-occurrence of trauma and CA types using network analyses, an alternative to traditional measurement models. The Trauma History Profile, assessing lifetime exposure to 20 different trauma and CA types, was administered to 618 treatment-seeking children and youth ages 4 to 18 years (52.8% female). The generalized similarity model (Kovács, 2010) was used to construct a network of trauma/CA types to visualize relationships and detect cohesive groups. Four clusters of trauma/CA types emerged: overt forms occurring at the individual level (e.g., physical, sexual, and psychological maltreatment), environmental forms at the family level (e.g., neglect, impaired caregiving), environmental forms occurring at the community level (e.g., community and school violence), and acute forms (e.g., loss, medical trauma). Age of onset data indicated that neglect and psychological maltreatment were most predictive of later occurrences of other trauma and CAs. Structural equation modeling indicated that trauma/CA clusters displayed specific associations with posttraumatic stress, internalizing, and externalizing symptoms. Results demonstrate the potential utility of network analysis to understand the co-occurrence and temporal ordering of multiple types of trauma and CAs. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Höfel, Lea; Eppler, Bruno; Storf, Magdalena; Schnöbel-Müller, Elizabeth; Haas, Johannes-Peter; Hügler, Boris	2018	Successful treatment of methotrexate intolerance in juvenile idiopathic arthritis using eye movement desensitization and reprocessing - treatment protocol and preliminary results	Pediatric rheumatology online journal	16	1	11	BACKGROUND: Methotrexate (MTX), commonly used in juvenile idiopathic arthritis (JIA), frequently has to be discontinued due to intolerance with anticipatory and associative gastrointestinal adverse effects. Eye Movement Desensitization and Reprocessing (EMDR) is a psychological method where dysfunctional experiences and memories are reprocessed by recall combined with bilateral eye movements. The objective of this study was to assess efficacy of EMDR for treatment of MTX intolerance in JIA patients. METHODS: We performed an open prospective study on consecutive JIA patients with MTX intolerance. Intolerance was determined using the Methotrexate Intolerance Severity Score (MISS) questionnaire prior to treatment, directly after treatment and after four months. Health-related quality of life was determined using the PedsQL prior to and four months after treatment. Patients were treated according to an institutional EMDR protocol with 8 sessions over two weeks. Changes in MISS and PedsQL were analyzed using non-parametric statistics. RESULTS:

							Eighteen patients with MTX intolerance (median MISS at inclusion 16.5, IQR = 11.75-20.25) were included. Directly after treatment, MTX intolerance symptoms were significantly improved (median MISS 1 (IQR = 0-2). After four months, median MISS score was at 6.5 (IQR = 2.75-12.25, p = 0.001), with 9/18 patients showing MISS scores $\geq$ 6. Median PedsQL after 4 months improved significantly from 77.6% to 85.3% (p = 0.008). CONCLUSION: MTX intolerance in children with JIA was effectively treated using an EMDR protocol, with lasting effect over a period of 4 months. EMDR treatment can potentially increase quality of life of affected patients and enable continued MTX treatment.
Hoffmann-Widhalm, Herta	2004	Traumatherapie					Konzepte zur Erklärung psychischer Traumata und die Phänomenologie der Posttraumatischen Belastungsstörung werden behandelt. Neben allgemeinen behandlungstechnischen Hinweisen in der Traumatherapie werden verschiedene Ansätze der Traumatherapie vorgestellt: Eye Movement Desensitization and Reprocessing (EMDR), die integrative Traumatherapie und die mehrphasige integrative Traumatherapie. Gestalttherapeutische Grundprinzipien und Techniken der Traumatherapie werden erläutert.
Hoffmann-Widhalm, Herta	2005	Traumatherapie in der integrativen Gestalttherapie	Gestalttherapie	19	2	82-100	Psychotherapeuten, die mit traumatisierten Menschen arbeiten, erkennen in zunehmendem Maße, dass die Kombination mehrerer Behandlungsansätze notwendig ist um einer traumabedingten Störung gerecht zu werden. Vor diesem Hintergrund werden die (1) Phänomenologie der Posttraumatischen Belastungsstörung (PTBS) aus gestalttherapeutischer Sicht, (2) das komplexe PTBS, (3) ein gestalttherapeutischer Behandlungsansatz in der Traumatherapie, (4) der bewusste Umgang mit Übertragung, Gegenübertragung und projektiver Identifikation sowie (5) der Einsatz des traumaspezifischen Verfahrens EMDR (Eye Movement Desensitization and Reprocessing) in der Gestalttherapie erörtert. Die Ausführungen werden anhand von Fallbeispielen illustriert.
Hoffmann-Widhalm, Herta	2018	Traumafolgentherapie in der Integrativen Gestalttherapie					Die Traumafolgentherapie in der Integrativen Gestalttherapie wird im Überblick dargestellt. Nach Ausführungen zu den anthropologische Grundlagen integrativ-gestalttherapeutisch orientierter Traumafolgentherapie, zu Trauma und Traumafolgen sowie Diagnostik wird auf folgende Aspekte und Ansätze der Traumafolgentherapie in der integrativen Gestalttherapie eingegangen: (1) die therapeutische Beziehung, (2) mehrphasige integrative Traumatherapie nach Butollo und Mitarbeitern, (3) gestalttherapeutische Grundprinzipien und Techniken in der Traumafolgentherapie, (4) Arbeit mit Selbstanteilen, (5) Eye Movement Desensitization and Reprocessing (EMDR), (6)

							Brainspotting. (7) Kombination von Techniken aus EMDR und Brainspotting.
Hofmann, A.; Musaeus-Schürmann, B.	1997	Therapie posttraumatischer Belastungsstörungen bei Erwachsenen und Kindern mit EMDR	Psycho	23	11	670–673	Vorgestellt wird die Methode des EMDR (Eye Movement Desensitization and Reprocessing), die als ein wesentlicher Fortschritt in der Behandlung psychotraumatischer Erkrankungen und speziell der posttraumatischen Belastungsstörung eingeschätzt wird. Das therapeutische Vorgehen entsprechend einem 8-Phasen-Modell der Traumabehandlung wird geschildert, und es wird auf die große Zahl erfolgreicher wissenschaftlicher Studien und ihre gute Anwendbarkeit bei verschiedenen Gruppen von Traumapatienten hingewiesen. Einige neuere Untersuchungen bei Kindern (und Jugendlichen) zeigen ebenfalls erste vielversprechende Ergebnisse.
Hofmann, Arne	1996	EMDR - Eine neue Methode zur Behandlung posttraumatischer Belastungsstörungen	Psychotherapeut	41	6	368–372	In einer empirischen Studie wurden acht Patienten mit chronischer posttraumatischer Belastungsstörung im Rahmen eines Aufenthalts auf einer Psychotherapiestation mit EMDR (Eye Movement Desensitization and Reprocessing), einem neuen Therapieverfahren, behandelt. In durchschnittlich vier EMDR-Sitzungen wurde bei sieben Patienten eine signifikante Abnahme der subjektiven Schmerzhaftigkeit erreicht. Gleichzeitig trat eine Abschwächung auch anderer traumabedingter Beschwerden wie intrusiver Erinnerungen, Schlafstörungen, Vermeidungsverhalten und depressiver Gedanken auf. Ein Patient gab keine Verbesserung an. Bei einem Drittel der durchgearbeiteten Erinnerungen kam es in der EMDR-Sitzung zu einem intensiven Nacherleben (Flashback) der traumatischen Erinnerung. Dies konnte in der Sitzung beschleunigt durchgearbeitet werden und klang so zügig ab. Negative Effekte der Behandlung wurden nicht berichtet. Der Behandlungseffekt war in den Nachkontrollen nach drei und sechs Monaten stabil. Die Untersuchung zeigte EMDR als eine effektive Behandlungsmethode bei chronischer posttraumatischer Belastungsstörung. Von der Einbettung der EMDR-Sitzungen in einen Behandlungsrahmen mit psychodynamisch orientierten Einzelgesprächen profitierten besonders die weniger ichstarken Patienten.
Hofmann, Arne	1999	EMDR - Ein dynamisch-behavioraler Ansatz und die neurophysiologischen Implikationen in der Therapie mit Traumapatienten					Das "Eye Movement Desensitization and Reprocessing" (EMDR), ein Therapieverfahren bei psychischen Traumata, wird in seiner Entwicklung nachvollzogen und in seinen Durchführungsphasen beschrieben. Zunächst werden Nachwirkungen psychischer Traumatisierung (etwa bei Vietnamkriegsveteranen oder bei Opfern sexuellen Missbrauchs) aufgezeigt, wobei etwa die posttraumatische Belastungsstörung (nach ICD-10) und Besonderheiten der Informationsverarbeitung im Zuge des traumatisierenden Erlebnisses

							<p>sowie entsprechende neurophysiologische Vorgänge herausgearbeitet werden. Hieran anknüpfend wird die Entdeckung von EMDR durch F. Shapiro und die nachfolgende empirische Bewährung dieser Methode dargestellt. Sodann wird auf die acht Phasen von EMDR eingegangen (Anamnese; Vorbereitung; Bewertung; Desensibilisieren/Reprozessieren; Verankerung; Körpertest; Abschluss; Nachbefragung). Abschließend werden Indikationen und Kontraindikationen für eine EMDR-Behandlung aufgeführt.</p>
Hofmann, Arne	2000	EMDR in der Behandlung psychischer Traumatisierungen (Workshop)					<p>Im Rahmen eines Workshops wird der Frage nachgegangen, welche traumatische Belastungsstörung zu welchem Therapiezeitpunkt mit der EMDR-(Eye Movement Desensitization-Therapy-)Methode zu behandeln ist. Dabei geht Arne Hofmann davon aus, dass EMDR - eingebettet in einen multimodalen Therapieplan - ein höchst effektiver Baustein in der Behandlung psychotraumatischer Störungen sein kann. Mit diesem Leitgedanken beschreibt er die geschichtliche Entwicklung, die aktuellen empirischen Forschungsergebnisse und die acht Phasen (das EMDR-Standardprotokoll für posttraumatische Belastungsstörungen) der EMDR-Methode. Als Hintergrund dienen dabei neue Erkenntnisse der Neurophysiologie psychotraumatischer Störungen. Unter Heranziehung von Praxisbeispielen wird ein methodisch integrativer Behandlungsansatz diskutiert, der am Verlauf der unterschiedlichen Verarbeitungsprozesse von Trauma-Opfern und den Phasen ihrer Behandlung orientiert ist. Hofmann bietet einen umfassenden Überblick über empirische Ergebnisse und deren Auswirkungen für die Platzierung verschiedener Methoden, insbesondere EMDR, in der Behandlung traumatisierter Patienten.</p>
Hofmann, Arne	2003	Mit EMDR aus der Wortlosigkeit					<p>Es wird im Überblick informiert über die Behandlung von Patienten mit Traumafolgestörungen mit der von F. Shapiro entwickelten EMDR-(Eye Movement Desensitization and Reprocessing-)Methode. Zunächst werden ausgewählte Ergebnisse kontrollierter Studien, in denen die Wirksamkeit dieser Therapiemethode überprüft wurde, vorgestellt. Dann wird der Indikationsbereich der Methode erläutert, und die acht Phasen der EMDR-Behandlung werden geschildert (Erhebung der Vorgeschichte und Behandlungsplanung, Vorbereitung und Stabilisierung des Patienten, Evaluation einer belastenden Erinnerung, Desensibilisierung und Durcharbeitung, Verankerung, Körper-Test, Abschluss, Nachbefragung). Abschließend wird eingegangen auf die Kosten und den Nutzen der EMDR-Methode im Vergleich zu anderen Behandlungsmethoden, und zentrale Aspekte der Qualitätskontrolle bei der EMDR-Methode werden erörtert.</p>

Hofmann, Arne	2004	EMDR bei schweren dissoziativen Störungen					Einsatzmöglichkeiten der EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie im Rahmen eines differenzierten Behandlungsplans bei schweren dissoziativen Störungen werden aufgezeigt. Folgende Aspekte werden behandelt: (1) Grundlagen der Behandlung schwer dissoziativer Patienten mit EMDR, (2) Voraussetzungen für eine EMDR-Behandlung (Diagnostik, Therapeuteneignung, Patienteneignung), (3) Einbettung von EMDR in den Behandlungsplan, (4) Vorbereitung auf die Traumabearbeitung mit der EMDR-Methode, (5) Einsatz der EMDR-Methode in den verschiedenen Behandlungsphasen.
Hofmann, Arne	2014	EMDR. Praxishandbuch zur Behandlung traumatisierter Menschen					Theorie und Praxis von "Eye Movement Desensitization and Reprocessing" (EMDR) in der Psychotraumatologie werden erläutert. Ausgehend von den Grundlagen des Verfahrens werden dessen Struktur und Behandlungstechniken dargestellt und seine Anwendung bei speziellen Patientengruppen erläutert. Des Weiteren wird über experimentelle Anwendungen von EMDR und seinen Einsatz speziell bei Kindern und Jugendlichen informiert. Schließlich werden Aspekte der Qualitätssicherung sowie weitere EMDR-Ressourcen thematisiert. - Das Buch wurde für die vorliegende fünfte Auflage komplett überarbeitet und erweitert. - Inhalt: (A) Grundlagen. (1) Arne Hofmann: Psychotrauma als psychophysiologischer Prozess. (2) Arne Hofmann: EMDR als dynamisch-behaviorale Psychotherapiemethode. (3) Arne Hofmann und Michael Hase: Pathogene Erinnerungen und das AIP-Modell. - (B) EMDR als Psychotherapiemethode. (4) Arne Hofmann: Grundlagen der Behandlungsplanung (Phase 1 der EMDR-Behandlung). (5) Arne Hofmann: Vorbereitung und Stabilisierung (Phase 2 der EMDR-Behandlung). (6) Arne Hofmann: Bearbeitung einer Erinnerung mit EMDR (Ablaufschema Phase 3-8). (7) Arne Hofmann: Prozessieren - das zentrale Element der EMDR-Methode. (8) Arne Hofmann und Niels Galley: Theorien zur Wirksamkeit von EMDR. (9) Arne Hofmann und Michael Hase: Nebenwirkungen, Risiken und Grenzen. - (C) EMDR-Behandlungstechniken. (10) Arne Hofmann und Christine Rost: Das EMDR-Standardvorgehen und das Standardprotokoll. (11) Arne Hofmann: Veränderung der Bearbeitungsreihenfolge. (12) Arne Hofmann und Michael Hase: Veränderung der Fokussierung. (13) Christine Rost, Arne Hofmann und Dorothee Lansch: Weitere EMDR-Techniken. - (D) EMDR bei speziellen Patientengruppen. (14) Arne Hofmann und Mitarbeiter: Anpassungsstörungen und körperliche Erkrankungen. (15) Franz Ebner: EMDR und komplizierte Trauer. (16) Christine Rost und Arne Hofmann: EMDR in der Behandlung akut Traumatisierter. (17) Arne



						<p>Hofmann und Mitarbeiter: EMDR bei depressiven Störungen. (18) Eva Munker-Kramer: Phobien und Panikstörungen. (19) Michael Hase: EMDR in der Behandlung von Substanzabhängigkeit. (20) Christine Rost: EMDR in der Schwangerschaft und nach der Geburt. (21) Klaus Barre: Soldaten und Veteranen. (22) Visal Tumani und Arne Hofmann: Traumafolgestörungen bei Menschen mit Migrationshintergrund. (23) Susanne Leutner: Arbeit mit inneren Anteilen. (24) Peter Liebermann: EMDR und Erinnerungen. (25) Arne Hofmann und Mitarbeiter: EMDR in der Behandlung komplex Traumatisierter. (26) Arne Hofmann und Visal Tumani: Behandlung anderer durch pathogene Erinnerungen (mit)verursachte Störungen. - (E) Experimentelle Anwendungen. (27) Karsten Böhm: Zwangsstörungen. (28) Franz Ebner: EMDR und psychotische Störungen. (29) Peter Liebermann und Arne Hofmann: Forensische Patienten. - (F) EMDR-Behandlung von Kindern und Jugendlichen. (30) Dagmar Eckers: Unterschiede und Besonderheiten. (31) Karl Heinz Brisch: EMDR bei Bindungstraumatisierungen. - (G) Qualitätssicherung und EMDR-Organisationen. (32) Arne Hofmann: Ausbildung in der EMDR-Methode. (33) Arne Hofmann: EMDR-Organisationen. (34) Arne Hofmann: Wie finde ich einen guten EMDR-Therapeuten? - (H) Weitere EMDR-Ressourcen. (34) Arne Hofmann: Glossar. (35) Arne Hofmann: Beispiele für Kognitionen. (36) Arne Hofmann: EMDR Internet-Ressourcen. (37) Arne Hofmann: Weiterführende Literatur. (38) Peter Liebermann und Arne Hofmann: Tabelle der Metaanalysen und kontrollierten EMDR-Studien bei PTBS-Patienten.</p>
Hofmann, Arne; Besser, Lutz-Ulrich	2003	Psychotraumatologie bei Kindern und Jugendlichen. Grundlagen und Behandlungsmethoden				<p>Es wird im Überblick informiert über die Psychotraumatologie bei Kindern und Jugendlichen. Zunächst werden die Grundlagen der Psychotraumatologie unter besonderer Berücksichtigung der diagnostischen Klassifikation und der Komorbidität besprochen, und neuropsychologische Aspekte psychischer Traumatisierungen werden analysiert. Anschließend wird eingegangen auf die Behandlungsmethoden (analytisch-tiefenpsychologische Methoden, kognitiv-behaviorale Methoden, hypnotherapeutisch-imaginative Verfahren, die EMDR-(Eye Movement Desensitization and Reprocessing-)Methode. Das konkrete Vorgehen bei der EMDR-Methode wird am Beispiel der Behandlung eines viereinhalbjährigen Mädchens mit einer posttraumatischen Belastungsstörung beschrieben. Dabei werden sowohl die Bedeutung einer traumazentrierten diagnostischen Erfassung und Zuordnung der Symptomatik als auch die spezifische, kurze und erfolgreiche Behandlung dargestellt.</p>

Hofmann, Arne; Fischer, G.; Galley, N.; Solomon, R.	1999	EMDR in der Therapie psychotraumatischer Belastungssyndrome					EMDR, die Methode zur Behandlung posttraumatischer Belastungssyndrome, wird im Überblick dargestellt. Hierzu wird auf die Grundlagen dieser Therapiemethode und auf ihre Ergebnisse eingegangen, eine anschauliche Beschreibung des Verfahrens gegeben, es werden Indikationen und Kontraindikationen besprochen, spezielle Problemsituationen behandelt und ein Ausblick auf mögliche andere Anwendungsbereiche gegeben. Der Anhang informiert über Ausbildungsmöglichkeiten, entsprechende Adressen, Wege zu TherapeutInnen, empfehlenswerte Literatur und stellt die kontrollierten Studien zur Wirksamkeit der EMDR tabellarisch dar. - Inhalt: (1) Psychotrauma als psychophysiologischer Prozess. (2) EMDR als neues dynamisch-behaviorales Verfahren. (3) Phasen der EMDR-Behandlung: Grundlagen, Diagnostik, Planung, Durchführung. (4) Prozessieren - das zentrale Element des EMDR. (5) Theorien zur Wirksamkeit von EMDR (Mitarbeit von N. Galley). (6) EMDR in der Behandlung komplex Traumatisierter (Mitarbeit von G. Fischer). (7) EMDR in der Behandlung akut Traumatisierter (Mitarbeit von R. Solomon). (8) Perspektiven.
Hofmann, Arne; Fischer, Gottfried; Galley, Neils; Shapiro, Francine	1998	EMDR memory reprocessing	European Journal of Clinical Hypnosis	4	4	206– 213	A number of recent controlled studies has shown that EMDR (Eye Movement Desensitization and Reprocessing) can reprocess disturbing memories and bring them to therapeutic resolution whether or not patients fulfil the DSM (or ICD)- criteria of post-traumatic stress disorder (PTSD). The method can be integrated into treatment plans of different therapeutic approaches and integrates aspects of a number of the major treatment orientations. Clinical experience and EEG research show that the reprocessing in EMDR is not a trance-related phenomenon (Nicosia, 1995). However, EMDR blends well with hypnotic techniques in specific cases, especially with severe complex traumatised and dissociative patients. In addition, EMDR seems to help stabilise and generalise positive self-referencing beliefs as well as positive images, such as a "safe place", and accelerates future projections of new orientations and behaviours. In this sense, EMDR can be viewed not only as a method for the treatment of traumatic memories, but as a method of accelerated emotional learning.
Hofmann, Arne; Galley, N.; Solomon, R.	2006	EMDR. Therapie psychotraumatischer Belastungssyndrome					Eye Movement Desensitization and Reprocessing (EMDR) wird als Methode zur Behandlung posttraumatischer Belastungssyndrome im Überblick dargestellt. Hierzu wird auf die Grundlagen dieser Therapiemethode und auf ihre Ergebnisse eingegangen, eine anschauliche Beschreibung des Verfahrens gegeben, es werden Indikationen und Kontraindikationen besprochen, spezielle Problemsituationen behandelt und ein Ausblick auf mögliche andere

							Anwendungsbereiche gegeben. Der Anhang informiert über Ausbildungsmöglichkeiten, Wege zu Therapeuten, Beispiele für Kognitionen und empfehlenswerte Literatur und stellt die kontrollierten Studien zur Wirksamkeit der EMDR tabellarisch dar. Die 3. Auflage wurde anhand der Themen "Nachweis der Wirksamkeit durch neue neurobiologische Erkenntnisse", "Erweiterung des Behandlungsspektrums durch Studien aus angrenzenden Bereichen" und "Kriterien zur Qualitätskontrolle" erweitert. - Inhalt: (1) Psychotrauma als psychophysiologischer Prozess. (2) EMDR als neues dynamisch-behaviorales Verfahren. (3) Phasen der EMDR-Behandlung I: Grundlagen, Diagnostik und Behandlungsplanung. (4) Phasen der EMDR-Behandlung II: Vorbereitung und Traumabearbeitung (5) Prozessieren - das zentrale Element der EMDR-Methode. (6) Theorien zur Wirksamkeit von EMDR. (7) EMDR in der Behandlung komplex Traumatisierter - verlängerte Stabilisierung und Ressourcenaktivierung. (8) EMDR in der Behandlung komplex Traumatisierter - Traumabearbeitung. (9) EMDR in der Behandlung akut Traumatisierter. (10) Perspektiven. (11) Anhang.
Hofmann, Arne; Liebermann, Peter	2006	Die EMDR-Methode in der Behandlung psychisch Traumatisierter					Die EMDR-(Eye Movement Desensitization and Reprocessing-)Methode zur Therapie von Patienten mit posttraumatischen Belastungsstörungen wird in knapper Form beschrieben. Aktuelle Entwicklungen und neue Wirksamkeitsbelege für die EMDR-Methode werden präsentiert. Der Behandlungsplan wird mit seinen acht Phasen (Erhebung der Vorgeschichte und Behandlungsplanung; Vorbereitung und Stabilisierung; valuation einer belastenden Erinnerung; Desensibilisierung und Durcharbeitung; Verankerung; Körpertest; Abschluss; Nachbefragung) dargestellt. Ein Kosten-Nutzen-Vergleich der EMDR in Bezug auf andere Methoden sowie Ausführungen zur Qualitätskontrolle schließen sich an.
Hofmann, Arne; Ostacoli, Luca; Lehnung, Maria; Hase, Michael	2020	Depressionen behandeln mit EMDR. Techniken und Methoden für die psychotherapeutische Praxis. Mit dem Behandlungsmanual DeprEnd					Depressionen stellen eine der häufigsten psychischen Störungen dar und gelten als schwer behandelbar. Neuere wissenschaftliche Studien belegen eine hohe Wirksamkeit des EMDR (Eye Movement Desensitization and Reprocessing) bei diesem Störungsbild. Die EMDR-Therapie verfolgt hierbei den Ansatz, belastende Erinnerungen, die depressive Episoden und negative Überzeugungen auslösen und aufrecht erhalten, direkt mit EMDR-Techniken zu bearbeiten. Vor diesem Hintergrund werden im vorliegenden Praxishandbuch das diagnostische und therapeutische Vorgehen erläutert und ein Blick auf häufig gleichzeitig mit depressiven Episoden auftretende schwere Traumafolgestörungen sowie spezielle damit verbundene klinische Situationen geworfen. Dabei werden eine theoretische Fundierung mit

							<p>aktuellen Erkenntnissen aus der Forschung verbunden. Praktische Beispiele dienen der Vorbereitung auf die Anwendung in Klinik und eigener Praxis. Das Buch richtet sich an: Verhaltenstherapeutinnen und Verhaltenstherapeuten, Psychoanalytikerinnen und Psychoanalytiker sowie tiefenpsychologisch fundierte Psychotherapeutinnen und Psychotherapeuten, Psychotherapieforschende, Pflegepersonal, Sozialarbeiterinnen und Sozialarbeiter. - Inhalt: (A) Erinnerungsarbeit - ein neuer Weg der Depressionsbehandlung. (1) EMDR-Therapie als neuer Behandlungsansatz. - (B) Das EMDR-DeprEnd-Behandlungsmanual. (2) DeprEnd - Das EMDR-Protokoll zur Behandlung von Depressionen. (3) Vorbereitung - Psychoedukation und Stabilisierung. (4) Bearbeitung von Episodenauslösern. (5) Überzeugungssysteme mit EMDR behandeln. (6) Bearbeitung von depressiven oder suizidalen States. (7) Rückfallprophylaxe. (8) Komorbidität mit komplexen Traumafolgestörungen. - (C) Zukunftsperspektiven. (9) Benedikt L. Amann: Forschungsstand und praktische Erfahrung zur Behandlung der Bipolaren Störung mit EMDR. (10) Alessandra Minelli UND Elisabetta Maffioletti: Chronische, wiederkehrende und therapieresistente Formen der majoren Depression. (11) Folgen für die praktische Arbeit. - (D) Anhang. (12) Das EMDR-Drawing-Integration-(EMDR-DI)-Protokoll: Ein visueller Ansatz zur Behandlung dissoziativer und depressiver Zustände. (13) Wie finde ich eine gute EMDR-Therapeutin? (14) Kontrollierte wissenschaftliche Studien zu EMDR und Depression.</p>
Hofmann, Arne; Sack, Martin	2006	EMDR in der Behandlung von Patienten mit chronisch komplexer PTBS und schweren dissoziativen Störungen					<p>Erfahrungen aus wissenschaftlichen Studien und klinischer Praxis werden zusammengefasst um Praktikern Hinweise für die Behandlung komplex traumatisierter Patienten mit Eye Movement Desensitization and Reprocessing (EMDR) zu geben. Zwei diagnostische Ansätze für Personen mit komplexen Traumata werden angeboten. Therapeutische Ansätze und Strategien zur Behandlung der komplexen Posttraumatischen Belastungsstörung (PTBS) sowie schwerer dissoziativer Störungen werden diskutiert.</p>
Hogan, Marjorie; Strasburger, Victor	2020	Twenty Questions (and Answers) About Media Violence and Cyberbullying	Pediatric clinics of North America	67	2	275–291	<p>For decades, pediatricians have been concerned about the impact of media on the health and well-being of children and adolescents. Robust research has found an association between exposure to media violence and real-life aggression in children and teens. Other effects include desensitization, fear, and attitudes that violence is a means of resolving conflict. Ongoing research finds similar associations between exposure to video game violence and real-life attitude and behavior. Cyberbullying is an emerging threat to youth. Parents,</p>

							pediatricians, schools, and government all have roles to play to mitigate the potential harmful effects of violent media on children and teens.
Högberg, Goran; Hällström, Tore	2008	Active multimodal psychotherapy in children and adolescents with suicidality: description, evaluation and clinical profile	Clinical child psychology and psychiatry	13	3	435–448	The aim of this study was to describe and evaluate the clinical pattern of 14 youths with presenting suicidality, to describe an integrative treatment approach, and to estimate therapy effectiveness. Fourteen patients aged 10 to 18 years from a child and adolescent outpatient clinic in Stockholm were followed in a case series. The patients were treated with active multimodal psychotherapy. This consisted of mood charting by mood-maps, psycho-education, wellbeing practice and trauma resolution. Active techniques were psychodrama and body-mind focused techniques including eye movement desensitization and reprocessing. The patients were assessed before treatment, immediately after treatment and at 22 months post treatment with the Global Assessment of Functioning Scale. The clinical pattern of the group was observed. After treatment there was a significant change towards normality in the Global Assessment of Functioning scale both immediately post-treatment and at 22 months. A clinical pattern, post trauma suicidal reaction, was observed with a combination of suicidality, insomnia, bodily symptoms and disturbed mood regulation. We conclude that in the post trauma reaction suicidality might be a presenting symptom in young people. Despite the shortcomings of a case series the results of this study suggest that a mood-map-based multimodal treatment approach with active techniques might be of value in the treatment of children and youth with suicidality.
Hoksbergen, R. A. C.; Laak, J. ter; van Dijkum, C.; Rijk, S.; Rijk, K.; Stoutjesdijk, F.	2003	Posttraumatic stress disorder in adopted children from Romania	American Journal of Orthopsychiatry	73	3	255–265	This follow-up study of 80 Romanian children showed that 16 (20%) of the children exhibited posttraumatic stress disorder (PTSD). The same children got scores in the clinical range on the Child Behavior Checklist (CBCL). These PTSD children could be differentiated from the remaining children by psychosocial but not by physical health variables. Children showing characteristics of PTSD stood out from the other subjects because of their scores on the Externalization dimension and excessive attention-seeking on the CBCL. The findings indicated that these Romanian adoptees exhibited survivor behavior. A substantial number of these adopted children require aftercare by adoption specialists from the time they arrive in Dutch families. It seems plausible that the high incidence of PTSD characteristics was related to extreme physical and social neglect occurring in the orphanages. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Hollander, Marlies den; Meulders, Ann; Jakobs, Marluuke; Vlaeyen, Johan W. S.	2015	The effect of threat information on acquisition, extinction, and reinstatement of experimentally conditioned fear of movement-related pain	Pain medicine (Malden, Mass.)	16	12	2302–2315	<p>OBJECTIVE: The experiential acquisition of pain-related fear has been demonstrated by pairing a painful electrocutaneous stimulus pain-US; unconditioned pain stimulus) with one movement (CS+; conditioned stimulus) but not with another (CS-). However, it is expected that during acquisition through direct experience, pain-related fear can be intensified or weakened by verbally/visually transmitted information about the pain and its meaning. METHOD: Participants received threatening information (US-inflation), safety information (US-deflation), or no information about the pain-US (US-same). Additionally, we measured return of fear after a reinstatement procedure: two un signaled pain-USs were presented in the experimental groups, but not in the control groups. RESULTS: We replicated the acquisition and extinction of experimentally induced fear of movement-related pain in healthy subjects both in the verbal reports and the eye-blink startle measures. Two reinstating pain-US presentations led to a differential return of self-reported fear and a nondifferential return of fear in the eye-blink startle responses. Although, we failed to find an effect of verbal/visual information regarding the meaning of the pain-US on the acquisition, extinction, or reinstatement of pain-related fear, we did observe a pain sensitization effect over time suggesting that our threat manipulation induced an increase of perceived threat in all groups. CONCLUSION: The results suggest that our threat manipulation might not have worked or that it was not sensitive enough to yield group-specific effects. We replicated acquisition, extinction, and return of experimentally conditioned fear of movement-related pain, but the threat manipulation failed to generate any additional effects.</p>
Holmer, Leslie Ponzi; Wilhelm, Alice Rodrigues; Martins de Almeida, Rosa Maria	2014	Cognitive function and posttraumatic stress disorder: A case study	Psychology & Neuroscience	7	4	577–582	<p>[Correction Notice: An Erratum for this article was reported in Vol 8(4) of Psychology &amp; Neuroscience (see record 2015-58336-014). In the article “Cognitive Function and Posttraumatic Stress Disorder: A Case Study,” by Leslie Ponzi Holmer, Alice Rodrigues Wilhelm, and Rosa Maria Martins de Almeida (Psychology &amp; Neuroscience, 2014, Vol. 7, No. 4, pp. 577–582, <a href="http://dx.doi.org/10.3922/j.psns.2014.4.17">http://dx.doi.org/10.3922/j.psns.2014.4.17</a>), the byline affiliation for the first author was changed from “Psychologist, Porto Alegre, RS, Brazil” to “Projecto – Estudos Avançados em Educação e Saúde, Porto Alegre, RS, Brazil.” All versions of this article have been corrected.] Posttraumatic stress disorder (PTSD) in children can cause repetitive memories in which the theme or aspects of the traumatic event are expressed and can appear at any moment during the day and may occur while dreaming without recognizable content. We conducted a case study with a female child, 11 years 3 months of</p>

							age. To analyze cognitive function, the Wechsler Intelligence Scale for Children (WISC-III) was used. The Child Stress Scale (Escala de Stress Infantil [ESI]) was used to assess psychological, physical, psychological, and psychophysiological symptoms with depressive components related to stress. The child was diagnosed with PTSD. After the first assessment, she underwent psychotherapy using Cognitive Behavior Therapy. The patient's symptomology related to stress symptoms improved, and she no longer presented PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Homer, Sophie R.; Deeprise, Catherine	2018	Eye movement attenuation of intrusive social anxiety imagery: A pilot study	Journal of behavior therapy and experimental psychiatry	59		87-91	
Homer, Sophie R.; Deeprise, Catherine; Andrade, Jackie	2016	Negative mental imagery in public speaking anxiety: Forming cognitive resistance by taxing visuospatial working memory	Journal of behavior therapy and experimental psychiatry	50		77-82	BACKGROUND AND OBJECTIVES: This study sought to reconcile two lines of research. Previous studies have identified a prevalent and causal role of negative imagery in social phobia and public speaking anxiety; others have demonstrated that lateral eye movements during visualisation of imagery reduce its vividness, most likely by loading the visuospatial sketchpad of working memory. It was hypothesised that using eye movements to reduce the intensity of negative imagery associated with public speaking may reduce anxiety resulting from imagining a public speaking scenario compared to an auditory control task. METHODS: Forty undergraduate students scoring high in anxiety on the Personal Report of Confidence as a Speaker scale took part. A semi-structured interview established an image that represented the participant's public speaking anxiety, which was then visualised during an eye movement task or a matched auditory task. Reactions to imagining a hypothetical but realistic public speaking scenario were measured. RESULTS: As hypothesised, representative imagery was established and reduced in vividness more effectively by the eye movement task than the auditory task. The public speaking scenario was then visualised less vividly and generated less anxiety when imagined after performing the eye movement task than after the auditory task. LIMITATIONS: Self-report measures and a hypothetical scenario rather than actual public speaking were used. Replication is required in larger as well as clinical samples. CONCLUSIONS: Visuospatial working memory tasks may preferentially reduce anxiety associated with personal images of feared events, and thus provide cognitive resistance which reduces emotional reactions to imagined, and potentially real-life future stressful experiences.

<p>Hong, Yeon-Ju; Kim, Hesun Erin; Jung, Young Hoon; Kyeong, Sunghyon; Kim, Jae-Jin</p>	<p>2017</p>	<p>Usefulness of the Mobile Virtual Reality Self-Training for Overcoming a Fear of Heights</p>	<p>Cyberpsychology, behavior and social networking</p>	<p>20</p>	<p>12</p>	<p>753–761</p>	<p>A mobile virtual reality system, equipped with built-in variables such as heart rate (HR), gaze-down data, and subjective fear rating, can allow individuals with a fear of heights to overcome it by self-training. This study aimed to verify the efficacy and safety of the training program. Forty-eight volunteers completed the four-session self-training program over 2 weeks. They were allocated into either low- or high-fear group by the Acrophobia Questionnaire (AQ)-anxiety scores, and then the changes of the built-in variables and AQ-anxiety scores were analyzed between the groups. The safety was assessed using the Simulator Sickness Questionnaire (SSQ). The AQ-anxiety scores were significantly decreased after self-training in both groups, and the degree of decrease was significantly greater in the high-fear group than in the low-fear group. Gaze-down percentage and subjective fear rating showed a significant group difference, but HR did not. The SSQ scores were within the acceptable level. These results suggest that the training effect was greater in the high-fear group than in the low-fear group. This mobile program may be safely applicable to self-training for individuals with high scores on the fear of heights by repeated exposure to virtual environments with the embedded feedback system.</p>
<p>Hood, S. D.; Potokar, J. P.; Davies, S. J. C.; Hince, D. A.; Morris, K.; Seddon, K. M.; Nutt, D. J.; Argyropoulos, S. V.</p>	<p>2010</p>	<p>Dopaminergic challenges in social anxiety disorder: evidence for dopamine D3 desensitisation following successful treatment with serotonergic antidepressants</p>	<p>Journal of psychopharmacology (Oxford, England)</p>	<p>24</p>	<p>5</p>	<p>709–716</p>	<p>Serotonergic antidepressants (SSRIs) are first-line treatments for social anxiety disorder [SAnD], though there is evidence of dopaminergic system dysfunction. Twenty subjects with DSM-IV SAnD, untreated (n = 10) and SSRI-remitted DSM-IV SAnD (n = 10), were administered a single dose of 1) a dopamine agonist (pramipexole 0.5 mg) and 2) a dopamine antagonist (sulpiride 400 mg), followed by anxiogenic challenges (verbal tasks and autobiographical scripts) in a double-blind crossover design, the two test days being one week apart. Anxiety symptoms were measured by self-reported changes in Visual Analogue Scales, specific SAnD scales and anxiety questionnaires. Plasma levels of prolactin were obtained. Untreated SAnD subjects experienced significant increases in anxiety symptoms following behavioural challenges after either sulpiride or pramipexole. Following remission with SSRIs, the socially anxiogenic effect of behavioural provocation was significantly attenuated under pramipexole, whereas under sulpiride effects remained significantly elevated. There appears to be instability of the dopamine system under behavioural stress in social anxiety subjects that is only partly rectified by successful treatment with an SSRI, which may induce a desensitisation of postsynaptic dopamine D(3) receptors.</p>



Hoogsteder, Larissa M.; Thije, Lotte ten; Schippers, Eveline E.; Stams, Geert Jan J M	2022	A Meta-Analysis of the Effectiveness of EMDR and TF-CBT in Reducing Trauma Symptoms and Externalizing Behavior Problems in Adolescents	International journal of offender therapy and comparative criminology	66	6-7	735–757	This multi-level meta-analysis tested if evidence-based trauma treatment was effective in reducing trauma symptoms and externalizing behavior problems in adolescents. Based on eight independent samples and 75 effect sizes, results indicated that Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) and Eye Movement Desensitization Reprocessing (EMDR) had a large and significant overall effect ( $d = 0.909$ ) on reducing trauma symptoms and externalizing behavior problems. Trauma treatment significantly decreased trauma symptoms (large effect) and externalizing behavior problems (medium effect). Age and type of control group moderated treatment effects. Treatment was more effective in older adolescents. Trauma treatment for adolescents with externalizing behavior problems had a larger effect compared to no treatment, but not compared to treatment as usual. It seems important to provide a broad treatment offer for adolescents with severe externalizing behavior problems, in which, besides trauma treatment, attention is paid to reducing relevant individual risk factors for behavior problems.
Hoover, Sharon A.; Sapere, Heather; Lang, Jason M.; Nadeem, Erum; Dean, Kristin L.; Vona, Pamela	2018	Statewide implementation of an evidence-based trauma intervention in schools	School Psychology Quarterly	33	1	44–53	The goal of the current article is to describe the implementation and outcomes of an innovative statewide dissemination approach of the evidence-based trauma intervention Cognitive Behavioral Intervention for Trauma in Schools (CBITS). In the context of a 2-year statewide learning collaborative effort, 73 CBITS groups led by 20 clinicians from 5 different school-based mental health provider organizations served a total of 350 racially and ethnically diverse (66.9% Hispanic, 26.2% Black/African American, 43.7% White, and 30.1% Other), majority female (61%) children, averaging 12.2 years ( $SD = 2.4$ , range 8–19). Of the 350 children who began CBITS, 316 (90.3%) successfully completed treatment. Children demonstrated significant reductions in child posttraumatic stress disorder (PTSD) symptoms (42% reduction, $d = .879$ ) and problem severity (25% reduction, $d = .396$ ), and increases in child functioning, $t(287) = -3.75$ , $p < .001$ (5% increase, $d = .223$ ). Findings point to the need, feasibility, and positive impact of implementing and scaling up school-based interventions for students suffering from posttraumatic stress. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Hope, D. A.; Heimberg, R. G.; Bruch, M. A.	1995	Dismantling cognitive-behavioral group therapy for social phobia	Behaviour research and therapy	33	6	637–650	The efficacy of Heimberg's (1991) Cognitive-Behavioral Group Therapy (CBGT) [Unpublished manuscript] for social phobia has been demonstrated in several studies in recent years. However, little is known about the mechanisms underlying the treatment's success. In order to determine whether the cognitive restructuring component of CBGT is essential, this study compared CBGT to an exposure-based

							<p>treatment without formal cognitive restructuring. A wait-list control was also included. In general, Ss in the active treatment conditions improved and control Ss did not improve on a variety of self-report, clinician, and behavioral measures. Limited evidence indicated that Ss in the non-cognitive treatment may have made somewhat greater gains on some measures. Although CBGT Ss reported more improvement than exposure-alone Ss in subjective anxiety during an individualized behavioral test at posttreatment, this difference disappeared at 6-month follow-up. Surprisingly, CBGT was less effective than in previous controlled trials, and possible reasons for this are discussed. Implications of the results for cognitive theory and cognitive-behavioral therapy for social phobia are addressed.</p>
<p>Hoppe, Sabrina; Loetscher, Tobias; Morey, Stephanie A.; Bulling, Andreas</p>	2018	<p>Eye movements during everyday behavior predict personality traits</p>	<p>Frontiers in Human Neuroscience, 2018</p>				<p>Demonstrated that eye movements during an everyday task predict personality aspects. Eye movements of 42 participants were tracked while they ran an errand on a university campus. Subsequently, their personality traits were assessed using established questionnaires. The authors state that they were able to reliably predict four of the Big Five personality traits (neuroticism, extraversion, agreeableness, conscientiousness) as well as perceptual curiosity only from eye movements using a machine learning method and a set of features encoding different eye movement characteristics. Further analysis revealed relations between previously neglected eye movement characteristics and personality. Based on the findings, it is suggested that personality has a considerable influence on everyday eye movement control. Furthermore, it is argued that the study complements earlier studies in laboratory settings and that improving automatic recognition and interpretation of human social signals is an important endeavor, enabling innovative design of human-computer systems capable of sensing spontaneous natural user behavior to facilitate efficient interaction and personalization.</p>
<p>Hoppen, Thole H.; Jehn, Marvin; Holling, Heinz; Mutz, Julian; Kip, Ahlke; Morina, Nexhmedin</p>	2023	<p>The efficacy and acceptability of psychological interventions for adult PTSD: A network and pairwise meta-analysis of randomized controlled trials</p>	<p>Journal of consulting and clinical psychology</p>	91	8	445–461	<p>Objective: A comprehensive quantitative summary of the efficacy and acceptability of psychological interventions (PIs) for adult posttraumatic stress disorder (PTSD) is lacking. Method: We conducted a systematic literature search to identify randomized controlled trials (RCTs) examining the efficacy and acceptability (all-cause dropout) of psychological interventions (i.e., trauma-focused cognitive behavior therapy [TF-CBT], eye movement desensitization and reprocessing [EMDR], other trauma-focused interventions and non-trauma-focused interventions). Results: One hundred fifty-seven RCTs were included comprising 11,565 patients. Most research (64% of RCTs) accumulated for TF-CBT. In network meta-analyses, all</p>

							therapies were effective when compared to control conditions. Interventions did not differ significantly in their efficacy. Yet, TF-CBT yielded higher short- (g = 0.17, 95% CI [0.03-0.31], number of comparisons kes = 190), mid- (i.e., <=5 months posttreatment, g = 0.23, 95% CI [0.06-0.40], kes = 73) and long-term efficacy (i.e., >5 months posttreatment, g = 0.20, 95% CI [0.04-0.35], kes = 41) than non-trauma-focused interventions. There was some evidence of network inconsistencies, and heterogeneity in outcomes was large. In pairwise meta-analysis, slightly more patients dropped out from TF-CBT than non-trauma-focused interventions (RR = 1.36; 95% CI [1.08-1.70], kes = 22). Other than that, interventions did not differ in their acceptability. Conclusions: Interventions with and without trauma focus are effective and acceptable in the treatment of PTSD. While TF-CBT yields the highest efficacy, slightly more patients discontinued TF-CBT than non-trauma-focused interventions. Altogether, the present results align with results of most previous quantitative reviews. Yet, results need to be interpreted with caution in light of some network inconsistencies and high heterogeneity in outcomes.
Horowitz, Karyn; McKay, Mary; Marshall, Randall	2005	Community Violence and Urban Families: Experiences, Effects, and Directions for Intervention	American Journal of Orthopsychiatry	75	3	356–368	The purpose of this study was to understand the impact of community-level stressors (particularly violence), coping strategies, and resources to prevent exposure to violence or to mitigate its effects in an inner-city community. Parents and children participated in focus groups, and children also completed standardized instruments. In the focus groups, parents and children identified several areas of concern related to "helpers," schools, community safety, and emotional distress. They identified protective resources including intensive monitoring and social supports. Fifty percent of the children met criteria for Posttraumatic Stress Disorder (PTSD), and another 21% met criteria for partial PTSD. The mental health issues in children living with ongoing community violence necessitate that researchers use a qualitative approach to inform future interventions. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Horst, Hans Joachim	2015	Bilaterale visuelle Stimulation beim Eye Movement Desensitization and Reprocessing (EMDR): Experimentelle Überprüfung der Effekte dreier Zielreizgeschwindigkeiten auf kortikale Parameter. Ein Beitrag					Untersucht wird der Einfluss von drei Zielreizgeschwindigkeiten (0 Hz, 0,3 Hz und 1 Hz) visueller bilateraler Stimulation, wie sie beim EMDR (Eye Movement Desensitization and Reprocessing) eingesetzt wird, auf verschiedene Parameter bei einer weiblichen studentischen Population. Als Abhängige Variablen dienten als qualitative Parameter das Auftauchen neuer Erinnerungen bzw. neuer Bewertungen sowie als physiologische Parameter kortikale Aktivierung bzw. interhemisphärische Aktivierungsunterschiede, die über das Elektrookulogramm (EOG) und die Sakkadendauern gemessen

		zur psychotherapeutischen Grundlagenforschung					wurden. Dabei zeigten sich hinsichtlich des Erinnerungs- und Bewertungsmusters signifikante Unterschiede zwischen subklinisch unbelasteten und belasteten Probandinnen. Die EOG-Daten erbrachten Hinweise, dass lediglich die 1,0 Hz-Stimulation, wie sie beim EMDR eingesetzt wird, zu einer für die Verarbeitung signifikanten Steigerung der kortikalen Aktivierung führte. Außerdem liefern die Daten einen Beleg dafür, dass schnelle bilaterale Augenbewegungen interhemisphärische Aktivierungsunterschiede, wie sie beim Wiedererinnern eines Traumas typisch sind, am wirkungsvollsten reduzieren. Damit stützen die vorliegenden Ergebnisse die Annahme, dass schnelle Augenbewegungen und damit einhergehenden Sakkaden ein zentraler Faktor des EMDR sind und dass die Wirkung des EMDR auf einer durch Sakkadeninduktion verbesserten Angleichung von Hemisphärenunterschieden beruht. Schließlich ist durch die Untersuchungsergebnisse auch die Verwendung der langsamen bilateralen Stimulation zur Ressourcenverankerung belegbar.
Hosin, A. A.	2001	Children of traumatized and exiled refugee families: resilience and vulnerability. A case study report	Medicine, conflict, and survival	17	2	137–145	This paper focuses on the main problems and outcomes of two children of a traumatized refugee family who have been in Britain since 1993. Their parents witnessed near death experiences and physical assaults, and suffered losses and a wide range of physical problems; the father manifests post traumatic stress disorder (PTSD) symptoms. The children have been exposed regularly to episodic rage and violent behaviour by their father, and have developed separation problems and psychosomatic complaints. Their mother has coped better and is very resilient in her care and approach to problems. This report acknowledges the negative experience of trauma, but also the sources of resilience of parents, children's adjustment and cultural differences in coping styles. Refugee experiences devastate individual well-being and coping mechanisms if there is no hope, support and faith in one's own potential. Protective and risk factors that may affect the manifestation of trauma symptoms are highlighted. A variety of treatment approaches are required for both adult and child victims of multiple trauma. A wide range of techniques, such as group therapy, behaviour and cognitive therapy, and desensitization and relaxation training, can help sufferers to enhance their coping skills and deal effectively with devastating life events.
Hoskins, David; Duncan, Larissa G.; Moskowitz, Judith T.; Ordóñez, Anna E.	2018	Positive Adaptations for Trauma and Healing (PATH), a pilot study of group therapy with Latino youth	Psychological trauma : theory, research, practice and policy	10	2	163–172	Objective: This study examines the acceptability and preliminary efficacy of Positive Adaptations for Trauma and Healing (PATH), a manualized treatment for Latino youth and their caregivers. PATH is a culturally adapted program that incorporates a trauma model, positive

						<p>psychology, and resilience. Method: Latino youth (N = 16) recruited from an urban community clinic participated in PATH with their caregiver. Pre- and postintervention measures on trauma symptoms, resilience, depression, caregiver's view of their youth's well-being, and positive and negative emotions were gathered. Following the intake meetings (1 to 3), the families participated in 10 90-minute weekly group sessions (total of 3 groups). Caregiver groups were conducted in Spanish, and youth in English. Results: At pretest, 56% of the youth endorsed clinically significant symptoms on the UCLA PTSD Index (M = 34.2, SD = 11.2); the percentage dropped to 0% at posttest (M = 17.3, SD = 7.6). Youth reported pre- to posttest reductions on the Child Depression Inventory (mean difference [Mdiff] = 7.3; p = .004) and externalizing (Mdiff = 6.1; p &lt; .001) and internalizing (Mdiff = 9.4; p &lt; .001) behaviors on the caregiver-reported Child Behavior Checklist. Overall, there was high treatment engagement (93% attendance over 10 weeks). Conclusion: This novel treatment engaged a community-based Latino sample. The results suggest high acceptability and significant reduction in trauma symptoms and associated symptoms. This study included a small number of participants and results should be interpreted with caution. Future iterations will target larger number of participants to further assess feasibility. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Hoskins, David; Hernández, Martha; Pérez, Amy; Spampinato, Lauren; Tahir, Peggy; Chang, Tai</p>	2023	<p>A novel multifamily treatment targeting symptoms related to Latinx caregiver deportation</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>			<p>Objective: Latinx youth who have experienced caregiver deportation show higher rates of posttraumatic stress disorder (PTSD) and internalizing symptoms compared to Latinx youth who have not. Thus, there is a need for culturally and linguistically appropriate therapeutic approaches to address psychiatric needs related to caregiver deportation. Positive Adaptations for Trauma and Healing (PATH) is a manualized 10-week group therapy for Latinx youth and their caregivers that integrates trauma-informed interventions with positive psychology and resilience interventions. The present study examined PATH for reducing trauma symptomatology for Latinx youth who endured at least three traumatic experiences in their caregiving system as well as differences for Latinx youth who experienced their caregiver's deportation. Method: Self-identified Latinx youth (N = 31) and their Spanish-speaking caregivers were recruited from two urban hospitals. All youth experienced three or more traumatic events. Pre- to postintervention mean change was measured with t tests; mixed-effects analysis of variance assessed whether the program was feasible for youth who had experienced a caregiver deportation versus</p>

							Latinx youth who did not. Results: Assessment with the Trauma Symptom Checklist and the UCLA PTSD Index for Youth showed statistically significant reductions on Anxiety, Depression, Anger, and PTSD subscales. Latinx youth who experienced a caregiver's deportation exhibited larger reductions in anger symptoms and PTSD symptoms. Conclusion: Study results suggest that the novel group therapy intervention was feasible and acceptable for Latinx youth and their caregivers. Despite a small sample size, the intervention proved feasible for Latinx youth who experienced caregiver deportation. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hoskins, David; Meza, Jocelyn I.; Holloway, Evan D.; Brown, Larry; Kemp, Kathleen; Tolou-Shams, Marina	2023	Pathways from early childhood maltreatment to adolescent dating violence: The role of traumatic stress and substance use among juvenile justice-involved youth	Traumatology			No Paginat on Specifie d-No Paginat on Specifie d	Court-involved youth are more likely to report early childhood maltreatment histories, and these maltreatment histories can lead to subsequent risk behaviors such as adolescent dating violence (ADV). We used longitudinal data from the Epidemiological Project Involving Children in the Court on youth (N = 192) at first contact with the juvenile court to examine early childhood maltreatment with subsequent ADV, assessing pathways of alcohol, cannabis use, and traumatic stress. Using structural equation modeling, we found that early childhood maltreatment increased the risk for experiencing future ADV, traumatic stress, and alcohol use among youth in first-time contact with the legal system. Transgender youth were at greater risk of experiencing traumatic events, including ADV. Interventions to address traumatic stress and alcohol use among youth with ADV histories at the front door of system contact could reduce ADV likelihood over time. Such interventions should also consider the specific heightened needs of transgender youth, for whom available options are few. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Hoskins, David; Meza, Jocelyn Iveth; Del Cid, Margareth Vanessa; Kemp, Kathleen; Koinis-Mitchell, Daphne; Webb, Margaret; Tolou-Shams, Marina	2023	Impact of family, neighborhood, and schools on behavioral health needs of justice-involved Latinx adolescents	Couple and Family Psychology: Research and Practice	12	3		Latinx adolescents are overrepresented in the justice system and have high untreated behavioral health needs. We examined the family as well as promotive and inhibitive environments (i.e., neighborhood and school) and their associations on behavioral health among 181 first-time justice-involved Latinx adolescents. Results showed that more optimal caregiver-adolescent attachment was associated with fewer behavioral health needs; more negative caregiver-adolescent communication with greater behavioral health needs. Increased neighborhood disadvantage and negative school interactions served as inhibitive environments and were associated with greater behavioral health needs. Moderation analyses indicated that negative communication was associated with greater behavioral health needs among dyads with large acculturation differences but not for dyads

							close in acculturation. Findings underscore the need to assess the family relationships and communication, promotive/inhibitive environments, and acculturation differences when determining how to meet behavioral health needs among justice-involved Latinx adolescents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Houben, Sanne T. L.; Otgaar, Henry; Roelofs, Jeffrey; Smeets, Tom; Merckelbach, Harald	2020	Increases of correct memories and spontaneous false memories due to eye movements when memories are retrieved after a time delay	Behaviour research and therapy	125		103546	Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment for post-traumatic stress disorder. However, literature on possible adverse memory effects of EMDR is scarce. Using the Deese/Roediger-McDermott (DRM) false memory paradigm, we examined the susceptibility to spontaneous false memories after performing eye movements, as used in EMDR. In Experiment 1, 72 undergraduates received word lists containing negative and neutral associated words and immediately after this they were given a free recall and recognition test. In Experiment 2, 68 undergraduates underwent the free recall and recognition test 48 h later. During the free recall phase in both experiments, participants either performed eye movements or not (control condition). In Experiment 1, the two conditions did not differ statistically with regard to correct and false recall/recognition. In Experiment 2, correct memory rates were higher in the eye movement than in the control condition and this was accompanied by an increase in spontaneous false memories on both free recall and recognition. Although our experimental approach is far removed from clinical practice, our findings suggest that eye movements as used in EMDR might amplify both correct and false memory rates.
Howard, Rick; Schellhorn, Klaus; Lumsden, John	2013	A biofeedback intervention to control impulsiveness in a severely personality disordered forensic patient	Personality and mental health	7	2	168–173	Impulsiveness in personality disordered forensic patients is associated with poor treatment completion and high risk of re-offending. A biofeedback training protocol, previously found to reduce impulsiveness and improve attention in children with Attention Deficit Hyperactivity Disorder, was used in an initial attempt to reduce impulsiveness in a severely personality disordered man with borderline, antisocial and histrionic features. Electrocutaneous, behavioural and self-report measures of impulsiveness were taken before and immediately following 6 weeks of biofeedback training and at 3 months follow-up. The patient successfully engaged with the intervention. His self-reports of reduced impulsiveness and improved attention were corroborated by behavioural and electrocutaneous measures that indicated reduced impulsiveness and better focused attention. Results suggest this intervention might prove useful in

							improving behavioural and emotional self-regulation in severely personality disordered patients.
Hoyer, Jürgen; Knappe, Susanne	2020	Klinische Psychologie & Psychotherapie					
Hoyt, Michael F.; Cannistrà, Flavio	2021	Common Errors in Single-Session Therapy	Journal of Systemic Therapies	40	3	29–41	
Hrvić, Dženita; Hasanović, Mevludin	2018	EMDR Treatment Posttraumatic Stress Disorder Caused by Multiple War Trauma - A Case Report	Psychiatria Danubina	30	Suppl 5	315–319	
Hucklenbroich, K.; Burgmer, M.; Heuft, G.	2014	Psychische Folgen von früheren und akuten Traumatisierungen bei Älteren. Klinische Präsentation, Diagnostik und Therapie	Zeitschrift für Gerontologie und Geriatrie	47	3	202–208	Thema der Studie sind Traumafolgestörungen bei Menschen über 60 Jahre, die als sog. Kriegskindergeneration des Zweiten Weltkriegs in Europa zu einem hohen Prozentsatz schwer belastet sind. Hinzu kommen mögliche akute Traumatisierungen Älterer. Auf der Basis einer Literaturrecherche wird eine Übersicht über die Symptomatik eines akuten oder zurückliegenden Traumas im Alter gegeben und die psychotherapeutischen sowie psychopharmakologischen Behandlungsoptionen werden dargestellt. Betont wird die Notwendigkeit einer sorgfältigen Differenzialdiagnose, um eine Traumareaktivierung im Alter zu erkennen, die hinter einer Somatisierungsstörung verborgen liegt. Die Prognose entsprechender Symptombilder durch traumakonfrontative Techniken (wie etwa Eye Movement Desensitization and Reprocessing) ist ähnlich gut wie im mittleren Erwachsenenalter. Limitationen seitens des Patienten sollten dabei berücksichtigt werden.
Hudays, Ali; Gallagher, Robyn; Hazazi, Ahmed; Arishi, Amal; Bahari, Ghareeb	2022	Eye Movement Desensitization and Reprocessing versus Cognitive Behavior Therapy for Treating Post-Traumatic Stress Disorder: A Systematic Review and Meta-Analysis	International journal of environmental research and public health	19	24		This meta-analysis review compared eye movement desensitization and reprocessing and cognitive behavior therapy efficacy in reducing post-traumatic stress disorder (PTSD), anxiety, and depression symptoms. A systematic search for articles published between 2010 and 2020 was conducted using five databases. The RevMan software version 5 was used. Out of 671 studies, 8 fulfilled the inclusion criteria and were included in this meta-analysis. Three studies reported that eye movement desensitization and reprocessing reduced depression symptoms better than cognitive behavior therapy in both children, adolescents, and adults (SDM (95% CI) = -2.43 (-3.93--0.94), p = 0.001). In three other studies, eye movement desensitization and reprocessing were shown to reduce anxiety in children and adolescents better than cognitive behavior therapy (SDM (95% CI) = -3.99 (-5.47--2.52), p < 0.001). In terms of reducing PTSD symptoms,



							eye movement desensitization and reprocessing and cognitive behavior therapy did not demonstrate any statistically significant differences (SDM (95% CI) = -0.14 (-0.48-0.21), p = 0.44). There was no statistically significant difference at the three-month follow-up and at the six-month follow-up for depression (p = 0.31), anxiety (p = 0.59), and PTSD (p = 0.55). We recommend randomized trials with larger samples and longer follow-up times in the future.
Hudson, James I.; Chase, Emily A.; Pope Jr., Harrison G.	1998	Eye movement desensitization and reprocessing in eating disorders: Caution against premature acceptance	The International journal of eating disorders	23	1	1-5	Abstract Objective Eye movement desensitization and reprocessing (EMDR) has been claimed effective in the treatment of a wide variety of psychiatric disorders, including eating disorders. An informal survey suggests that EMDR is now widely offered to patients with eating disorders. Before accepting a new therapy such as EMDR, one must determine that its benefits outweigh its adverse effects. This paper reviews the literature in an attempt to assess the benefits and risks of the use of EMDR in the treatment of eating disorders. Method: We reviewed the literature on the use of EMDR to treat eating disorders and other conditions. Results: Looking at the question of its benefits, we were unable to find any methodologically sound studies that have shown efficacy for EMDR in eating disorders, or, indeed, any psychiatric disorder. We were also unable to find a sound theoretical basis for expecting EMDR to be effective. In addition, EMDR may have adverse effects. First, EMDR is sometimes used in conjunction with efforts to ?recover? memories of traumatic events. But ?recovered memory? therapy may carry a risk of inducing potentially harmful false memories. Second, use of EMDR may prevent or delay other therapies of established efficacy for eating disorders, such as cognitive behavioral therapy and antidepressants. Discussion: In light of the findings of our review, the risk/benefit ratio of EMDR does not as yet encourage its widespread acceptance. ? 1998 by John Wiley & Sons, Inc. Int J Eat Disord 23: 175, 1998.
Huesmann, L. Rowell	2007	The impact of electronic media violence: scientific theory and research	The Journal of adolescent health : official publication of the Society for Adolescent Medicine	41	6 Su ppl 1	S6-13	Since the early 1960s, research evidence has been accumulating that suggests that exposure to violence in television, movies, video games, cell phones, and on the Internet increases the risk of violent behavior on the viewer's part, just as growing up in an environment filled with real violence increases the risk of them behaving violently. In the current review this research evidence is critically assessed and the psychological theory that explains why exposure to violence has detrimental effects for both the short and long-term is elaborated. Finally the size of the "media violence effect" is compared with some other well-known threats to society to estimate how important a threat it should be considered.

<p>Huesmann, L. Rowell; Dubow, Eric F.; Boxer, Paul; Smith, Cathy; Shikaki, Khalil; Landau, Simha F.; Gvirsman, Shira Dvir</p>	<p>2023</p>	<p>Consequences of Exposure to War Violence: Discriminating Those with Heightened Risk for Aggression from Those with Heightened Risk for Post-Traumatic Stress Symptoms</p>	<p>International journal of environmental research and public health</p>	<p>20</p>	<p>12</p>		<p>Chronic exposure to ethnic-political and war violence has deleterious effects throughout childhood. Some youths exposed to war violence are more likely to act aggressively afterwards, and some are more likely to experience post-traumatic stress symptoms (PTS symptoms). However, the concordance of these two outcomes is not strong, and it is unclear what discriminates between those who are at more risk for one or the other. Drawing on prior research on desensitization and arousal and on recent social-cognitive theorizing about how high anxious arousal to violence can inhibit aggression, we hypothesized that those who characteristically experience higher anxious arousal when exposed to violence should display a lower increase in aggression after exposure to war violence but the same or a higher increase in PTS symptoms compared to those low in anxious arousal. To test this hypothesis, we analyzed data from our 4-wave longitudinal interview study of 1051 Israeli and Palestinian youths (ages at Wave 1 ranged from 8 to 14, and at Wave 4 from 15-22). We used the 4 waves of data on aggression, PTS symptoms, and exposure to war violence, along with additional data collected during Wave 4 on the anxious arousal participants experienced while watching a very violent film unrelated to war violence (N = 337). Longitudinal analyses revealed that exposure to war violence significantly increased both the risk of subsequent aggression and PTS symptoms. However, anxious arousal in response to seeing the unrelated violent film (measured from skin conductance and self-reports of anxiety) moderated the relation between exposure to war violence and subsequent psychological and behavioral outcomes. Those who experienced greater anxious arousal while watching the violent film showed a weaker positive relation between amount of exposure to war violence and aggression toward their peers but a stronger positive relation between amount of exposure to war violence and PTS symptoms.</p>
<p>Huey Jr., Stanley J.; Tilley, Jacqueline L.</p>	<p>2018</p>	<p>Effects of mental health interventions with Asian Americans: A review and meta-analysis</p>	<p>Journal of consulting and clinical psychology</p>	<p>86</p>	<p>11</p>	<p>915–930</p>	<p>Objective: Evidence demonstrating treatment efficacy for ethnic minorities has grown in recent years; however, Asian Americans (i.e., of East Asian or Southeast Asian heritage) are mostly excluded from recent reviews. In this review we (a) synthesize the literature on mental health treatment effects for Asian Americans and (b) evaluate support for competing theoretical perspectives on cultural tailoring. Method: A literature search supplemented with other search strategies identified 21 randomized trials of mental health interventions for Asian Americans (n = 6,377 total participants). The meta-analysis was based on random-effects models. Results: Overall, results show that posttreatment effects were relatively large and significant (d = .75, SE</p>

							<p>= .14, <math>p = .000</math>). However, there was substantial heterogeneity across studies (ES range = <math>-.04</math> to <math>2.61</math>), with moderator analyses indicating that effects differed significantly by target problem, diagnostic status, and comparison group. Also, specificity of cultural tailoring was significantly associated with treatment outcomes, with treatments tailored specifically for Asian subgroups (e.g., Chinese Americans) showing the largest effects (<math>d = 1.10</math>), and those with no cultural tailoring or non-Asian tailoring (<math>d = .25</math>) showing the smallest effects. Conclusions: Findings suggest that mental health treatments are efficacious for Asian Americans and that cultural tailoring can enhance treatment outcomes. In general, these findings lend support to the cultural responsiveness hypothesis, although caveats are noted. Implications for psychotherapy research with Asian Americans are discussed, as well as methodological and conceptual challenges. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Hughes, Rick; Kinder, Andrew; Cooper, Cary L.	2012	International Handbook of Workplace Trauma Support					
Hukkelberg, Silje S.	2014	Posttraumatic stress reactions in children and adolescents: Factor structure and gender invariance in the dysphoria and numbing model	Psychological Trauma: Theory, Research, Practice, and Policy	6	3		<p>The aim of this study was to evaluate the four-factor structure of posttraumatic stress reactions as depicted by the dysphoria (Simms, Watson, &amp; Doebbell, 2002) and numbing (King, Leskin, King, &amp; Weathers, 1998) models and to examine possible gender differences in these models. A total of 390 children and adolescents (61% girls) aged 10–18 participated in the study. The youths had experienced one or more potentially traumatic events. Confirmatory factor analyses supported both the dysphoria and the numbing models, with minimal differences in fit within the girl and boy samples. There was evidence of measurement invariance for the numbing model, but not for the dysphoria model, in terms of scalar invariance. Girls showed significantly higher symptom levels than did boys for all factors. Implications of the results are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Hunt, Melissa; Bylsma, Lauren; Brock, Johanna; Fenton, Miriam; Goldberg, Anya; Miller, Ronnen; Tran, Tanya; Urgelles, Jessica	2006	The role of imagery in the maintenance and treatment of snake fear	Journal of behavior therapy and experimental psychiatry	37	4	283–298	<p>Two studies assessed the role of mental imagery in the maintenance of fear of common phobic stimuli. Study 1 asked participants who were afraid of a wide range of phobic stimuli to report their visual and somatic imagery. Blind ratings of the imagery on horror and vividness were positively correlated with participant's self-reported fear and avoidance. Study 2 tested the efficacy of modifying imagery using cognitive restructuring compared to in vivo exposure and a minimal exposure, relaxation control in snake fearful participants. Both active treatment groups improved significantly more than the control group</p>

							in self-reported snake fearfulness and behavioral approach. Condition also interacted with initial severity. Highly fearful subjects responded better to the cognitive imagery modification than to the in vivo exposure, and found the cognitive intervention significantly less aversive. These results are seen as supporting a cognitive model of the maintenance of specific phobia.
Hyer, Lee; Brandsma, Jeffrey M.	1997	EMDR minus eye movements equals good psychotherapy	J. Traum. Stress (Journal of traumatic stress)	10	3	515–522	Abstract Eye Movement Desensitization and Reprocessing (EMDR) is a therapy roughly equal in efficacy to others currently available. It is argued that this treatment method is efficacious independent of the value of its component parts (e.g., eye movements) and is successful because it applies common and generally accepted principles of psychotherapy. Ten curative principles of this procedure are discussed as reflective of sound psychotherapy practice. It is hoped that an understanding of this therapy from the perspective of the practice and theory of psychotherapy will assist in its study.
Ijadi-Maghsoodi, Roya; Venegas-Murillo, Angela; Klomhaus, Alexandra; Aralis, Hilary; Lee, Kungeun; Rahmanian Koushkaki, Sara; Lester, Patricia; Escudero, Pia; Kataoka, Sheryl	2022	The role of resilience and gender: Understanding the relationship between risk for traumatic stress, resilience, and academic outcomes among minoritized youth	Psychological trauma : theory, research, practice and policy	14	S1	S82-S90	Objective: Minoritized students experience high trauma rates which can impact academic outcomes, and experiences may differ between males and females. We investigated the relationship between traumatic stress and academic outcomes by gender among predominantly minoritized students, and whether resilience-building assets can mediate the relationship between traumatic stress and academic outcomes. Method: School administrative data were linked to survey data from 9th graders in 2016–2018 across 37 West Coast schools. We examined the association between traumatic stress risk and academic outcomes by gender. Where significant associations were found, mixed effects regression models accounting for school-level variation were fit to assess the role of resilience-building assets as potential mediators of the relationship between traumatic stress risk and academic outcomes. Results: Among 1,750 female and 2,036 male students, we found no significant association between traumatic stress risk and low attendance (OR = 1.46, 95% CI [1.16, 1.84]), with no association among males. In models controlling for resilience-building assets, the magnitude of the association between traumatic stress risk and GPA p p < .01). Conclusions: Resilience-building assets may partially mediate the effect of traumatic stress on GPA among females. Resilience initiatives, especially among minoritized female students, may protect against the effect of trauma on academics. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Ingabire, Marie Chantal; Caparos, Serge; Rutembesa, Eugène; Habimana, Emmanuel; Ndushabandi, Eric; Blanchette, Isabelle	2023	Intergenerational transmission of trauma and its association with attitudes toward reconciliation		15	Su ppl 2		Objective: We aimed to investigate the link between mothers' posttraumatic stress disorder (PTSD) symptoms and their adult offspring's attitudes toward reconciliation and psychopathology among survivors of the 1994 genocide perpetrated against the Tutsi in Rwanda. We also sought to examine whether parenting styles mediate the relationship between mothers' PTSD symptoms and their adult offspring's psychopathology, if any. Method: Mother-child dyads (N = 181) were recruited in Rwanda and completed measures of trauma exposure, PTSD, depression, attitudes toward reconciliation, and parenting styles. Results: Adult offspring of mothers who suffered from more severe PTSD symptoms had less favorable attitudes toward reconciliation, even after controlling for their own PTSD symptoms. Mothers' PTSD symptoms were not associated with their adult offspring's PTSD or depression symptoms. In addition, mothers' PTSD symptoms did not predict their parenting styles. Conclusions: These results suggest that the mental health of survivors of mass violence has repercussions on the intergroup attitudes of the following generation. This study has practical implications for sustainable peacebuilding in postconflict societies. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Ipci, Melis; Inci, Sevim Berrin; Akyol Ardiç, Ülkü; Ercan, Eyup Sabri	2017	A Case of Asperger Syndrome With Comorbidity of Posttraumatic Stress Disorder and Selective Mutism: Significant Remission With the Combination of Aripiprazole and Eye Movement Desensitization and Reprocessing	Journal of clinical psychopharmacology	37	1	109–110	
Irani, Farzan; Gabel, Rodney; Daniels, Derek; Hughes, Stephanie	2012	The long term effectiveness of intensive stuttering therapy: a mixed methods study	Journal of fluency disorders	37	3	164–178	PURPOSE: The purpose of this study was to gain a deeper understanding of client perceptions of an intensive stuttering therapy program that utilizes a multi-faceted approach to therapy. The study also proposed to gain a deeper understanding about the process involved in long-term maintenance of meaningful changes made in therapy. METHODS: The study used a mixed methods design. The core method was a phenomenological approach using semi-structured interviews. Objective clinical data was gathered concurrently. This included archival records and current measures on a variety of assessments to evaluate stuttering severity and attitudes toward communication. RESULTS: The major themes generated from participants' transcripts included (1) the positive effects of the Duration and Nature of the Program; (2) Speech Techniques Learned;

							(3) Attitude Change and Counseling; and (4) activities related to Desensitization and Transfer. The participants also reported positive effects of their personal motivation and clinician attitudes. Clinical data indicated that the participants made measurable clinical gains on all measures of stuttering severity and attitude change following the intensive clinic and these changes were maintained long after the program was completed. CONCLUSIONS: It appears that this intensive stuttering therapy program is effective for making positive changes in behavioral measures of speech disfluencies, and attitudes. Clients reported multiple factors directly related to the program and personal factors that contributed to treatment effectiveness. Hence, future studies should explore and report on a variety of factors related to communication attitudes and overall quality of life in addition to behavioral measures of speech. EDUCATIONAL OBJECTIVES: After reading this article, the learner will be able to: (a) identify the basic tenets of evidence-based practice; (b) summarize what we currently know about the effectiveness of behavioral treatments of stuttering; (c) identify factors that client report as important to treatment effectiveness.
Irish, Allen J.	2020	Using Recent Traumatic Episode Protocol in College Counseling Centers	Journal of College Counseling	23	2	180–192	Experiencing a traumatic event as a college student can have significant social, emotional, and academic consequences. This article discusses the use of an alternative protocol of eye-movement desensitization and reprocessing, called Recent Traumatic Episode Protocol (E. Shapiro & Laub, 2008), and its use to reduce significant psychological distress of a college student who lived through a mass casualty shooting in the United States.
Ironson, G.; Freund, B.; Strauss, J. L.; Williams, J.	2002	Comparison of two treatments for traumatic stress: A community-based study of EMDR and prolonged exposure	J. Clin. Psychol. (Journal of clinical psychology)	58	1	113–128	Abstract This pilot study compared the efficacy of two treatments for posttraumatic stress disorder (PTSD): Eye Movement Desensitization and Reprocessing (EMDR) and Prolonged Exposure (PE). Data were analyzed for 22 patients from a university-based clinic serving the outside community (predominantly rape and crime victims) who completed at least one active session of treatment after three preparatory sessions. Results showed both approaches produced a significant reduction in PTSD and depression symptoms, which were maintained at three-month follow-up. Successful treatment was faster with EMDR as a larger number of people (7 of 10) had a 70% reduction in PTSD symptoms after three active sessions compared to 2 of 12 with PE. EMDR appeared to be better tolerated as the dropout rate was significantly lower in those randomized to EMDR versus PE (0 of 10 vs. 3 of 10). However all patients who remained in treatment with PE had a reduction in PTSD scores. Finally, Subjective Units of

							Distress (SUDS) ratings decreased significantly during the initial session of EMDR, but changed little during PE. Postsession SUDS were significantly lower for EMDR than for PE. Suggestions for future research are discussed. ? 2002 John Wiley & Sons, Inc. J Clin Psychol 58: 113?128, 2002.
Ischebeck, Anja; Hiebel, Hannah; Miller, Joe; Höfler, Margit; Gilchrist, Iain D.; Körner, Christof	2021	Target processing in overt serial visual search involves the dorsal attention network: A fixation-based event-related fMRI study	Neuropsychologia, 2021				In serial visual search we shift attention successively from location to location in search for the target. Although such search has been investigated using fMRI, overt attention (i.e., eye movements) was usually neglected or discouraged. As a result, it is unclear what happens in the instant when our gaze falls upon a target as compared to a distractor. In the present experiment, we used a multiple target search task that required eye movements and employed an analysis based on fixations as events of interest to investigate differences between target and distractor processing. Twenty young healthy adults indicated the number of targets (0-3) among distractors in a 20-item display. Compared to distractor fixations, we found that target fixations gave rise to wide-spread activation in the dorsal attention system, as well as in the visual cortex. Targets that were found later during the search activated the left inferior frontal gyms and the left supramarginal gyms more strongly than those that were found earlier. Finally, areas associated with visual and verbal working memory showed increased activation with a larger number of targets in the display.
Israel-Cohen, Yael; Kashy-Rosenbaum, Gabriela; Kaplan, Oren	2016	Acute stress reaction and positive future orientation as predictors of PTSD among Israeli adolescents exposed to missile attacks	Translational Issues in Psychological Science	2	4	361–370	There has been increasing debate over the utility of a diagnosis based on Acute Stress Reaction (ASR) alone as a predictor of posttraumatic stress disorder (PTSD). Concomitantly, researchers have called into question a too narrow focus on risk factors and point to the need to also investigate the role of protective factors, such as a positive future orientation, in predictions of traumatic stress. Yet, studies based on samples exposed to terrorism specifically have shown an increased risk of PTSD associated with positive future cognition. Based on short-term longitudinal study of Israeli adolescents (N = 461) exposed to missile attacks, this study examined (a) the predictive power of ASR on PTSD, (b) the role of a positive future orientation (operationalized by hope and optimism) on improving the prediction of PTSD beyond ASR, and (c) the moderating role of a positive future orientation on the relationship between ASR and PTSD. Findings revealed that ASR did not predict the majority of PTSD cases. Lower levels of hope and optimism were associated with higher occurrences of PTSD. A positive future orientation significantly enhanced the prediction of PTSD beyond ASR by 7%. Moreover, a positive future orientation did not

							moderate the relationship between ASR and PTSD. These findings suggest that a positive outlook may be an effective cognition to foster to buffer against PTSD, both among those who suffer from ASR and among those who do not. Further implications of findings are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ito, L. M.; Marks, I. M.; Araujo, L. A. de; Hemsley, D.	1995	Does imagined exposure to the consequences of not ritualising enhance live exposure for OCD? A controlled study. II. Effect on behavioural v. subjective concordance of improvement	The British journal of psychiatry : the journal of mental science	167	1	71-75	BACKGROUND: This study tested whether adding imagined exposure to live exposure would increase the concordance between behavioural and subjective improvement in obsessive-compulsive disorder (OCD). METHOD: 46 OCD out-patients were randomly allocated to 9 weekly sessions of either combined live+imagined exposure/ritual prevention (Exi, n = 23), or only live exposure/ritual prevention (Ex, n = 23). Patients were asked to do 90 min of daily self-exposure at home (corresponding to Exi or Ex). Measures were: (A) behavioural; (B) subjective; (C) clinical global impression (CGI). RESULTS: After 9 weeks of treatment, improvement was greater on behavioural than subjective measures (similar for the Exi and Ex groups). At 20 weeks (3-month follow-up) each group had improved slightly more on subjective measures and slightly less on behavioural ones. Two subjective measures improved less during Exi than Ex, but this difference disappeared at follow-up. The greater difference between behavioural and subjective improvement scores in Exi than in Ex did not relate to clinical outcome at the end of treatment or follow-up. CONCLUSIONS: Compared to live exposure alone, combined imagined plus live exposure did not enhance behavioural/subjective concordance.
Ito, L. M.; Noshirvani, H.; Başoğlu, M.; Marks, I. M.	1996	Does exposure to internal cues enhance exposure to external cues in agoraphobia with panic? A pilot controlled study of self-exposure	Psychotherapy and psychosomatics	65	1	24-28	BACKGROUND: The value of internal (interoceptive) cues for exposure is under debate and so was tested in a pilot controlled study. METHODS: Outpatients with panic disorder and severe agoraphobia were randomised to 10 weeks of self-exposure to either (1) both internal (interoceptive) and external cues (n = 12) or (2) external cues only (n = 14). Both groups were trained in slow deep breathing and asked to carry out daily self-exposure homework. Neither group had cognitive restructuring. RESULTS: By post-treatment and follow-up all outcome measures improved significantly in both treatment groups. The two groups did not differ significantly in outcome, though slightly more patients who had exposure to both internal and external cues improved 50% or more on phobic avoidance and fear. CONCLUSIONS: A larger controlled study is now worthwhile to tell if such small differences can be significant.



Ivarsson, Malena; Anderson, Martin; Åkerstedt, Torbjörn; Lindblad, Frank	2013	The effect of violent and nonviolent video games on heart rate variability, sleep, and emotions in adolescents with different violent gaming habits	Psychosomatic medicine	75	4	390–396	OBJECTIVE: To study cardiac, sleep-related, and emotional reactions to playing violent (VG) versus nonviolent video games (NVG) in adolescents with different gaming habits. METHODS: Thirty boys (aged 13-16 years, standard deviation = 0.9), half of them low-exposed ( $\leq 1$ h/d) and half high-exposed ( $\geq 3$ h/d) to violent games, played a VG/NVG for 2 hours during two different evenings in their homes. Heart rate (HR) and HR variability were registered from before start until next morning. A questionnaire about emotional reactions was administered after gaming sessions and a sleep diary on the following mornings. RESULTS: During sleep, there were significant interaction effects between group and gaming condition for HR (means [standard errors] for low-exposed: NVG 63.8 [2.2] and VG 67.7 [2.4]; for high-exposed: NVG 65.5 [1.9] and VG 62.7 [1.9]; $F(1,28) = 9.22, p = .005$ ). There was also a significant interaction for sleep quality (low-exposed: NVG 4.3 [0.2] and VG 3.7 [0.3]); high-exposed: NVG 4.4 [0.2] and VG 4.4 [0.2]; $F(1,28) = 3.51, p = .036$ , one sided), and sadness after playing (low-exposed: NVG 1.0 [0.0] and VG 1.4 [0.2]; high-exposed: NVG 1.2 [0.1] and VG 1.1 [0.1]; $F(1,27) = 6.29, p = .009$ , one sided). CONCLUSIONS: Different combinations of the extent of (low versus high) previous VG and experimental exposure to a VG or an NVG are associated with different reaction patterns-physiologically, emotionally, and sleep related. Desensitizing effects or selection bias stand out as possible explanations.
Jaberghaderi, N., Greenwald, R., Rubin, A., Zand, S.O. & Dolatabadi, S.	2004	A comparison of CBT and EMDR for sexually abused Iranian girls	Clinical Psychology and Psychotherapy	11	5	358–368	Fourteen randomly assigned Iranian girls ages 12–13 years who had been sexually abused received up to 12 sessions of CBT or EMDR treatment. Assessment of post-traumatic stress symptoms and problem behaviours was completed at pre-treatment and 2 weeks post-treatment. Both treatments showed large effect sizes on the post-traumatic symptom outcomes, and a medium effect size on the behaviour outcome, all statistically significant. A non-significant trend on self-reported post-traumatic stress symptoms favoured EMDR over CBT. Treatment efficiency was calculated by dividing change scores by number of sessions; EMDR was significantly more efficient, with large effect sizes on each outcome. Limitations include small N, single therapist for each treatment condition, no independent verification of treatment fidelity, and no long-term follow-up. These findings suggest that both CBT and EMDR can help girls to recover from the effects of sexual abuse, and that structured trauma treatments can be applied to children in Iran.
Jaberghaderi, Nasrin; Rezaei, Mansour;	2019	Effectiveness of Cognitive Behavioral Therapy and Eye	Iranian journal of psychiatry	14	1	67–75	Objective: This study was conducted to examine and compare the effectiveness of cognitive behavioral therapy (CBT) and eye movement

Kolivand, Mitra; Shokoohi, Azita		Movement Desensitization and Reprocessing in Child Victims of Domestic Violence					desensitization and reprocessing (EMDR) in child victims of domestic violence (child physical abuse and/or witnessing parents' conflicts). Method: A total of 139 girls and boys, aged 8-12 years, were randomly assigned into CBT (n = 40), EMDR (n = 40), or control groups (n=59). All children received up to 12 individual treatment sessions over 4-12 weeks. Blind assessment was done before and 2 weeks after the treatment and on a variety of teacher-parent-rated and self-report measures of posttraumatic symptomatology, depression, anxiety, and behavior problems. Results: CBT and EMDR were effective in ameliorating psychological sequelae of victims of domestic violence on the measured variables (p = .001). Comparison of the treatment and control groups suggested moderate to high practical significance in treatment groups vs controls. Conclusion: Both CBT and EMDR can help children to greatly recover from the outcomes of domestic violence in comparison with control group. Moreover, structured trauma treatments are strongly recommended and can be used for children.
Jabr, Mejdy M.; Denke, Greg; Rawls, Eric; Lamm, Connie	2018	The roles of selective attention and desensitization in the association between video gameplay and aggression: An ERP investigation	Neuropsychologia	112		50-57	A number of studies have indicated that violent video gameplay is associated with higher levels of aggression and that desensitization and selective attention to violent content may contribute to this association. Utilizing an emotionally-charged rapid serial visual presentation (RSVP) task, the current study used two event-related potentials (ERPs) - the N1 and P3 - that have been associated with selective attention and desensitization as neurocognitive mechanisms potentially underlying the connection between gameplay and higher levels of aggression. Results indicated that video game players and non-players differed in N1 and P3 activation when engaged with emotionally-charged imagery. Additionally, P3 amplitudes moderated the association between video gameplay and aggression, indicating that players who display small P3 amplitudes also showed heightened levels of aggression. Follow-up moderational analyses revealed that individuals who play games for many hours and show more negative N1 amplitudes show smaller P3 activation. Together, our results suggest that selective attention to violent content and desensitization both play key roles in the association between video gameplay and aggression.
Jacob, Rebecca; Li, Tsz-Yan; Martin, Zoe; Burren, Amanda; Watson, Peter; Kant, Rhian; Davies,	2020	Taking care of our future doctors: a service evaluation of a medical student mental health service	BMC medical education	20	1	172	BACKGROUND: Studies suggest medical students experience high levels of mental distress during training but are less likely, than other students, to access care due to stigma and concerns regarding career progression. In response, The School of Clinical Medicine, University of Cambridge supported the development of the 'Clinical Student

Richard; Wood, Diana F.							<p>Mental Health Service' to provide specialist input for this vulnerable group. This study evaluates the efficiency and effectiveness of this service. METHODS: Using mixed-methods, cross-sectional analysis of validated psychiatric rating scales and qualitative feedback, 89 responses were analysed from 143 clinical students referred, between 2015 and 2019. The care pathway included initial review by a psychiatrist, who triaged students to psychologists delivering therapies including: Cognitive Behavioural Therapy, Interpersonal Therapy, Eye Movement Desensitization Reprocessing Therapy or Cognitive Analytic Therapy. Efficiency was assessed by waiting times for psychiatry and psychology interventions, and number of sessions. Academic outcomes included school intermission and graduation. Clinical effectiveness was analysed by measuring global distress, depression, anxiety, functioning and suicidal risk. Pre/post intervention changes were captured using t-test and McNemar test with thematic analysis of qualitative feedback. RESULTS: Referral rates increased from 3.93% (22/560) in 2015 to 6.74% (45/668) in 2018. Median waiting times for initial psychiatric assessment and start of therapy was 26 and 33 days, respectively. All graduating students moved on to work as junior doctors. Levels of distress, (<math>t = 7.73</math>, <math>p &lt; 0.001</math>, <math>df = 31</math>), depression (<math>t = 7.26</math>, <math>p &lt; 0.001</math>, <math>df = 34</math>) anxiety (<math>Z = -4.63</math>, <math>p &lt; 0.001</math>) and suicide risk (<math>Z = -3.89</math>, <math>p &lt; 0.001</math>) were significantly reduced. Participant's functioning was significantly improved (<math>p &lt; 0.001</math>, 99.5% CI 4.55 to 14.62). Feedback indicated high satisfaction with the rapid access and flexibility of the service and the team clinicians. CONCLUSIONS: A significant proportion of medical students attending the service scored highly on validated rating scales measuring emotional distress, suicidality and mental illness. Reassuringly they benefitted from timely specialist mental health input, showing improvements in mental well-being and improved functioning. The development and design of this service might serve as an exemplar for medical schools developing similar support for their students.</p>
Jacobs, Stefan; Jong, Anna de; Strack, Micha	2007	EMDR und Biofeedback in der Therapie posttraumatischer Belastungsstörungen. Evaluation eines neuropsychotherapeutischen Behandlungsprogramms	Verhaltenstherapie und psychosoziale Praxis	39	4	855–876	<p>Evaluert wurde ein neu entwickeltes multimodales, neuropsychotherapeutisches Programm zur Behandlung der posttraumatischen Belastungsstörung (PTB). Ausgehend von neueren Befunden aus den Neurowissenschaften, die darauf hinweisen, dass eine Dissoziation zwischen implizitem und explizitem Traumagedächtnis die wesentliche Grundlage der PTB darstellt, wurden verschiedene Module in das Behandlungsprogramm integriert. Dazu gehören neben der gezielten Bereitstellung von Informationen</p>

							<p>über die Störungszusammenhänge ein Patientenedukationsfilm, spezielle kognitiv-behaviorale Interventionstechniken sowie biofeedbackgestütztes Eye Movement Desensitization and Reprocessing (EMDR). Ziel der Anwendung des Biofeedback im Rahmen der EMDR-Sitzungen ist es zum einen, den Patienten implizite Prozesse während der Traumaexposition zurückzumelden, zum anderen wird anhand der Biofeedback-Aufzeichnung das Ausmaß der Übereinstimmung zwischen subjektivem Belastungsgrad durch die traumatische Erinnerung (SUD-Rating) und physiologisch messbarer Erregung überprüft. Als physiologischer Parameter wurde die elektrodermale Aktivität (Hautleitwert, EDA) erhoben. Erste Ergebnisse einer begleitenden Studie an 16 Patienten, in der eine Eigenwartegruppe als Kontrollgruppe fungierte, zeigen verschiedene EDA-Muster bei der EMDR-Desensitivierung (blandes und assoziatives Reprozessieren). Es konnte eine deutliche Reduktion der PTB-Symptomatik festgestellt werden, die stärker ausfällt als bei anderen Behandlungsprogrammen. Die mit der EMDR-Methode bearbeiteten traumatischen Erinnerungen wurden weniger belastend, was sich sowohl in der Physiologie (Rückgang der autonomen Erregung) als auch im subjektiven Empfinden der Patienten niederschlug. Die Reduktion der autonomen Erregung und der subjektiven Belastung weisen darauf hin, dass durch die Therapie eine wirksame Hemmung der Amygdala-Aktivierung - und damit der Furchtreaktion - aufgebaut wird. Durch das EMDR gelingt es somit, die von der Amygdala gesteuerte physiologische Erregung zu senken. Es wird angenommen, dass dadurch im medialen präfrontalen Cortex und im Hippocampus eine aktive kortikale Hemmung aufgebaut werden kann, welche die Angstreaktion erfolgreich reduziert. Die Ergebnisse der Evaluationsstudie wurden in einer 3-Monats-Katamnese bestätigt. Mit einer Behandlungsdauer von durchschnittlich 16 Therapiesitzungen und einer Drop-out-Quote von 0% erwies sich das Therapieprogramm zudem als besonders effizient.</p>
Jacobs, Stefan; Rackowitz, Miriam; Jong, Anna de; Strack, Micha	2009	EMDR und Biofeedback in der Behandlung posttraumatischer Belastungsstörungen: Erweiterung der Evaluation des neuropsychotherapeutischen Behandlungsprogramms					
Jacobs, Stefan; Schmidt, Stefanie;	2009	EMDR und Biofeedback in der Behandlung von substituierten Traumapatienten					

Lüdecke, Christel; Strack, Micha							
Jamshidi, Fateme; Rajabi, Soran; Dehghani, Yousef	2021	How to heal their psychological wounds? Effectiveness of EMDR therapy on post-traumatic stress symptoms, mind-wandering and suicidal ideation in Iranian child abuse victims	Couns Psychother Res (Counselling and Psychotherapy Research)	21	2	412–421	Abstract Child abuse is increasingly known to be a risk factor for health in children across any nationality worldwide. Studies in this area have shown that child abuse, as a traumatic event, can lead to symptoms of PTSD, mind-wandering and also suicidal ideation in adulthood. Although studies have shown significant effects of EMDR on a reduction in psychological symptoms in individuals with a history of trauma, further studies are needed regarding the specific effect of this treatment on reducing PTSD symptoms, suicidal ideations and mind-wandering in female victims of child abuse. The current study aimed to investigate the effectiveness of EMDR therapy on reducing PTSD symptoms, suicidal ideations and mind-wandering in female victims of child abuse. Thirty female victims were assigned to either EMDR or waiting list control in a randomised, double-blind trial. The participants in the EMDR group attended eight twice-weekly sessions. The participants were examined in pre-test and post-test with Civilian Mississippi Scale for PTSD (CMS), Child Abuse and Self-Report Scale (CASRS), Mind-Wandering Questionnaire (MWQ), Beck Scale for suicidal ideation (BSSI) and Brief Dissociative Experiences Scale (DES-B). Results of multivariate analysis of covariance showed that EMDR had a significant effect on reducing PTSD symptoms with an effect size of 0.72, suicidal ideations with an effect size of 0.53, and mind-wandering with an effect size of 0.19. It can be concluded that this treatment is effective in improving PTSD, suicidal ideations and mind-wandering in female victims of child abuse.
Jarero, Ignacio; Artigas, Lucina; Hartung, John	2006	EMDR integrative group treatment protocol: A postdisaster trauma intervention for children and adults	Traumatology	12	2	121–129	
Jaspers, J. P.	1998	Cognitive-behavioral therapy for paruresis: a case report	Psychological reports	83	1	187–196	This article reviews directive interventions for paruresis, the inability to urinate in the proximity of others. As in treatments for other anxiety disorders, historical interventions have included the use of paradoxical intention and several different forms of exposure. The results of pharmacological treatment have not proven promising. Although a multidimensional treatment model has been recommended, little attention has been paid to treating cognitive components of the problem. In this paper, a single case is described in which cognitive components of the problem of paruresis were evident. A cognitive approach and exposure in vivo were applied. Measures of successful trials were obtained over 18 weeks. The

							combination of cognitive interventions and gradual exposure was effective in reducing paruresis. At follow-up 6 mo. later results had been maintained. The results of this case suggest more attention to the cognitive components is appropriate in the treatment of paruresis, as was stated previously for other specific social phobias.
Jayawickreme, Nuwan; Cahill, Shawn P.; Riggs, David S.; Rauch, Sheila A. M.; Resick, Patricia A.; Rothbaum, Barbara O.; Foa, Edna B.	2014	Primum non nocere (first do no harm): symptom worsening and improvement in female assault victims after prolonged exposure for PTSD	Depression and anxiety	31	5	412–419	<p><b>BACKGROUND</b> Prolonged Exposure (PE) therapy is an efficacious treatment for PTSD; despite this, many clinicians do not utilize it due to concerns it could cause patient decompensation.</p> <p><b>METHOD</b> Data were pooled from four published well-controlled studies of female assault survivors with chronic PTSD (n = 361) who were randomly assigned to PE, waitlist (WL), or another psychotherapy, including cognitive processing therapy (CPT), Eye Movement and Desensitization Reprocessing (EMDR), or the combination of PE plus stress inoculation training (SIT) or PE plus cognitive restructuring. PTSD and depression severity scores were converted to categorical outcomes to evaluate the proportion of participants who showed reliable symptom change (both reliable worsening and reliable improvement).</p> <p><b>RESULTS</b> The majority of participants completing one of the active treatments showed reliable improvement on both PTSD and depression compared to WL. Among treatment participants in general, as well as those who received PE, reliable PTSD worsening was nonexistent and the rate of reliable worsening of depression was low. There were no differences on any outcome measures among treatments. By comparison, participants in WL had higher rates of reliable symptom worsening for both PTSD and depression. Potential alternative explanations were also evaluated.</p> <p><b>CONCLUSIONS</b> PE and a number of other empirically supported therapies are efficacious and safe treatments for PTSD, reducing the frequency of which symptom worsening occurs in the absence of treatment.</p>
Jaycox, Lisa H.; Ayer, Lynsay; Vona, Pamela; Hehman, Chris; Stein, Bradley D.; Mahmud, Ammarah; Woolley, Melissa; Meza, Erika;	2019	Development and preliminary evaluation of a self-guided, internet-based tool for coping with stress and trauma: Life Improvement for Teens (LIFT)	Psychological Services	16	1	85–94	Implementation issues often interfere with delivery of evidence-based interventions for students exposed to trauma. To improve uptake of evidence-based techniques for such students, a partnership of interventionist scientists, research and development experts, and students created a self-paced, confidential, online curriculum. This article describes the program and results of an open trial in 5 schools that serve primarily ethnic minority youth in urban settings. Fifty-one

Thornton, Elizabeth; Venkatesh, Brinda							middle and high school students completed surveys before and after the program, as well as within the program, to assess emotional and behavioral symptoms (depressive, anxiety, posttraumatic stress disorder [PTSD] symptoms and behavior) and purported mechanisms of action (coping, cognitions, emotional self-efficacy). Results indicated the program was feasible and acceptable, with moderate satisfaction. Despite low power in this study, we observed changes in several hypothesized mechanisms of action. In addition, we observed promising improvements in PTSD symptoms, emotional problems, and total behavioral difficulties. These findings offer the promise of using a self-help web-based tool to augment and enhance usual school support services. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Jellestad, Lena; Zeffiro, Thomas; Piccirelli, Marco; Malamud, Jolanda; Klimke, Benedikt B. M.; Rauen, Katrin; Rufer, Michael; Orr, Scott P.; Mueller-Pfeiffer, Christoph	2021	Interfering with fear memories by eye movement desensitization and reprocessing	International Journal of Psychophysiology	166		9–18	Objective: Pharmacologic and behavioral interventions that block reconsolidation of reactivated fear memory have demonstrated only limited success in modifying stronger and long-standing fear memories. Given the efficacy of Eye Movement Desensitization and Reprocessing (EMDR) in treating PTSD, pursuit eye movements are a promising and novel intervention for studies of human memory reconsolidation. Here, we examined the efficacy of pursuit eye movements in interfering with reconsolidation of conditioned fear memories. Methods: We conducted a 3-day differential Pavlovian fear conditioning procedure in healthy adults, using videos of biologically prepared stimuli (tarantulas), partly reinforced with electrical shocks while recording skin conductance response (SCR) as a measure of autonomic conditioned responses. Fear conditioning was performed on Day 1. On Day 2, 38 participants were randomized into groups performing pursuit eye movements either immediately after fear memory reactivation, when the fear memory was stable, or 10 min later, when the fear memory was assumed to be more labile. On Day 3, fear memory strength was assessed by SCR to both reactivated and nonreactivated fear memories. Results: Strong differential conditioning to the spider stimuli were observed during both fear acquisition and fear memory reactivation. Reactivated fear memory conditioned responses of participants performing pursuit eye movements after a 10-min delay were significantly smaller in the reinstatement phase (0.16 $\mu$ S; 95% CI [0.02, 0.31]). Conclusions: Pursuit eye movements were effective in reducing fear-conditioned SCR in reinstatement. This result supports the theoretical proposition that EMDR can interfere with reactivated fear memory reconsolidation.

Jenkins, Esther J.; Wang, Edward; Turner, Larry	2009	Traumatic events involving friends and family members in a sample of African American early adolescents	American Journal of Orthopsychiatry	79	3	398–406	The current study examines violent and nonviolent traumatic events involving friends and family members as predictors of PTSD, depression, internalizing, and externalizing behaviors in a sample of 403 African American early adolescents from chronically violent environments. Although there are many studies of urban children's exposure to community violence, few address the unique contribution of events involving significant others, and almost no research addresses African American youths' exposure to traumatic events other than violence. This study found that violent and nonviolent traumatic events were pervasive in the lives of these urban youth, and that they were as likely to report loss and injury of a close other through an accident as an act of violence. There were strong gender differences in the data. Unexpectedly, injury or loss of a close friend or family member from nonviolent events, but not from violent events, predicted PTSD, internalizing, and depression for boys. The results are discussed in terms of their implications for school-based universal interventions in communities where large numbers of children live with loss and trauma. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Jensen, Anne M.; Ramasamy, Adaikalavan	2009	Treating spider phobia using Neuro Emotional Technique: findings from a pilot study	Journal of alternative and complementary medicine (New York, N.Y.)	15	12	1363–1374	<b>BACKGROUND:</b> Specific phobia, the most common anxiety disorder, can disrupt lives, limit work efficiency, reduce self-esteem, and strain relationships. Current interventions show some degree of success, yet relapse is common. Consequently, the need for a more effective and durable intervention is evident. The purpose of this pilot study is to investigate the efficacy of a new intervention, Neuro Emotional Technique (NET), on individuals with spider phobia, and to determine whether further investigation is warranted. <b>METHODS:</b> Participants who met the inclusion criterion that spider phobia impacted their daily lives were randomized to either a control group that received no intervention (N = 7), or to an experimental group that received two 30-minute sessions of NET approximately 2 weeks apart (N = 8). The primary measure was the Subjective Units of Distress Scale, and secondary measures were the Spider Questionnaire, Behavioral Assessment Test, Beck Anxiety Inventory, and change in heart rate (HR). <b>RESULTS:</b> Compared with the no-intervention control group, statistical analysis indicates a significant advantage for the NET group in regard to state anxiety/subjective distress, reported fear, and avoidant behavior. The difference between the two groups for general anxious symptomatology (trait anxiety) and change in HR was not statistically significant. No adverse reactions were reported. <b>CONCLUSIONS:</b> The findings of this pilot study suggest that NET is a



							promising intervention for spider phobia in adults. A larger, full-scale study is required to confirm these results.
Jensen, Tine K.; Holt, Tonje; Mørup Ormhaug, Silje; Fjermestad, Krister W.; Wentzel-Larsen, Tore	2018	Change in post-traumatic cognitions mediates treatment effects for traumatized youth—A randomized controlled trial	Journal of Counseling Psychology	65	2		Posttraumatic stress symptoms (PTSS) are associated with serious impairments in psychological, social, and academic functioning in youth. The aim of this study was to investigate whether changes in posttraumatic cognitions mediate treatment effects. Participants were multitraumatized youth (N = 156, mean age = 15.1 years, range = 10–18; 79.5% girls) randomly assigned to receive trauma-focused cognitive-behavioral therapy (TF-CBT) or treatment-as-usual (TAU). Mixed-effects models were applied to investigate the impact of treatment conditions on posttraumatic cognitions. Mediation analyses were applied to examine whether changes in posttraumatic cognitions mediated the relationship between treatment conditions and outcome in posttraumatic stress symptoms, depressive symptoms, and general mental health. Participants receiving TF-CBT reported significantly lower levels of negative posttraumatic cognitions at the end of treatment compared to participants in TAU. Change in posttraumatic cognitions mediated the treatment effect difference found for PTSS. When the overall change in cognition was divided into early and late changes, it was only the late change that significantly mediated the PTSS treatment effect. A mediation effect of posttraumatic cognitions was also found for the treatment effect difference in depressive symptoms and in general mental health symptoms. Traumatized youth report having many negative posttraumatic cognitions and changes in negative cognitions plays a key role for treatment outcome. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Jiménez, Gabriela; Becker, Yael; Varela, Claudia; García, Paola; Amparo Nuño, María; Cristina Pérez, María; Osorio, Amalia; Jarero, Ignacio; Givaudan, Martha	2020	Multicenter Randomized Controlled Trial on the Provision of the EMDR-PRECI to Female Minors Victims of Sexual and/or Physical Violence and Related PTSD Diagnosis	AJAP (American Journal of Applied Psychology)	9	2	42	
Job, R. F.	1990	The application of learning theory to driving confidence: the effect of age and the impact of random breath testing	Accident; analysis and prevention	22	2	97–107	Despite the dangers, many drivers continue to take risks when driving. This paper outlines an explanation of this risk-taking behavior and the failure of numerous fear-arousing messages to change the manner in which many people drive. Being an occupant in a car and learning to drive may be seen as analogous to systemic desensitization and flooding procedures, in which fear is extinguished and/or a response inconsistent with fear is learned. Once this procedure is complete the

							<p>fear response is unlikely to be reinstated by messages pointing out possible dangers on the road, because the situations in which the messages are received are usually inappropriate, and many believe that they are superior drivers and therefore not at risk. News presentation of the huge road toll and multiple fatality crashes may only confirm to many people that they are better than average drivers since so many other people have been killed or seriously injured, and they, the superior drivers, have not. A prediction of this account is that driving confidence will increase with increasing age, through the greater on-road fear-reducing experience and increased exposure to the road toll. This prediction was examined in surveys of 2,963 Australian drivers, conducted as part of the evaluation of random breath testing. Respondents were asked to rate their ability as drivers compared with average, and to rate their ability to drive under the influence of alcohol. The overconfidence observed in Canada, Sweden, New Zealand, and the United States was identified in Australian drivers. The predicted increase in confidence with increasing age was supported up to the age of 40 years, after which confidence changed little. Confidence in ability to drive after consuming alcohol increased steadily with age. Finally, it was predicted that the introduction of random breath testing and the associated media campaign partly about the effects of alcohol (which was successful in reducing the road toll) would decrease confidence in ability to drive under the influence of alcohol. Comparison of survey data before and after the introduction of random breath testing did not support this prediction.</p>
John-Baptiste Bastien, Rayanne; Jongsma, Hannah E.; Kabadayi, Melissa; Billings, Jo	2020	The effectiveness of psychological interventions for post-traumatic stress disorder in children, adolescents and young adults: a systematic review and meta-analysis	Psychol. Med. (Psychological Medicine)	50	10	1598–1612	
Johnco, Carly; Salloum, Alison; McBride, Nicole M.; Cepeda, Sandra; Gutfreund, Daniel; Novoa, Juan Carlos; Storch, Eric A.	2020	Child trauma exposure and subsequent emotional functioning in El Salvador	Traumatology	26	1	19–28	<p>This study examined the incidence of exposure to potentially traumatic life events and subsequent emotional functioning in Salvadorian children. Participants were 269 parents of youth aged 4–17 who completed measures of child trauma exposure, posttraumatic stress disorder (PTSD) symptoms, emotional functioning, peer functioning, impairment, need for treatment, treatment preferences, and barriers to accessing treatment. More than half of Salvadorian children (57%) had been exposed to at least one potentially traumatic event, one third (32%) had been exposed to <math>\geq 2</math>, one fifth (19%) had</p>

							exposure to $\geq 3$ , and 10.4% to $\geq 4$ traumatic events. Despite this, less than 4% of children who experienced a trauma fulfilled PTSD criteria, with 11–19% meeting partial PTSD criteria. Greater trauma exposure was associated with higher PTSD symptom severity and impairment, but not with emotional and peer functioning. Higher frequency of trauma exposure was associated with greater perceived need for treatment. Parents preferred to handle their child’s emotional problems themselves or seek help from nonpharmacological mental health services. Parents reported low levels of barriers to accessing treatment, with the greatest barriers relating to cost and accessibility. Overall, youth trauma exposure was high, although did not necessarily correlate with poor emotional functioning. If children displayed emotional distress, parents were motivated to seek help, and reported preferences to handle the problem themselves or seek appropriate mental health treatment. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Johnson, D. C.; Casey, B. J.	2015	Extinction during memory reconsolidation blocks recovery of fear in adolescents	Scientific reports	5		8863	Adolescence is a time of intensified emotional experiences, during which anxiety and stress-related disorders peak. The most effective behavioral therapies for treating these disorders share exposure-based techniques as a core component. Exposure-based therapies build on the principles of fear extinction learning and involve desensitizing the individual to cues that trigger anxiety. Yet, recent evidence shows an adolescent-specific diminished capacity to extinguish fear responses, suggesting that adolescents may respond less well to exposure-based therapies than other age groups. Here we demonstrate an alternative method for blocking the recall of fear memories in adolescents, building on principles of memory reconsolidation in adults. During memory reconsolidation, a memory that is recalled becomes labile during which time it can be updated. Prior research has shown that extinction training during memory reconsolidation attenuates the recovery of fear memory in human adults and in rodents. Using this method, we show attenuation of fear memory in adolescent humans. These findings have significant implications for treating one of the most vulnerable populations to anxiety and stress related disorders - adolescents - by optimizing exposure therapy based on principles of memory reconsolidation.
Johnson, Sydney T.; Dadi, Dunia; Friedman, Jessica K.; Hanson, Stephanie; Tavernier, Rebecca L.	2023	The role of prior trauma exposure and subsequent posttraumatic stress disorder in reactions to the COVID-19 pandemic: A qualitative study	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele	No Paginati on Specifie d-No	Objective: A growing body of literature suggests that the COVID-19 pandemic is a traumatic stressor capable of causing posttraumatic stress symptoms. People with a history of trauma, particularly those with posttraumatic stress disorder (PTSD), may be particularly vulnerable to the negative mental health impacts of the pandemic.

Emery; Mason, Susan M.					ctr oni c), 19 42- 96 81( Pri nt)	Paginati on Specifie d	<p>However, qualitative research exploring potential differences in the lived experiences of and reactions to COVID-19 between people with and without PTSD is lacking. Method: Semistructured interviews were conducted with 31 women (n = 15 women with probable PTSD, n = 16 women without probable PTSD) recruited from an ongoing U.S.-based cohort study. Themes were identified using inductive thematic analysis. Results: The majority of women with PTSD described their level of fear or perceived safety related to COVID-19 as a major factor influencing their mental health during the pandemic. In contrast, women without PTSD indicated that their level of distress was largely driven by pandemic-related restrictions on normal activities and family events. Many women with PTSD also described feeling anger or frustration toward people they perceived as not taking the COVID-19 pandemic seriously. Only one participant without PTSD expressed similar feelings. Conclusions: This study found notable differences in reactions to the COVID-19 pandemic between people with and without PTSD, with findings that are likely relevant to future disasters. These findings can inform the development of preparedness policies for future disasters, pandemics, or other collective traumas to prevent distress and improve mental health, particularly for vulnerable populations such as individuals with preexisting PTSD. (PsyInfo Database Record (c) 2023 APA, all rights reserved)</p>
Jolani, Shahab; Frank, Laurence E.; van Buuren, Stef	2014	Dual imputation model for incomplete longitudinal data	The British journal of mathematical and statistical psychology	67	2	197–212	<p>Missing values are a practical issue in the analysis of longitudinal data. Multiple imputation (MI) is a well-known likelihood-based method that has optimal properties in terms of efficiency and consistency if the imputation model is correctly specified. Doubly robust (DR) weighing-based methods protect against misspecification bias if one of the models, but not necessarily both, for the data or the mechanism leading to missing data is correct. We propose a new imputation method that captures the simplicity of MI and protection from the DR method. This method integrates MI and DR to protect against misspecification of the imputation model under a missing at random assumption. Our method avoids analytical complications of missing data particularly in multivariate settings, and is easy to implement in standard statistical packages. Moreover, the proposed method works very well with an intermittent pattern of missingness when other DR methods can not be used. Simulation experiments show that the proposed approach achieves improved performance when one of the models is correct. The method is applied to data from the fireworks disaster study, a randomized clinical trial comparing</p>

							therapies in disaster-exposed children. We conclude that the new method increases the robustness of imputations.
Jong, Jeroen R. de; Vlaeyen, Johan W. S.; van Eijsden, Marjon; Loo, Christoph; Onghena, Patrick	2012	Reduction of pain-related fear and increased function and participation in work-related upper extremity pain (WRUEP): effects of exposure in vivo	Pain	153	10	2109–2118	There is increasing evidence that pain-related fear influences the development and maintenance of pain disability, presumably mediated through the fear-related avoidance of valued activities. Individually tailored graded exposure in vivo (GEXP) has been demonstrated to reduce pain-related fear and increase functional abilities in patients with chronic low back pain, neck pain, and complex regional pain syndrome. The current study aimed to test whether these effects generalize towards patients with work-related upper extremity pain. A sequential replicated and randomized single-case experimental phase design with multiple measurements was used. Within each participant, GEXP was compared to a no-treatment baseline period and a no-treatment 6-month follow-up period. Eight patients who reported a high level of pain-related fear were included in the study. Daily changes in pain catastrophizing, pain-related fear, and pain intensity were assessed using a diary, and subjected to randomization tests. Before the start of the baseline period, just after GEXP, and at 6-month follow-up, clinically relevant changes of pain catastrophizing, pain-related fear, perceived harmfulness of physical activity, pain disability, and participation/autonomy were verified. When GEXP was introduced, levels of pain catastrophizing and pain-related fear decreased significantly. Clinically relevant improvements were observed for pain disability, perceived participation, and autonomy. These favourable changes were maintained until 6-month follow-up. The findings of the current study underscore the external validity of a cognitive-behavioural GEXP treatment for patients with chronic pain reporting increased pain-related fear.
Jong, P. J. de; Andrea, H.; Muris, P.	1997	Spider phobia in children: disgust and fear before and after treatment	Behaviour research and therapy	35	6	559–562	Fear of spiders, disgust sensitivity, and spiders' disgust-evoking status were assessed in a group of spider phobic girls (n = 22) who applied for treatment, in a group of non-phobic girls (n = 21), and in the parents of both groups of children. The phobic girls were tested both before and after behavioural treatment which consisted of 1.5 hr eye movement desensitization and reprocessing and 1.5 hr exposure in vivo. Findings support the idea that disgust is an important aspect of spider phobia: (a) spider phobic girls exhibited higher levels of disgust sensitivity and considered spiders per se as more disgusting than non-phobic girls; (b) there was a parallel decline of spider fear and spiders' disgust-evoking status as a result of treatment; and (c) spiders' disgust-evoking status was relatively strong in mothers of spider phobic girls. The latter finding may indicate, that the acquisition of spider fear is

							facilitated by specific parental disgust reactions when confronted with spiders.
Jongh, A. de; Adair, P.; Meijerink-Anderson, M.	2005	Clinical management of dental anxiety: what works for whom?	International dental journal	55	2	73–80	This paper aims to provide an overview of the current knowledge regarding the management of adult dentally anxious patients. Furthermore, an attempt is made to formulate a number of preliminary clinical guidelines, based on the available literature. The findings are discussed in the light of the following four problem areas or types of patients, those with: 1) a mild form of fear or anxiety, 2) a phobia of specific dental procedures or situations, 3) interfering psychiatric symptoms and/or 4) a high treatment need. The literature suggests that particularly the implementation of a high level of predictability during treatment, the training of patients in the use of coping skills, and the application of in vivo exposure to anxiety provoking stimuli are the most appropriate options for the management of anxious dental patients and the reduction of their anxiety level.
Jongh, A. de; Hafkemeijer, L. C. S.	2023	Trauma-focused treatment of a client with Complex PTSD and comorbid pathology using EMDR therapy	J. Clin. Psychol. (Journal of clinical psychology)	n/a	n/a		Abstract Objective Complex post-traumatic stress disorder (CPTSD) is a classification within the International Classification of Diseases, 11th Revision (ICD-11) that, besides the DSM-5 symptom clusters of post-traumatic stress disorder (PTSD), includes the presence of negative self-concept, difficulties in regulating emotions and relationship skills. The purpose of the present study was to provide guidance on how to deliver Eye Movement Desensitization and Reprocessing (EMDR) therapy in the context of CPTSD, based on current clinical knowledge and the latest scientific research findings. Method This paper describes the treatment of a 52-year-old woman with CPTSD and borderline personality disorder for which immediate trauma-focused EMDR therapy was used. Results First, a description of what EMDR therapy entails and some important treatment strategies that the therapist may employ to assist in trauma-focused treatment of clients with CPTSD using EMDR therapy are outlined. Conclusion The treatment results are in line with mounting evidence supporting the notion that EMDR therapy is a safe and potentially effective treatment alternative for individuals with CPTSD or personality problems.
Jongh, A. de; van den Oord, H.J.M.; Broeke, E. ten	2002	Efficacy of eye movement desensitization and reprocessing in the treatment of specific phobias: Four single-case studies on dental phobia	J. Clin. Psychol. (Journal of clinical psychology)	58	12	1489–1503	Abstract A series of single-case experiments was used to evaluate the application of Eye Movement Desensitization and Reprocessing (EMDR) to traumatically induced dental phobia. Following two to three sessions of EMDR treatment, three of the four patients demonstrated substantially reduced self-reported and observer-rated anxiety, reduced credibility of dysfunctional beliefs concerning dental treatment, and significant behavior changes. These gains were

							maintained at six weeks follow-up. In all four cases, the clinical diagnosis present at pretreatment was not present at posttreatment at a clinical level. All patients actually underwent the dental treatment they feared most within three weeks following EMDR treatment. The findings support the notion that EMDR can be an effective treatment alternative for phobic conditions with a trauma-related etiology. ? 2002 Wiley Periodicals, Inc. J Clin Psychol 58: 1489?1503, 2002.
Jongh, Ad de; Broeke, Erik ten	1998	Treatment of choking phobia by targeting traumatic memories with EMDR: a case study	Clinical psychology & psychotherapy	5	4	264–269	Abstract Choking phobia is a specific phobia characterized by fear and avoidance of swallowing foods and liquids. It often develops following an episode of choking on food. A prospective case study of a 30-year-old woman with a phobia of choking, acquired after a series of traumatic incidents 5 years previously, demonstrates the usefulness of an approach that is aimed at processing the disturbing memories of a traumatic event. Two therapy sessions of Eye Movement Desensitization and Reprocessing (EMDR) produced a lasting decrease in symptomatology. Copyright ? 1998 John Wiley & Sons, Ltd.
Jongh, Ad de; Broeke, Erik ten	2006	Die Anwendung von EMDR bei der Behandlung Spezifischer Phobien					Die Anwendung von Eye Movement Desensitization and Reprocessing (EMDR) bei der Behandlung von Spezifischen Phobien wird beschrieben. Die Klassifikation einer Spezifischen Phobie nach DSM IV wird vorangestellt. Bedingungen der Entstehung von Phobien werden beschrieben. Behandlungsmöglichkeiten bei Spezifischen Phobien werden diskutiert und dabei werden insbesondere die Vorteile einer Behandlung mit EMDR betont. Überlegungen zur Einschätzung und Behandlungsplanung werden angestellt und die sechs Schritte der Anwendung des EMDR-Phobieprotokolls werden vorgestellt: (1) Vorbereitung; (2) Verarbeitung von Zielerinnerungen; (3) Verknüpfung einer positiven Kognition mit einem repräsentativen Bild von einer möglichen zukünftigen Situation; (4) Überprüfung: "Ein mentales Video laufen lassen" (5) Vorbereitung auf zukünftige Konfrontation; (6) Abschluss und Hausaufgaben.
Jongh, Ad de; Broeke, Erik ten; van der Meer, Karlheinz	1997	Die Bedeutung der kognitiven Faktoren im Rahmen des "Eye Movement Desensitization and Reprocessing" (EMDR): Ein Fallbeispiel einer Klientin mit Angst vor Erbrechen					Die Bedeutung kognitiver Faktoren im Rahmen der EMDR (Eye Movement Desensitization and Reprocessing) wird anhand eines Fallbeispiels erörtert. Es handelt sich dabei um eine 30-jährige Patientin mit Angst vor Erbrechen. Eingegangen wird besonders auf das Ausarbeiten der negativen und positiven Kognitionen in der Behandlung sowie auf deren therapiebedingte Veränderungen. Abschließend werden mögliche Erklärungsmodelle für die Funktionsweise der EMDR beschrieben.

Jongh, Ad de; Ernst, Robert; Marques, Lisa; Hornsveld, Hellen	2013	The impact of eye movements and tones on disturbing memories involving PTSD and other mental disorders	Journal of behavior therapy and experimental psychiatry	44	4	477–483	BACKGROUND: A wide array of experimental studies are supportive of a working memory explanation for the effects of eye movements in EMDR therapy. The working memory account predicts that, as a consequence of competition in working memory, traumatic memories lose their emotional charge. METHOD: This study was aimed at investigating (1) the effects of taxing the working memory, as applied in EMDR, during recall of negative memories in 32 patients with posttraumatic stress disorder (PTSD), and 32 patients with other mental disorders, and (2) whether the results would differ between both groups. In a therapeutic session patients were asked to recollect a crucial upsetting memory while, in counterbalanced order (a) performing eye movements, (b) listening to tones and (c) watching a blank wall ('recall only'), each episode lasting 6 min. RESULTS: Eye movements were found to be more effective in diminishing the emotionality of the memory than 'recall only'. There was a trend showing that tones were less effective than eye movements, but more effective than 'recall only'. The majority of patients (64%) preferred tones to continue with. The effects of taxing working memory on disturbing memories did not differ between PTSD patients and those diagnosed with other conditions. CONCLUSIONS: The findings provide further evidence for the value of employing eye movements in EMDR treatments. The results also support the notion that EMDR is a suitable option for resolving disturbing memories underlying a broader range of mental health problems than PTSD alone.
Jongh, Ad de; Roos, Carlijn de; El-Leithy, Sharif	2024	State of the science: Eye movement desensitization and reprocessing (EMDR) therapy	J. Trauma. Stress. (Journal of traumatic stress)	n/a	n/a		Abstract Eye movement desensitization and reprocessing (EMDR) therapy is an evidence-based psychotherapy for posttraumatic stress disorder (PTSD), with support from more than 30 published randomized controlled trials (RCTs) demonstrating its effectiveness in both adults and children. Most international clinical practice guidelines recommend EMDR therapy as a first-line treatment for PTSD. This paper describes the current state of the evidence for EMDR therapy. We begin with a brief description of EMDR therapy and its theoretical framework. Next, we summarize the scientific support for its efficacy, effectiveness, and safety and discuss its applicability across cultures and with diverse populations. We conclude with suggestions for future directions to develop the research base and applications of EMDR therapy.
Jordan, Kirsten; Fromberger, Peter; Laubinger, Helge;	2014	Changed processing of visual sexual stimuli under GnRH-therapy--a single case study in	BMC psychiatry	14		142	BACKGROUND Antiandrogen therapy (ADT) has been used for 30 years to treat pedophilic patients. The aim of the treatment is a reduction in sexual drive and, in consequence, a reduced risk of recidivism. Yet the



Dechent, Peter; Müller, Jürgen L.		pedophilia using eye tracking and fMRI				<p>therapeutic success of antiandrogens is uncertain especially regarding recidivism. Meta-analyses and reviews report only moderate and often mutually inconsistent effects.</p> <p>CASE PRESENTATION</p> <p>Based on the case of a 47 year old exclusively pedophilic forensic inpatient, we examined the effectiveness of a new eye tracking method and a new functional magnetic resonance imaging (fMRI)-design in regard to the evaluation of ADT in pedophiles. We analyzed the potential of these methods in exploring the impact of ADT on automatic and controlled attentional processes in pedophiles. Eye tracking and fMRI measures were conducted before the initial ADT as well as four months after the onset of ADT. The patient simultaneously viewed an image of a child and an image of an adult while eye movements were measured. During the fMRI-measure the same stimuli were presented subliminally. Eye movements demonstrated that controlled attentional processes change under ADT, whereas automatic processes remained mostly unchanged. We assume that these results reflect either the increased ability of the patient to control his eye movements while viewing prepubertal stimuli or his better ability to manipulate his answer in a socially desirable manner. Unchanged automatic attentional processes could reflect the stable pedophilic preference of the patient. Using fMRI, the subliminal presentation of sexually relevant stimuli led to changed activation patterns under the influence of ADT in occipital and parietal brain regions, the hippocampus, and also in the orbitofrontal cortex. We suggest that even at an unconscious level ADT can lead to changed processing of sexually relevant stimuli, reflecting changes of cognitive and perceptive automatic processes.</p> <p>CONCLUSION</p> <p>We are convinced that our experimental designs using eye tracking and fMRI could prospectively add additional and valuable information in the evaluation of ADT in paraphilic patients and sex offenders. But with respect to the limited significance of this single case study, these first results are preliminary and further studies have to be conducted with healthy subjects and patients.</p>
Jordan, Kirsten; Fromberger, Peter; Müller, Isabel; Wemicke, Martina; Stolpmann, Georg; Müller, Jürgen L.	2018	Sexual interest and sexual self-control in men with self-reported sexual interest in children - A first eye tracking study	Journal of Psychiatric Research	96		138–144

Jordans, Mark J. D.; Komproe, Ivan H.; Smallegange, Eva; Ntamatumba, Prudence; Tol, Wietse A.; Jong, Joop T. V. M. de	2012	Potential treatment mechanisms of counseling for children in Burundi: A series of n = 1 studies	American Journal of Orthopsychiatry	82	3	338– 348	Little is known about the impact and treatment processes of psychosocial counseling in low-income countries. This study aimed to generate hypotheses on key working mechanisms of counseling in Burundi. The authors carried out 11 empirically grounded n = 1 studies with children (11–14 years) screened for depression and anxiety who received counseling. The authors used quantitative (symptom scales) and qualitative instruments (treatment content and perceptions). Weekly measurements were taken preintervention (4 time points), during the intervention period (8–10 time points), and postintervention (4 time points). Five treatment mechanisms continua appeared associated with outcome trajectories: client centeredness, therapeutic alliance, active problem solving, trauma-focused exposure, and family involvement. Higher levels appeared associated with better outcomes. Contrarily, cases that demonstrated no change were characterized by a heavy focus on counselors' norms, containment and self-control, unstructured retelling and explicit avoidance, advice-oriented problem solving, and noninclusion of family members, respectively. The authors found a distinct clustering of outcome trends per therapist. The findings suggest that integrative counseling, which combines universal therapist variables with active use of specific therapeutic techniques and a systemic perspective, may be an adequate strategy to treat mental health symptoms of children in Burundi. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Jungersen, Tara S.; Walker, Lenore E. A.; Kennedy, Tom D.; Black, Ryan; Groth, Cassandra M.	2019	Trauma treatment for intimate partner violence in incarcerated populations	Practice Innovations	4	1		The Survivor Therapy Empowerment Program (STEP) is a 12 unit, manualized, tri-partite psychoeducational program focused on trauma and its effects. More specifically, STEP allows participants to process their lived experiences, while working on skill-building exercises that help rebuild resilience and foster well-being. Each unit covers an area associated with people who survived interpersonal trauma, such as domestic violence, sexual assault and exploitation, sex trafficking, and child abuse. Although originally designed for women who experienced intimate partner violence, its use has been expanded to both men and women experiencing different forms of gender violence. Units cover issues such as the cycle of violence, lasting impact from posttraumatic stress disorder (PTSD) symptoms, substance abuse, empowerment, dealing with children, reducing stress in one's life, relaxation training, and legal issues. The efficacy of STEP was assessed using a population of men and women participants in a short-term jail facility similar to those treated by independent practitioners after they are released. They were located

							in both the general population and in the mental health unit of the jail. Analyses of data from the study participants were performed using the linear mixed modeling (LMM) procedure. Of note, when parameterized appropriately, LMMs increase statistical power and precision in fixed effects estimates (Singer & Willett, 2003). Post hoc analyses indicated significant reduction in anxiety and increase in feelings of well-being as a function of the number of sessions attended. The more units completed, the better the outcome as measured by several different assessment instruments. Although the program was delivered in group format, the results indicated it may easily be adapted by practitioners in the course of individual therapy. STEP was beneficial for both male and female survivors of various interpersonal traumas in addition to intimate partner violence. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Junglas, Jürgen	2006	In: Junglas, Jürgen (Ed.), Traumaorientierte Psychiatrie und Psychotherapie. "Nach den Tsunamis des Lebens" (S. 7-51). Bonn: Deutscher Psychologen Verlag, 2006				7-51	
Junglas, Jürgen	2006	"Mit dem Schrecken davon gekommen!" Alltägliche, epochale und therapeutische Traumata und Bewältigungen					In einem Überblick über theoretische und praktische Aspekte von psychischen Traumata werden zunächst die Traumatheorien von S. Freud und A. Freud angeführt, und die tiefenpsychologische Traumapographie wird skizziert. Hinsichtlich der Traumagenese werden wesentliche Merkmale der klinisch relevanten Schreck- und Schockreaktion herausgearbeitet. Als Auswirkungen erlebter Traumata werden Folterfolgen, einzelne Symptome bei verschiedenen Traumaarten, die traumatische Neurose, die posttraumatische Belastungsreaktion (PTBS), die normale und pathologische Reaktion nach Horowitz und Folgen für die Hirnentwicklung diskutiert. Hinweise zur Entwicklungspsychopathologie nach einem Trauma, zur Entwicklungspsychotraumatologie sowie Komorbidität bzw. Multimorbidität von traumatischen und psychischen Störungen werden gegeben. Anhand des biopsychosozialen Modells wird der Einfluss von Risiko- (Stressoren) und Schutzfaktoren (Resilienz) auf die Ätiologie der PTBS deutlich gemacht. Epochale, soziale und soziologische Aspekte von Traumata werden erläutert und auf die Gefahr einer Traumatisierung durch eine Therapie (etwa Schocktherapie, Festhaltetherapie, strukturelle Gewalt in therapeutischen Settings) wird aufmerksam gemacht. Folgende therapeutischen Ansätze zur Behandlung von Traumata werden

							genannt: (1) notfallpsychologische Interventionen, (2) tiefenpsychologische Ansätze, (3) Eye Movement Desensitization and Reprocessing, (4) stationäre Behandlung, (4) Selbsthilfe und Bibliotherapie, (6) multimodales therapeutisches Vorgehen.
Junglas, Jürgen	2006	Traumaorientierte Psychiatrie und Psychotherapie					
Junglas, Jürgen	2006	Traumaorientierte Psychotherapie und Psychiatrie		4			
Jurišić, Brigita; Marušić, Andrej	2009	Suicidal ideation and behavior and some psychological correlates in physically disabled motor-vehicle accident survivors	Crisis: The Journal of Crisis Intervention and Suicide Prevention	30	1	34–38	Background. Previous research has shown some maladaptive psychological reactions and even increased incidence of various mental disorders in patients with spinal cord injury during their rehabilitation. Self-concept and suicidal risk in particular have not been studied often in these samples. Aims. Our principal goal was to explore suicidal ideation and behavior, self-concept, posttraumatic stress disorder (PTSD) symptoms, and correlations among these traits, in subjects after a motor vehicle accident (MVA) resulting in permanent physical disability. Methods. Our sample consisted of 50 individuals with paraplegia, tetraplegia, or significant amputation, of whom eight had a family history of suicidal behavior. The following assessment instruments were used: an anamnestic data questionnaire; the Tennessee Self-Concept Scale; the Impact of Event Scale-Revised; and the Suicidal Ideations and Behaviour Questionnaire. Results. Rehabilitating patients with spinal cord injury were characterized by low total self-concept, presence of PTSD symptoms, and suicidal ideation and behavior. PTSD symptoms were correlated with low self-concept and suicidal tendencies. Conclusions. While limited by small sample size, our study results support the need to further explore suicide risk and psychological correlates in patients with permanent physical disability. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Kagan, Richard; Henry, James; Richardson, Margaret; Trinkle, Joanne; LaFrenier, Audrey	2014	Evaluation of Real Life Heroes treatment for children with complex PTSD	Psychological Trauma: Theory, Research, Practice, and Policy	6	5		The efficacy of Real Life Heroes (RLH) treatment was tested with 119 children in 7 child and family service programs, ranging from home-based family counseling to residential treatment. RLH is a sequential, attachment-centered treatment intervention for children with Complex PTSD that focuses on 3 primary components: affect regulation, emotionally supportive relationships, and life story integration to build resources and skills for resilience. Results included statistically significant decreases from baseline to 6 months in child behavior problems on the CBCL (Internalizing and Total Behavior), the Anger subscale of the TSCC, the UCLA PTSD Index-Parent Version (Reexperiencing, Avoidance, Hyperarousal, and Total

							Symptoms), and the UCLA PTSD Index-Child Version (Avoidance and Total Symptoms). Significant reductions were also found with repeated measures at 3-month assessments from baseline to 9 months on the CBCL, the UCLA Parent and Child Versions, and the PTSD subscale of the TSCC. Children receiving RLH did not have placements or psychiatric hospitalizations, a positive, but not significant trend, compared with trauma-informed “treatment as usual” provided by RLH-trained practitioners in the same programs. The study supported the efficacy of implementing trauma and resiliency-focused treatment in a wide range of child welfare programs and the importance of providing sequential attachment-centered treatment for children with symptoms of Complex PTSD. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kahn, Rachel E.; Frick, Paul J.; Youngstrom, Eric A.; Kogos Youngstrom, Jennifer; Feeny, Norah C.; Findling, Robert L.	2013	Distinguishing primary and secondary variants of callous-unemotional traits among adolescents in a clinic-referred sample	Psychological Assessment	25	3	966–978	The current study used model-based cluster analyses to determine if there are 2 distinct variants of adolescents (ages 11–18) high on callous-unemotional (CU) traits that differ on their level of anxiety and history of trauma. The sample (n = 272) consisted of clinic-referred youths who were primarily African American (90%) and who came from low-income families. Consistent with hypotheses, 3 clusters emerged, including a group low on CU traits, as well as 2 groups high on CU traits that differed in their level of anxiety and past trauma. Consistent with past research on incarcerated adults and adolescents, the group high on anxiety (i.e., secondary variant) was more likely to have histories of abuse and had higher levels of impulsivity, externalizing behaviors, aggression, and behavioral activation. In contrast, the group low on anxiety (i.e., primary variant) scored lower on a measure of behavioral inhibition. On measures of impulsivity and externalizing behavior, the higher scores for the secondary cluster were found only for self-report measures, not on parent-report measures. Youths in the primary cluster also were perceived as less credible reporters than youths in the secondary cluster (i.e., secondary variant) or cluster low on CU traits. These reporter and credibility differences suggest that adolescents within the primary variant may underreport their level of behavioral disturbance, which has important assessment implications. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Kaliman, Perla; Cosín-Tomás, Marta; Madrid, Andy; Roque López, Susana; Llenez-Anaya, Elkin; Papale, Ligia A.;	2022	Epigenetic impact of a 1-week intensive multimodal group program for adolescents with multiple adverse childhood experiences	Scientific reports	12	1	17177	Adverse childhood experiences (ACEs, i.e., abuse, neglect, household dysfunction) represent a potential risk factor for a wide range of long-lasting diseases and shorter life expectancy. We recently described a 1-week residential group program, based on mindfulness training, artistic expression and EMDR group therapy, that significantly reduced

Alisch, Reid S.; Davidson, Richard J.							PTSD-related symptoms and increased attention/awareness-related outcomes in adolescent girls with multiple ACEs in a randomized controlled study. Since epigenetic mechanisms (i.e., DNA methylation) have been associated with the long-lasting effects of ACEs, the present report extends these prior findings by exploring genome-wide DNA methylation changes following the program. Saliva samples from all participants (n = 44) were collected and genomic DNA was extracted prior (T1) and following (T2) the intervention. Genome-wide DNA methylation analysis using the MethylationEPIC beadchip array (Illumina) revealed 49 differentially methylated loci (DML; p value < 0.001; methylation change > 10%) that were annotated to genes with roles in biological processes linked to early childhood adversity (i.e., neural, immune, and endocrine pathways, cancer and cardiovascular disease). DNA sequences flanking these DML showed significant enrichment of transcription factor binding sites involved in inflammation, cancer, cardiovascular disease, and brain development. Methylation changes in SIRT5 and TRAPPC2L genes showed associations with changes in trauma-related psychological measures. Results presented here suggest that this multimodal group program for adolescents with multiple victimization modulates the DNA methylome at sites of potential relevance for health and behavioral disorders associated with ACEs.
Kalwitzki, M.; Beyer, C.; Meller, C.	2010	Differences in the perception of seven behaviour-modifying techniques in paediatric dentistry by undergraduate students using lecturing and video sequences for teaching	European journal of dental education : official journal of the Association for Dental Education in Europe	14	4	247–253	Whilst preparing undergraduate students for a clinical course in paediatric dentistry, four consecutive classes (n = 107) were divided into two groups. Seven behaviour-modifying techniques were introduced: systematic desensitization, operant conditioning, modelling, Tell, Show, Do-principle, substitution, change of roles and the active involvement of the patient. The behaviour-modifying techniques that had been taught to group one (n = 57) through lecturing were taught to group two (n = 50) through video sequences and vice versa in the following semester. Immediately after the presentations, students were asked by means of a questionnaire about their perceptions of ease of using the different techniques and their intention for clinical application of each technique. After completion of the clinical course, they were asked about which behaviour-modifying techniques they had actually used when dealing with patients. Concerning the perception of ease of using the different techniques, there were considerable differences for six of the seven techniques (P < 0.05). Whilst some techniques seemed more difficult to apply clinically after lecturing, others seemed more difficult after video-based teaching. Concerning the intention for clinical application

							and the actual clinical application, there were higher percentages for all techniques taught after video-based teaching. However, the differences were significant only for two techniques in each case ( $P < 0.05$ ). It is concluded that the use of video based teaching enhances the intention for application and the actual clinical application only for a limited number of behaviour-modifying techniques.
Kamphuis, J. H.; Telch, M. J.	2000	Effects of distraction and guided threat reappraisal on fear reduction during exposure-based treatments for specific fears	Behaviour research and therapy	38	12	1163–1181	To test predictions derived from the emotional processing theory of fear reduction, claustrophobics ( $N = 58$ ) were randomized to one of four exposure conditions: (a) exposure with guided threat reappraisal, (b) exposure with a cognitive load distracter task, (c) exposure with both guided threat reappraisal and cognitive load distracter task and (d) exposure without guided threat reappraisal or cognitive load distracter task. We hypothesized that self-guided in vivo exposure would lead to less fear reduction if performed simultaneously with a cognitive load distracter task that severely taxes information processing resources. In contrast, we hypothesized that focusing on core threats during exposure would enhance fear reduction. The main findings were largely consistent with predictions. The cognitive load task (regardless of focus of available attention) had a detrimental effect on fear reduction, while guided threat reappraisal (regardless of cognitive load) had a facilitative effect. The greatest level of fear reduction and the lowest level of return of fear were observed in the exposure condition involving guided threat reappraisal without cognitive load. Clinical implications and directions for future research are discussed.
Kapfhammer, Hans-Peter	2008	Therapeutische Ansätze bei psychischen Störungen nach Traumatisierungen	Psychiatria Danubina	20	4	532–545	Acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) are frequent, but not obligatory psychological sequelae following trauma. A major subgroup of patients face a chronic course of illness associated with an increased psychiatric comorbidity and significant impairments in psychosocial adaptation. The typical psychopathological symptoms of ASD and PTSD are best described within a multifactorial model integrating both neurobiological and psychosocial influences. The complex etiopathogenesis of acute and posttraumatic stress disorder favours multimodal approaches in the treatment. Differential psychotherapeutic and pharmacological strategies are available. In a critical survey on empirical studies, psychological debriefing cannot be considered as a positive approach to be recommended as general preventive measure during the immediate posttraumatic phase. Positive effects of cognitive-behavioral interventions can be established for ASD. Psychodynamic psychotherapy, cognitive-behavioral therapy and EMDR show

							promising results in the treatment of PTSD. Major clinical restrictions of patient sampling within special research facilities, however, do not allow an unconditional generalization of these data to psychiatric routine care. In an empirical analysis the SSRIs are the most and best studied medications for ASD and PTSD. In comparison to tricyclic antidepressants SSRIs demonstrate a broader spectrum of therapeutic effects and are better tolerated. The substance classes of SSNRI, DAS, SARI and NaSSA are to be considered as drugs of second choice. They promise a therapeutic efficacy equivalent to the SSRIs, being investigated so far only in open studies. MAO-inhibitors may dispose of a positive therapeutic potential, their profile of side effects must be respected, however. Mood stabilizers and atypical neuroleptics may be used first and foremost in add-on strategies. Benzodiazepines should be used only with increased caution for a short time in states of acute crisis. In early interventions, substances blocking the norepinephric hyperactivity seem to be promising alternatives. Stress doses of hydrocortisone may be considered as an experimental pharmacological strategy so far.
Kaplan, Lynne M.; Kaal, K. Julia; Bradley, Lauren; Alderfer, Melissa A.	2013	Cancer-related traumatic stress reactions in siblings of children with cancer	Families, Systems, & Health	31	2	205–217	The purpose of this study was to explore cancer-related posttraumatic stress (PTS) reactions in siblings of children with cancer including prevalence, common symptoms, comorbidity with anxiety and depression, and gender- and age-related patterns. A total of 125 children (63 girls) between the ages of 8 and 17 (M = 12.4; SD = 2.9 years) with a brother or sister with cancer, diagnosed 4 to 38 months prior to the study (M = 1.3 years; SD = 6.7 months), completed the Child PTSD Symptom Scale (CPSS), Revised Children’s Manifest Anxiety Scale, and Child Depression Inventory-Short Form. Over half of the sample (60%) scored in the moderate to severe range for PTS and 22% fulfilled full criteria for PTSD based upon CPSS responses. Nearly 75% reported “Feeling upset when you think about or hear about the cancer,” and “Trying not to think about, talk about, or have feelings about the cancer.” Over 60% reported arousal symptoms. PTS symptoms reportedly interfered with functioning for 75% of the sample and co-occurred with anxiety and depressive symptoms. Gender and age-related patterns were not found. Siblings of children with cancer experience cancer-related PTS reactions and greater attention should be paid to ameliorating their cancer-related distress with empirically based treatments. (PsycINFO Database Record (c) 2016 APA, all rights reserved)



Kaptan, Safa Kemal; Dursun, Busra Ozen; Knowles, Mark; Husain, Nusrat; Varese, Filippo	2021	Group eye movement desensitization and reprocessing interventions in adults and children: A systematic review of randomized and nonrandomized trials	Clinical psychology & psychotherapy	28	4	784–806	This review systematically synthesized existing literature on group protocols of eye movement desensitization and reprocessing (EMDR) therapy for treating a range of mental health difficulties in adults and children. We conducted database searches on PsychINFO, EMBASE, MEDLINE, Web of Science, The Cochrane Library and Francine Shapiro Library up to May 2020, using PRISMA guidelines. Studies were included if they used at least one standardized outcome measure, if they present a quantitative data on the effect of group EMDR protocols on mental health difficulties and if they were published in English. Twenty-two studies with 1739 participants were included. Thirteen studies examined EMDR Integrative Group Treatment Protocol (IGTP), four studies examined EMDR Group Traumatic Episode Protocol (G-TEP), four studies EMDR Integrative Group Treatment Protocol for Ongoing Traumatic Stress and one study considered EMDR Group Protocol with Children. Of the 22 studies included, 12 were one-arm trials and 10 were two-arm trials. We assessed risk of bias using a revised Tool to Assess Risk of Bias in Randomized Trials (ROB 2) and Risk of Bias in Nonrandomized Studies of Interventions (ROBINS-I). Overall, the results suggested that Group EMDR protocols might be an effective tool in improving a wide range of mental health-related outcomes including posttraumatic stress disorder (PTSD), depression and anxiety. However, the included studies are limited to methodological challenges. The limitations and future directions are discussed.
Kaptan, Safa Kemal; Varese, Filippo; Yilmaz, Betul; Andriopoulou, Panoraia; Husain, Nusrat	2022	“Online delivery gave me privacy and distance from others”: feasibility trial and qualitative evaluation of an online intervention for refugees and asylum seekers; LTP + EMDR G-TEP	Couns Psychother Res (Counselling and Psychotherapy Research)	22	4	876–888	Abstract Rates of mental health difficulties are high among refugees and asylum seekers who are parents, which makes their family members vulnerable to further negative outcomes such as behavioural problems or withdrawal. Maternal health and responsive parenting can stimulate the well-being of family members. However, displaced parents may fail to fulfil this role due to their own personal emotional issues. This current study is the first trial that tested the acceptability and feasibility of a remote multicomponent parenting intervention for refugees and asylum seekers: Learning Through Play and EMDR Group Traumatic Episode Protocol. The study was a single-arm feasibility trial with an embedded qualitative component, and took place in the UK. We recruited caregivers of children under three years of age and offered eight sessions of a remote group Learning Through Play parenting intervention and Eye Movement Desensitisation Reprocessing Group Traumatic Episode Protocol (LTP+ EMDR G-TEP). We administered assessments, including the Parenting Sense of Competence Scale, International Trauma

							Questionnaire, Generalized Anxiety Disorder-7 and Patient Health Questionnaire-9, followed by qualitative interviews. Of the 16 participants approached, 14 consented and were eligible to participate. Both qualitative and quantitative results showed the acceptability and feasibility of the intervention based on a recruitment rate of 88% of eligible participants and a 78% attendance rate for all sessions. Participants showed improvements in all outcome measures, an increase in parental self-esteem and a reduction in mental health symptoms. Findings also suggest that remote interventions are promising as a scalable approach for displaced families.
Kaptan, Safa Kemal; Yilmaz, Betul; Varese, Filippo; Andriopoulou, Panoraia; Husain, Nusrat	2023	What works? Lessons from a pretrial qualitative study to inform a multi-component intervention for refugees and asylum seekers: Learning Through Play and EMDR Group Traumatic Episode Protocol	Journal of community psychology	51	1	361–381	Almost half of the trials failed to recruit their targeted sample size of which 89% could be preventable. Successful implementation of mental health trials in a context of forcibly displaced individuals can be even more challenging. Mental health difficulties have the potential to impact parenting skills, which are linked to poor development in children, while parenting interventions can improve parents' mental health and parenting behaviors. However, the evidence on parenting interventions for refugees is limited. A parenting intervention, Learning Through Play Plus Eye Movement Desensitization and Reprocessing Group Treatment Protocol, has been designed to address parental mental health. This pretrial qualitative study, conducted with refugees, asylum seekers and professionals, aimed to explore their perceptions of the intervention and to identify barriers and recommendations for better engagement, recruitment, and delivery. Three themes were generated from thematic analysis: the content of the intervention, suggestions for improvement and implementation, and understanding the role of the facilitator. These themes provided insights into the issues that might predict the barriers for delivery of the intervention and offered several changes, including destigmatization strategies to improve engagement.
Karadag, Mehmet; Gokcen, Cem; Sarp, Ayse Sevde	2020	EMDR therapy in children and adolescents who have post-traumatic stress disorder: a six-week follow-up study	International journal of psychiatry in clinical practice	24	1	77–82	Objectives: The purpose of this study is to explore whether eye movement desensitisation and reprocessing (EMDR) is an effective therapy and to investigate whether EMDR affects anxiety levels for children and adolescents. Methods: We conducted this study with 30 clients. The clients completed self-administered questionnaires Child Post-Traumatic Stress Reaction Index Scale and The State-Trait Anxiety Inventory. The questionnaires were conducted before the therapy and 6 weeks after the completion of the therapy. Results: Nineteen clients (63%) had only one traumatic event, but 11 clients (37%) had more than one traumatic event. While the mean score on

							<p>the PTSD symptom scale was 60 (<math>\pm 8.7</math>), this rate decreased to 24 (<math>\pm 10.1</math>), whereas the mean STAI-T scale was 59 (<math>\pm 8.9</math>) before treatment and 41 (<math>\pm 11.5</math>) after treatment. We found a statistically significant difference between symptom scores as quantified by both questionnaires before and after EMDR therapy (<math>p &lt; .05</math>). Conclusions: As a result, we have shown that EMDR is an effective method for children and adolescents with PTSD in terms of both post-traumatic and anxiety symptom levels; however, we recommend a larger sample size with a control group to further establish the effectiveness of EMDR therapy in children. KEY POINTS PTSD is a common disorder in children and adolescents. Additional psychiatric disorders such as anxiety and depression are common in children and adolescents with PTSD. In PTSD cases applying for psychiatric treatment, trauma associated with sexual abuse is more pronounced and complex. EMDR is an effective therapy in children and adolescents as well as in adults. There is a statistically significant decrease at anxiety and PTSD symptom scores as quantified by questionnaires in patients with PTSD after EMDR therapy.</p>
<p>Karatzias, Athanasios; Power, Kevin; McGoldrick, Theresa; Brown, Keith; Buchanan, Robin; Sharp, Donald; Swanson, Vivien</p>	2007	Predicting treatment outcome on three measures for post-traumatic stress disorder	European archives of psychiatry and clinical neuroscience	257	1	40–46	<p>The aim of the present study was to investigate predictors of treatment outcome for Posttraumatic Stress Disorder (PTSD) after treatment completion and at 15-months follow-up (<math>n = 48</math>), in a trial of Eye Movement Desensitisation and Reprocessing (EMDR) versus Imaginal Exposure and Cognitive Restructuring (E+CR). Factors associated with treatment outcome were investigated using regression analyses with the mean change scores in three assessor and self-rated PTSD symptomatology measures, including the Clinician-Administered PTSD Scale (CAPS), the Impact of Events Scale (IES) and the PTSD Symptom Checklist (PCL) from pre- to post-treatment and pre-treatment to follow-up as the dependent variables and demographics, trauma, clinical and personality measures as independent variables. Irrespective to outcome measures and assessment points it was found that four variables were able to predict significantly treatment outcome. These included baseline PTSD symptomatology, number of sessions, gender and therapy type. Overall, our results showed that it is difficult to use pre-treatment variables as a powerful and reliable tool for predicting treatment outcome, as significant predictors were found to be sample-specific and outcome measure-specific. Clinical relevance of the present results and directions for future research are discussed.</p>
<p>Karatzias, Thanos; Brown, Michael;</p>	2019	A mixed-methods, randomized controlled feasibility trial of Eye	Journal of applied research in	32	4	806–818	<p>Abstract Objective To report the results of the first randomized feasibility trial of Eye Movement Desensitization and Reprocessing</p>

<p>Taggart, Laurence; Truesdale, Maria; Sirisena, Chammy; Walley, Robert; Mason-Roberts, Susan; Bradley, Aoife; Paterson, Douglas</p>		<p>Movement Desensitization and Reprocessing (EMDR) plus Standard Care (SC) versus SC alone for DSM-5 Posttraumatic Stress Disorder (PTSD) in adults with intellectual disabilities</p>	<p>intellectual disabilities : JARID</p>				<p>(EMDR) plus Standard Care (SC) versus SC alone for DSM-5 posttraumatic stress disorder (PTSD) in adults with intellectual disabilities. Method A total of 29 participants were randomized to either to EMDR + SC (n = 15) or SC (n = 14). Participants completed measures on traumatic stress (PCL-C) and comorbid distress at baseline, 1 week post-treatment and 3-month follow-up. Results In the EMDR + SC group, 9 (60%) participants at post-treatment and 7 (47%) participants at 3-month follow-up were diagnosis free. In SC, 4 (27%) at post-treatment and follow-up were diagnosis free. At post-treatment, three participants (20%) dropped out from the EMDR + SC group, and 1 (7%) dropped out from the SC group. Conclusions It is feasible, acceptable and potentially effective to deliver EMDR in this population group.</p>
<p>Karatzias, Thanos; Murphy, Philip; Cloitre, Marylene; Bisson, Jonathan; Neil, Susan; Shevlin, Mark; Hyland, Philip; Maercker, Andreas; Ben-Ezra, Menachem; Coventry, Peter; Mason-Roberts, Susan; Bradley, Aoife; Hutton, Paul</p>	<p>2019</p>	<p>Psychological interventions for ICD-11 complex PTSD symptoms: Systematic review and meta-analysis</p>	<p>Psychol. Med. (Psychological Medicine)</p>	<p>49</p>	<p>11</p>	<p>1761–1775</p>	<p>Background: The 11th revision to the WHO International Classification of Diseases (ICD-11) identified complex post-traumatic stress disorder (CPTSD) as a new condition. There is a pressing need to identify effective CPTSD interventions. Methods: We conducted a systematic review and meta-analysis of randomised controlled trials (RCTs) of psychological interventions for post-traumatic stress disorder (PTSD), where participants were likely to have clinically significant baseline levels of one or more CPTSD symptom clusters (affect dysregulation, negative self-concept and/or disturbed relationships). We searched MEDLINE, PsycINFO, EMBASE and PILOTS databases (January 2018), and examined study and outcome quality. Results: Fifty-one RCTs met inclusion criteria. Cognitive behavioural therapy (CBT), exposure alone (EA) and eye movement desensitisation and reprocessing (EMDR) were superior to usual care for PTSD symptoms, with effects ranging from <math>g = -0.90</math> (CBT; <math>k = 27</math>, 95% CI <math>-1.11</math> to <math>-0.68</math>; moderate quality) to <math>g = -1.26</math> (EMDR; <math>k = 4</math>, 95% CI <math>-2.01</math> to <math>-0.51</math>; low quality). CBT and EA each had moderate-large or large effects on negative self-concept, but only one trial of EMDR provided useable data. CBT, EA and EMDR each had moderate or moderate-large effects on disturbed relationships. Few RCTs reported affect dysregulation data. The benefits of all interventions were smaller when compared with non-specific interventions (e.g. befriending). Multivariate meta-regression suggested childhood-onset trauma was associated with a poorer outcome. Conclusions: The development of effective interventions for CPTSD can build upon the success of PTSD interventions. Further research should assess the benefits of flexibility in intervention selection, sequencing and delivery, based on clinical need and patient preferences.</p>

Karnath, H.-O.; Fetter, M.; Niemeier, M.	1998	Disentangling gravitational, environmental, and egocentric reference frames in spatial neglect	Journal of Cognitive Neuroscience	10	6	680–690	Studied the evidence for a gravity-based environment-centered component of neglect occurring independently of actual body orientation. The influence of gravity on contralateral neglect was evaluated when no visual information was presented to avoid the coding of visual stimuli with reference to the visible upright or the gravitational upright of the environment. The eye movements of four patients with right hemispheric lesions and neglect were compared with four patients with right hemispheric lesions and no signs of neglect. Four neurological patients with no brain damage served as controls. In total darkness, eye movements were recorded in five experimental body positions. Patients with neglect showed a bias of ocular exploration to the same side of the lesion in the upright orientation. No significant increase or decrease of neglect was seen when body orientation was varied in the different conditions, revealing that the modulation of gravitational forces has no specific influence on the exploratory bias of subjects with neglect.
Karnath, Hans-Otto	2015	Spatial attention systems in spatial neglect	Neuropsychologia	75		61–73	Discusses the association between disturbed spatial attention and spatial neglect in patients with brain lesions/stroke victims. Neglect patients demonstrate a defect of the stimulus-driven attentional system, leading to disturbed bottom-up reactions to behaviorally relevant stimuli. When a target suddenly appears they show disturbed detection if the target is located in a contralesional direction. This may be explained by a direction-specific disengagement deficit (disruption of attentional disengaging). In contrast, the goal-directed attentional system concerned with top-down orienting appears to be preserved. Neglect patients' voluntary allocation of attention in space documents that the attentional hierarchy of stimuli located along the horizontal dimension of space is influenced by the position of these stimuli relative to the patient's body. This body-centered matrix appears to be altered in spatial neglect, while the voluntarily controlled shifts of spatial attention are unaffected.
Karnath, Hans-Otto; Fetter, Michael	1995	Ocular space exploration in the dark and its relation to subjective and objective body orientations in neglect patients with parietal lesions	Neuropsychologia	33	3	371–377	Investigated whether ocular exploration is symmetrically distributed around or biased toward the ipsilesional side of subjective body position space in neglect patients. Eye movements of five neglect patients with right parietal lesions (aged 49-79 years) were recorded during ocular searching for a (nonexistent) target in complete darkness. Results showed that with respect to the objective orientation of the sagittal midplane, ocular exploration was biased toward the ipsilesional side. However, in relation to the patients' subjective localization of the sagittal midplane in space, exploratory eye movements were symmetrically distributed to the subjective "left"

							and "right" as observed in five non-brain-damaged controls. Findings support the hypothesis that the essential aspect leading to spatial neglect is a disturbance of those cortical structures that are crucial for computing egocentric, body-centered coordinates that allow the determination of body position in space, and that are necessary for visuomotor coordination and exploration of space.
Kastow, Florence W.; Nurse, A. Rodney; Thompson, Peggy	2003	EMDR in Verbindung mit der therapeutischen Behandlung von Familiensystemen					Die Integration von Elementen der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung in die Familientherapie wird erörtert. Zunächst wird die Entwicklung der Familientherapie skizziert, und zentrale familientherapeutische Konzepte und Modelle werden erläutert. Dann wird anhand von drei ausführlichen Fallbeispielen (traditionelles Ehepaar beim Übergang in den Ruhestand, Erfüllung der elterlichen Pflichten während einer Scheidung, ein mehrere Generationen überspannendes Problemverhalten) gezeigt, wie EMDR im familientherapeutischen Behandlungsrahmen genutzt werden kann, und die Einbeziehung familientherapeutischer Perspektiven in die EMDR-Arbeit wird beschrieben.
Kassam-Adams, Nancy; Kohser, Kristen L.; McLaughlin, Jeffery; Winston, Flaura; Marsac, Meghan L.	2019	Evaluating the acceptability and validity of assessing pain and posttraumatic stress symptoms in an adaptable eHealth system for school-age children	Clinical Practice in Pediatric Psychology	7	1		Objective: The objective of this study is to provide initial evaluation of the acceptability of a new eHealth system incorporating personalized self-report assessment of multiple health domains in school-age children and assess convergent validity of two brief measures presented via this system. Methods: Ill or injured children (N = 167) ages 6–14 recruited in two pediatric health care systems used the prototype eScreen interface on a mobile device to select an avatar and complete brief assessments of pain and posttraumatic stress symptoms (PTSS). Children rated technology acceptability and completed validated measures for pain and PTSS. Results: Children's ratings indicated they found the eScreen interface easy to use (mean rating 4.4 on a 1–5 scale), potentially useful in helping them recover (M = 3.7), and would use/recommend it (M = 4.0). Among children ages 6–8, mean ratings were as follows: easy to use (3.7), usefulness (3.3), and would use/recommend (3.4). Acceptability was largely consistent across child gender, family income, or usual access to mobile devices. eScreen measures showed strong convergent validity with established measures. The eScreen Pain Screener was highly correlated (r = .86–.92) and evidenced strong agreement with two validated pain measures. eScreen PTSS scores were strongly correlated with a validated PTSS measure (r = .67); a positive PTSS screen was associated with significantly higher PTSS severity. Conclusions: Study results support the acceptability (ease of use,

							intention to use/recommend, perceived usefulness) of these tools for older school-age children and provide strong initial evidence for the validity of two brief measures presented in a novel digital modality. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Kastrup, Marianne C.; Jaranson, James M.	2013	Management of Victims of Torture				2563–2575	Summary In Western settings, prevalence of torture ranges from 7 to 8% in primary care clinics, up to 70% in refugee psychiatric clinics, and between 6 and 55% among refugees and asylum-seekers. In non-Western countries, national random samples indicate a prevalence rate between 8 and 26% (Quiroga and Jaranson 2005). Since torture usually includes both physical and psychological dimensions, with immediate and long-term sequelae, this indicates a widespread public health problem throughout the world. Irrespective of cultural background, symptomatology shows many common traits, including psychological symptoms (e.g., anxiety, depression, emotional lability), cognitive symptoms (e.g., difficulty with concentration and memory) and neuro-vegetative symptoms (e.g., lack of energy, insomnia, sexual problems). Posttraumatic stress disorder (PTSD) is found useful in describing the consequences of torture but was never meant to represent the entire range of responses. Only a small proportion of torture survivors receive treatment. Despite commonalities in treatment approaches, sufficient evidence for the effective elements of the interventions does not exist. Reestablishment of basic safety is a prerequisite of any therapeutic intervention. Increasing evidence supports the use of psychotropic medication to reduce the symptoms of PTSD, control loss of temper, facilitate the psychotherapeutic intervention, or treat comorbid anxiety or depression. A combination of psychotherapy and pharmacotherapy is practiced in many settings. Cognitive therapy has been shown effective in the treatment of depression and anxiety (Quiroga and Jaranson 2005). Psychodynamic psychotherapy is one of the most frequently used therapeutic approaches (Quiroga and Jaranson 2005). Other approaches, such as EMDR or testimony, have been developed. A bio-psycho-social approach is the philosophy behind many rehabilitation programs for torture survivors.
Kavanagh, D. J.; Freese, S.; Andrade, J.; May, J.	2001	Effects of visuospatial tasks on desensitization to emotive memories	The British journal of clinical psychology	40	3	267–280	OBJECTIVES: Intrusive memories of extreme trauma can disrupt a stepwise approach to imaginal exposure. Concurrent tasks that load the visuospatial sketchpad (VSSP) of working memory reduce the vividness of recalled images. This study tested whether relief of distress from competing VSSP tasks during imaginal exposure is at the cost of impaired desensitization. DESIGN: This study examined repeated exposure to emotive memories using 18 unselected

							undergraduates and a within-subjects design with three exposure conditions (Eye Movement, Visual Noise, Exposure Alone) in random, counter-balanced order. METHOD: At baseline, participants recalled positive and negative experiences, and rated the vividness and emotiveness of each image. A different positive and negative recollection was then used for each condition. Vividness and emotiveness were rated after each of eight exposure trials. At a post-exposure session 1 week later, participants rated each image without any concurrent task. RESULTS: Consistent with previous research, vividness and distress during imaging were lower during Eye Movements than in Exposure Alone, with passive visual interference giving intermediate results. A reduction in emotional responses from Baseline to Post was of similar size for the three conditions. CONCLUSION: Visuospatial tasks may offer a temporary response aid for imaginal exposure without affecting desensitization.
Kazén, Miguel; Baumann, Nicola; Twenhöfel, Janne F.; Kuhl, Julius	2019	When do anorexic patients perceive their body as too fat? Aggravating and ameliorating factors	PloS one	14	2	e02126 12	OBJECTIVE: Our study investigated body image representations in female patients with anorexia nervosa and healthy controls using a size estimation with pictures of their own body. We also explored a method to reduce body image distortions through right hemispheric activation. METHOD: Pictures of participants' own bodies were shown on the left or right visual fields for 130 ms after presentation of neutral, positive, or negative word primes, which could be self-relevant or not, with the task of classifying the picture as "thinner than", "equal to", or "fatter than" one's own body. Subsequently, activation of the left- or right hemispheric through right- or left-hand muscle contractions for 3 min., respectively. Finally, participants completed the size estimation task again. RESULTS: The distorted "fatter than" body image was found only in patients and only when a picture of their own body appeared on the right visual field (left hemisphere) and was preceded by negative self-relevant words. This distorted perception of the patients' body image was reduced after left-hand muscle contractions (right hemispheric activation). DISCUSSION: To reduce body image distortions it is advisable to find methods that help anorexia nervosa patients to increase their self-esteem. The body image distortions were ameliorated after right hemispheric activation. A related method to prevent distorted body-image representations in these patients may be Eye Movement Desensitization and Reprocessing (EMDR) therapy.
Keesler, John M.	2020	Trauma-Specific Treatment for Individuals With Intellectual and Developmental Disabilities: A	J Policy Pract Intellect Disabil (Journal of Policy and Practice in	17	4	332– 345	Abstract Background Individuals with intellectual and developmental disabilities (IDD) are at increased risk for adverse experiences and developing posttraumatic stress disorder (PTSD). However, trauma and PTSD in this population are frequently underdiagnosed and



		Review of the Literature From 2008 to 2018	Intellectual Disabilities)				undertreated. Despite the availability of multiple types of trauma-specific treatments for the general population, there is a gap in understanding these collective interventions within the IDD literature. Specific Aims The aim of this article was to conduct a review of the peer-reviewed literature on trauma-specific treatment and IDD published from 2008 to 2018. Method A systematic search of online databases was conducted using Academic Search Premier, MEDLINE, PsycARTICLES, and Social Work Abstracts. A quality appraisal was conducted on the studies included in the review. Findings Twelve articles described four types of trauma-specific treatments: child?parent psychotherapy, exposure therapy, trauma-focused cognitive behavior therapy, and eye movement desensitization and reprocessing therapy. All studies demonstrated that the interventions were well tolerated and associated with improvement in trauma symptoms. Eight studies demonstrated sustained improvement at follow-up, ranging from 6?weeks to 5?years. Discussion Research on trauma-specific treatments among individuals with IDD continues to present with methodological limitations yet provides considerations for future practice and a foundation for future research.
Keijsers, G. P.; Schaap, C. P.; Hoogduin, C. A.; Lammers, M. W.	1995	Patient-therapist interaction in the behavioral treatment of panic disorder with agoraphobia	Behavior modification	19	4	491–517	Although effective behavioral techniques have been developed, what aspects of the patient-therapist interaction affect treatment outcome remain largely unknown. This study hypothesized that the interaction between patient and therapist develops over several phases. Further, the association between behavior modes and treatment outcome was expected to alter as that interaction developed. Thirty patients diagnosed with panic disorder with agoraphobia were treated with a standardized behavioral treatment program of 12 sessions. The interpersonal verbal therapist and patient behavior modes were studied at Sessions 1, 3, and 10, using an observational instrument. It was found that behavior modes change over the course of treatment, in line with predictions derived from social-psychological models. The hypothesis that establishing a therapeutic relationship requires an empathic and nondirective stance by the therapist in Session 1 was partly confirmed.
Keller, Stephanie M.; Tuerk, Peter W.	2016	Evidence-based psychotherapy (EBP) non-initiation among veterans offered an EBP for posttraumatic stress disorder	Psychological Services	13	1	42–48	Current efforts to disseminate evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD) in Veterans Affairs Medical Centers (VAMCs) have made effective treatment options more available throughout the system. Yet many veterans identified as likely to benefit from such services choose not to utilize them. The evidence base regarding factors that contribute to treatment initiation among those offered EBPs is still in its early stages. The present study

							investigated clinical presentation, patient demographics, and environment of care factors as potential predictors of EBP treatment initiation among veterans offered such care. The sample consisted of 324 veterans (62% Operation Enduring Freedom [OEF]/Operation Iraqi Freedom [OIF]; 77% male; age M = 42.95, SD = 12.57 years), who attended an intake evaluation at a VAMC outpatient PTSD Clinical Team, were diagnosed with PTSD, and offered a course of EBP. Overall, 72% of veterans (n = 232) who were offered an EBP initiated such treatment, and 28% of veterans (n = 92) did not initiate treatment. Veterans who initiated treatment were significantly older. Treatment initiation did not significantly differ by ethnicity, gender, or baseline PTSD severity. Significantly more veterans referred from mental health clinics initiated treatment than did veterans referred from primary care. This study examined treatment initiation among veterans who were offered EBP for PTSD. Rates of initiation differed across subgroups of veterans. Clinically, this suggests the need to tailor outreach efforts to younger veterans, OEF/OIF veterans, and veterans referred from primary care, and potentially including programming and education aimed at primary care referrers, to increase help-seeking. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kelley, Susan D. M.; Benbadis, Selim	2007	Eye movement desensitization and reprocessing in the psychological treatment of trauma-based psychogenic non-epileptic seizures	Clinical psychology & psychotherapy	14	2	135–144	Abstract Little is known about the types of mental health treatment that are most effective for psychogenic non-epileptic seizure (PNES) patients who have high rates of comorbid post-traumatic stress disorder (PTSD) and dissociation. Eye movement desensitization and reprocessing (EMDR) has proved to be effective in the treatment of PTSD, anxiety states, dissociative symptoms and somatoform disorders. This study, which utilized a non-controlled qualitative multiple revelatory case design, integrates EMDR into the psychological treatment of PNES patients with confirmed trauma experiences. With EMDR targeting trauma and dissociative symptoms in three patients, PNES were extinguished in two. Those patients have remained seizure-free for 12?18 months. Copyright ? 2007 John Wiley & Sons, Ltd.
Kelly, William E.; Mathe, John R.	2019	A brief self-report measure for frequent distressing nightmares: The Nightmare Experience Scale (NExS)	Dreaming	29	2	180–195	Both nightmare frequency and nightmare distress have been described as cardinal features of the nightmare experience. However, most previous research has either neglected nightmare distress or measured it separately from nightmare frequency. Based on current nosology of nightmare disorder and recent research findings, the current work conceptualizes the two as representing a single construct, frequent distressing nightmares. Four studies are

							presented involving a total of 819 university students aimed at the development and examination of a brief scale, the Nightmare Experience Scale (NExS), for measuring frequent distressing nightmares. The NExS demonstrated good internal consistency and test-retest reliability. Validity was supported through a unidimensional factor structure and strong correlations with existing measures of nightmare frequency, nightmare distress, and nightmare intensity, as well as moderate correlations with dream recall frequency, general psychological distress, neuroticism, and posttraumatic stress disorder symptoms. The NExS demonstrated incremental predictive validity of general distress and posttraumatic stress disorder symptoms over and above individual measures of nightmare distress, frequency, and intensity. Moreover, it was able to discriminate individuals who met criteria for nightmare disorder and controls. The results and suggestions for future research are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Kelly, William E.; Yu, Qiujun	2019	Convergent, discriminant, and incremental validity of the Nightmare Proneness Scale	Dreaming	29	1	100–111	The current study examined the validity of the Nightmare Proneness Scale (NPS; Kelly, 2018) as measuring a personality disposition that predisposes individuals to experience frequent nightmares. The NPS and measures to estimate its convergent and discriminant validity were administered to a sample of 140 university students. The convergent validity of the scale was supported through significant correlations with nightmare frequency, nightmare distress, nightmare effects, general psychological distress, neuroticism, and trauma symptoms. Discriminant validity was demonstrated through nonsignificant correlations with feminine gender role, habitual sleep length, and social desirability. Regression results indicated that the NPS significantly predicted incremental variance in nightmares above general distress, neuroticism, and trauma symptoms combined as well as above nightmare distress and nightmare effects. The results and suggestions for additional research on the NPS and nightmare proneness were suggested. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Kemal Kaptan, Safa; Brayne, Mark	2022	A qualitative study on clinicians' perceptions of Attachment-Focused eye movement desensitisation and reprocessing therapy	Couns Psychother Res (Counselling and Psychotherapy Research)	22	3	594–605	Abstract Purpose First identified and codified in the late 1980s by Dr Francine Shapiro, eye movement desensitisation and reprocessing (EMDR) therapy is increasingly recommended as a front-line response to post-traumatic stress disorder (PTSD). As PTSD is itself becoming understood as a consequence not just of single potentially traumatic events (PTEs) but also of experiences of dysfunctional attachment with primary caregivers in earlier childhood, EMDR therapy is starting to embrace attachment theory, and the need to factor an awareness

							<p>of developmental trauma into therapeutic treatment. A development of the Standard EMDR Protocol, which builds on this understanding, has become known as Attachment-Focused EMDR (AF-EMDR). Although increasingly widely used by EMDR therapists, to date there has indeed been no published research into how AF-EMDR is experienced in practice by qualified and accredited AF-EMDR-trained therapists. This paper aims to begin to fill that gap. Methods A qualitative approach was employed, analysing semi-structured online interviews with eight experienced and AF-EMDR-trained UK-based therapists accredited at Consultant level with the EMDR Europe Association. Data were analysed using reflexive thematic analysis. Results Three broad themes were generated from thematic analysis, namely perceptions of AF-EMDR; it is not versus, it is with; and EMDR itself as an innovative approach. Conclusions The study found AF-EMDR to be highly appreciated by therapists trained and experienced in this approach. Considering the nature of developmental trauma, the authors propose that core training and supervision in EMDR should allow more room for an explicit focus, in both case conceptualisation and treatment, on clients' early-childhood attachment histories.</p>
Kemp, Andrew Stewart; Allen, Clare Wendy; Campbell, Dianne Elisabeth	2009	Parental perceptions in egg allergy: does egg challenge make a difference?	Pediatric allergy and immunology : official publication of the European Society of Pediatric Allergy and Immunology	20	7	648–653	<p>The aim of the study was to determine the effect of an oral egg challenge in egg sensitized children on parental perceptions relating to their child's allergy. A questionnaire was completed by parents for 167 children attending a tertiary paediatric clinic with egg sensitization. The questionnaires included 10 questions concerning parental perceptions of their child's egg allergy. Parental perceptions of those children who had not had an egg challenge (n = 83) were compared with those whose children had a positive (n = 27) and those with a negative (n = 57) egg challenge. A significant difference (p = &lt; or =0.02) was observed between challenge positive(CP) and challenge negative (CN) subjects in reported changes to lifestyle and the fact that more parents in the CN group expected little or no future inconvenience for the child. The responses of parents whose child had undergone an egg challenge differed significantly (p = &lt; or =0.005) from those not challenged with a significant reduction in the following parameters; the effect on out-of-home care arrangements, the perception of being more severe as compared to other common childhood illnesses, whether they found egg allergy to be moderately or very stressful, whether their lifestyle was changed, the expectation of little or no future discomfort for the child and whether others treated the child differently. The performance of an egg challenge was associated with reduced adverse parental concerns. For 6/10 parameters,</p>

							expectations concerning egg allergy in children who had been challenged were significantly better than those who had never been challenged irrespective of the challenge outcome. The greater certainty provided by the performance of a food challenge may be a positive outcome in both CP and CN children.
Kemp, Michael; Drummond, Peter; McDermott, Brett	2010	A wait-list controlled pilot study of eye movement desensitization and reprocessing (EMDR) for children with post-traumatic stress disorder (PTSD) symptoms from motor vehicle accidents	Clinical child psychology and psychiatry	15	1	5-25	The present study investigated the efficacy of four EMDR sessions in comparison to a six-week wait-list control condition in the treatment of 27 children (aged 6 to 12 years) suffering from persistent PTSD symptoms after a motor vehicle accident. An effect for EMDR was identified on primary outcome and process measures including the Child Post-Traumatic Stress-Reaction Index, clinician rated diagnostic criteria for PTSD, Subjective Units of Disturbance and Validity of Cognition scales. All participants initially met two or more PTSD criteria. After EMDR treatment, this decreased to 25% in the EMDR group but remained at 100% in the wait-list group. Parent ratings of their child's PTSD symptoms showed no improvement, nor did a range of non-trauma child self-report and parent-reported symptoms. Treatment gains were maintained at three and 12 month follow-up. These findings support the use of EMDR for treating symptoms of PTSD in children, although further replication and comparison studies are required.
Kennedy, Angie C.; Bybee, Deborah; Greeson, Megan R.	2014	Examining cumulative victimization, community violence exposure, and stigma as contributors to PTSD symptoms among high-risk young women	American Journal of Orthopsychiatry	84	3	284-294	This study examines patterns of lifetime victimization within the family, community violence exposure, and stigma as contributors to posttraumatic stress disorder (PTSD) symptoms within a sample of 198 high-risk young women who are pregnant or parenting. We used cluster analysis to identify 5 profiles of cumulative victimization, based on participants' levels of witnessing intimate partner violence (IPV), physical abuse by an adult caregiver, and sexual victimization, all beginning by age 12. Hierarchical regression was used to examine these 5 clusters (ranging from a High All Victimization cluster characterized by high levels of all 3 forms of violence, to a Low All Victimization cluster characterized by low levels of all 3 forms), along with community violence exposure and stigma, as predictors of PTSD symptoms. We found that 3 of the cumulative victimization clusters, in comparison with Low All Victimization, were significant predictors of PTSD symptoms, as was stigma, while community violence exposure was not a significant predictor. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Kennedy, S. H.; Katz, R.; Neitzert, C. S.;	1995	Exposure with response prevention treatment of anorexia	Behaviour research and therapy	33	6	685-689	Binge exposure with response-prevention of bingeing (ERP-B) was evaluated in 20 female Ss within an inpatient eating disorders unit over 9 sessions as an adjunct to standard milieu therapy. Subjects met

Ralevski, E.; Mendlowitz, S.		nervosa-bulimic subtype and bulimia nervosa					DSM-III-R criteria for either bulimia nervosa (BN) (n = 13) or the bulimic subtype of anorexia nervosa (AN-B) (n = 7). The average age of the Ss in each group was 26.5 (+/- 8.8) and 24.1 +/- 6.0) yr, respectively. Results indicate significant within-session and pre-post treatment effects in self-report measures 'urge to binge', 'lack of control', 'feelings of guilt' and 'tension'. Further analysis revealed that the AN-B subgroup had significantly greater reduction in 'depression' and 'urge to vomit' compared to the BN group. This study provides preliminary evidence that ERP-B deserves further investigation with long-term follow-up in both BN and AN-B patients and may be particularly advantageous in the AN-B subpopulation.
Kennedy, Traci M.; Ceballo, Rosario	2016	Emotionally numb: Desensitization to community violence exposure among urban youth	Developmental psychology	52	5	778–789	Community violence exposure (CVE) is associated with numerous psychosocial outcomes among youth. Although linear, cumulative effects models have typically been used to describe these relations, emerging evidence suggests the presence of curvilinear associations that may represent a pattern of emotional desensitization among youth exposed to chronic community violence. This study uses longitudinal data to investigate relations between CVE and both internalizing and externalizing symptoms among 3,480 youth ages 3 to 12 at baseline and 9 to 18 at outcome. Results support desensitization models, as evidenced by longitudinal quadratic associations between Wave 2 CVE and Wave 3 anxiety/depressive symptoms, alongside cross-sectional linear associations between Wave 3 CVE and Wave 3 aggression. Neither age nor gender moderated the associations between CVE and well-being. (PsycINFO Database Record
Kennedy, Traci M.; Kennedy, Edward H.; Ceballo, Rosario	2023	Marginal structural models for estimating the longitudinal effects of community violence exposure on youths' internalizing and externalizing symptoms	Psychological trauma : theory, research, practice and policy	15	6	906–916	OBJECTIVE: Longitudinal observational data pose a challenge for causal inference when the exposure of interest varies over time alongside time-dependent confounders, which often occurs in trauma research. We describe marginal structural models (MSMs) using inverse probability weighting as a useful solution under several assumptions that are well-suited to estimating causal effects in trauma research. METHOD: We illustrate the application of MSMs by estimating the joint effects of community violence exposure across time on youths' internalizing and externalizing symptoms. Our sample included 4,327 youth (50% female, 50% male; 1.4% Asian American or Pacific Islander, 34.7% Black, 46.9% Hispanic, .8% Native American, 14.3%, White, 1.5%, Other race/ethnicity; M(age) at baseline = 8.62, range = 3-15) from the Project on Human Development in Chicago Neighborhoods. RESULTS: Wave 3 internalizing symptoms increased linearly with increases in Wave 2 and Wave 3 community violence exposure, whereas effects on externalizing symptoms were quadratic

							for Wave 2 community violence exposure and linear for Wave 3. These results fail to provide support for the desensitization model of community violence exposure. CONCLUSION: MSMs are a useful tool for researchers who rely on longitudinal observational data to estimate causal effects of time-varying exposures, as is often the case in the study of psychological trauma. (PsycInfo Database Record (c) 2023 APA, all rights reserved).
Kennerley, H.	1996	Cognitive therapy of dissociative symptoms associated with trauma	The British journal of clinical psychology	35	3	325–340	The presentation of dissociative symptoms is not uncommon in clinical settings, particularly when the client has suffered trauma. The phenomenon of dissociation ranges from benign incidents, such as daydreaming, to potentially life-threatening experiences when it precipitates self-harm. Its presentation may be subtle, belying the distress which it can provoke. Cognitive therapists are well equipped to help clients formulate a working conceptualization of the dissociative episode and to develop a range of coping skills to manage and overcome the experience. This paper discusses practical ways in which the cognitive therapist can use standard and schema-focused cognitive therapy to help clients to better deal with the distressing aspects of dissociation.
Kerig, Patricia K.; Bennett, Diana C.	2013	Beyond fear, helplessness, and horror: Peritraumatic reactions associated with posttraumatic stress symptoms among traumatized delinquent youth	Psychological trauma : theory, research, practice and policy	5	5	431–438	This study investigated associations among peritraumatic reactions, including the triad of fear, helplessness, and horror specified in Criterion A2 of the DSM–IV–R, and posttraumatic stress disorder (PTSD) diagnostic status and symptom severity among a sample of 555 juvenile justice-involved adolescents (188 girls and 367 boys). Results of hierarchical and logistic regression analyses indicated that, with the exception of helplessness, peritraumatic reactions beyond the DSM–IV–R triad, particularly disorganized behavior and confusion, were more strongly associated with PTSD diagnosis and symptoms among these youth than were the A2 criteria. Gender differences also emerged in the pattern of results, with disorganized behavior and dissociation associated more strongly with PTSD symptom levels among girls than boys. In addition, investigation of the relations between peritraumatic reactions and the recently proposed 5-factor model of PTSD symptom clusters showed that peritraumatic disorganization was the most consistently associated with PTSD symptoms, whereas peritraumatic helplessness was uniquely associated with Numbing among boys and Dissociation among girls. These results have implications for informing the DSM–5 as well as adding to the evidence base for deriving developmentally sensitive criteria for the diagnosis of PTSD among youth exposed to trauma. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

<p>Kerig, Patricia K.; Charak, Ruby; Chaplo, Shannon D.; Bennett, Diana C.; Armour, Cherie; Modrowski, Crosby A.; McGee, Andrew B.</p>	<p>2016</p>	<p>Validation of the factor structure of the adolescent dissociative experiences scale in a sample of trauma-exposed detained youth</p>		<p>8</p>	<p>5</p>		<p>Objective: The inclusion of a dissociative subtype in the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) criteria for the diagnosis of posttraumatic stress disorder (PTSD) has highlighted the need for valid and reliable measures of dissociative symptoms across developmental periods. The Adolescent Dissociative Experiences Scale (A-DES) is 1 of the few measures validated for young persons, but previous studies have yielded inconsistent results regarding its factor structure. Further, research to date on the A-DES has been based upon nonclinical samples of youth or those without a known history of trauma. To address these gaps in the literature, the present study investigated the factor structure and construct validity of the A-DES in a sample of highly trauma-exposed youth involved in the juvenile justice system. Method: A sample of 784 youth (73.7% boys) recruited from a detention center completed self-report measures of trauma exposure and the A-DES, a subset of whom (n = 212) also completed a measure of DSM-5 PTSD symptoms. Results: Confirmatory factor analyses revealed a best fitting 3-factor structure comprised of depersonalization or derealization, amnesia, and loss of conscious control, with configural and metric invariance across gender. Logistic regression analyses indicated that the depersonalization or derealization factor effectively distinguished between those youth who did and did not likely meet criteria for a diagnosis of PTSD as well as those with PTSD who did and did not likely meet criteria for the dissociative subtype. Conclusions: These results provide support for the multidimensionality of the construct of posttraumatic dissociation and contribute to the understanding of the dissociative subtype of PTSD among adolescents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
<p>Kerkhoff, G.; Keller, I.; Artinger, F.; Hildebrandt, H.; Marquardt, C.; Reinhart, S.; Ziegler, W.</p>	<p>2012</p>	<p>Recovery from auditory and visual neglect after optokinetic stimulation with pursuit eye movements - Transient modulation and enduring treatment effects</p>	<p>Neuropsychologia</p>	<p>50</p>	<p>6</p>	<p>1164-1177</p>	<p>Examined the effects of optokinetic stimulation (OKS) with pursuit eye movements on auditory and visual neglect. A total of 26 patients with visual and auditory neglect (aged 37-74 years) participated in 2 studies. In Study 1, transient effects of OKS applied to the contralesional side on neglect after 30 min and 24 hours were examined. Participants were separated into an OKS and control group, and they completed an auditory subjective median plane (ASMP) task before and after OKS or control stimulation. In Study 2, the lasting effects of repeated OKS with smooth-pursuit eye movements were examined by separating participants into an OKS or scanning visual therapy (SCAN) group and having them complete the ASMP as well as visual neglect measures before and after treatment. Results showed that after a single session of OKS, patients displayed a complete</p>



							normalization of ASMP performance 30 min after stimulation. After 24 h, this effect had diminished. No significant changes were observed in the control group. After repeated sessions of OKS, patients displayed improvements on the ASMP as well as visual neglect measures, whereas small improvements in visual neglect and no improvement in ASMP performance were observed in the SCAN group. It is concluded that OKS may be multimodally effective for the treatment of auditory and visual neglect.
Kerkhoff, Georg	2021	Successful return to professional work after neglect, extinction, and spatial misperception - Three long-term case studies	Neuropsychological Rehabilitation	31	6	837–862	Spatial neglect is a frequent, disabling syndrome and is associated with a poor rehabilitation outcome. Return to work seems almost impossible and has not been reported so far. Here, three cases with extensive right-hemisphere lesions after stroke are reported, who all showed residual left visuospatial neglect, left visual extinction on double simultaneous stimulation (DSS), and marked spatial-perceptual deficits. After early inpatient rehabilitation all three patients received specific, successive neuropsychological therapy as outpatients in four domains: (1) Optokinetic stimulation with pursuit eye movements and saccadic eye-movement training to reduce left-sided neglect and improve visual exploration; (2) Anti-extinction training to reduce left-sided visual extinction; (3) Spatial-perceptual feedback training to improve spatial-perceptual disorders and visuoconstruction; and (4) Job-related visual and cognitive treatments. All three cases were treated in sequential single-subject baseline designs. Significant improvements were obtained in all treated domains during therapy, which persisted at follow up. After a period of graded vocational re-integration, all three patients worked successfully in their prior job, two part-time (50%), one full-time (100%). These results show that return to professional (paid) work is possible despite initially severe neglect, hemianopia, visual extinction, and spatial-perceptual disorders after stroke.
Kerkhoff, Georg; Schindler, Igor; Artinger, Frank; Zoelch, Christof; Bublak, Peter; Finke, Kathrin	2006	Rotation or translation of auditory space in neglect? A case study of chronic right-sided neglect	Neuropsychologia	44	6	923–930	Examined the rotation versus translation of egocentric reference frames in a case study of sensory neglect. The case involved a 34-year-old male suffering from chronic right-sided sensory neglect due to a left temporo-parieto-occipital and hypoxic lesion. 6 healthy controls (aged 26-38 years) were examined for comparison. All participants were tested for peripheral (monoaural) hearing, and completed tasks requiring line bisection, size matching, reading, visual search, and auditory localization. Eye movements were recorded during tasks to control for possible eye position effects. In contrast to healthy controls, the sensory neglect patient displayed a substantial ipsilesional, leftward shift of the auditory subjective

							median plane in front space, and a rightward shift in back space. These findings were replicated at a 10-month follow-up. It is concluded that a rotation of the egocentric spatial reference frame may emerge in auditory perception for right-sided sensory neglect.
Kernstock-Redl, Helga	2007	Für die Praxis: Einsatz von EMDR-Geschichten in der psychologischen Beratung und Therapie von Kindern	Psychologie in Österreich	27	1	34–38	EMDR (Eye Movement Desensitization and Reprocessing) und Traumaforschung haben für Geschichten, die das Ziel haben, Veränderungen zu erleichtern, eine neue, klare Grundstruktur zur Verfügung gestellt. Die darauf basierende Form der "heilsamen Geschichte" kann in der klassischen psychologischen Therapie bzw. in EMDR-Behandlungen eingesetzt werden. Solche Geschichten können auch mit entsprechender Anleitung bzw. Unterstützung von Eltern geschrieben und vorgelesen werden. Sie dienen nicht nur der Verarbeitung von traumatischen Erlebnissen, sondern ermöglichen auch das indirekte Einbringen neuer Lösungsideen sowie das Verankern von Erfolgserlebnissen und konstruktiven Kognitionen.
Khamis, Vivian	2015	Coping with war trauma and psychological distress among school-age Palestinian children	American Journal of Orthopsychiatry	85	1	72–79	This study investigated the long-term effects of the 2012 war on children's psychological distress in Gaza Strip. It was hypothesized that a) greater levels of exposure to war trauma would be associated with greater behavioral and emotional disorders, neuroticism, and PTSD symptoms; b) children who rely more on problem-focused coping will manifest less behavioral and emotional disorders, neuroticism, and PTSD symptoms whereas children who rely more on emotion-focused coping will manifest higher levels of behavioral and emotional disorders, neuroticism, and PTSD symptoms; and c) certain children's characteristics (i.e., age, gender, and family income) would be predictive of children's behavioral and emotional disorders, neuroticism, and PTSD. Participants were 205 males and females aged 9 to 16 years. Questionnaires were administered in an interview format with participants at schools. Results indicated that approximately 30 percent of the Palestinian children who were exposed to higher levels of war traumas have developed PTSD with excess risk for co-morbidity with other disorders such as emotional symptoms and neuroticism. The findings revealed that children with lower family income reported higher levels of emotion and behavioral disorders and neuroticism. While emotion-focused coping was positively associated with emotional and behavioral problems, neuroticism, and PTSD, problem-focused coping was negatively associated with neuroticism and PTSD. The clinical implications of these conclusions were discussed to formulate cognitive-behavioral coping interventions that can lead to positive outcomes in the

							posttrauma environment. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Khan, Ali M.; Dar, Sabrina; Ahmed, Rizwan; Bachu, Ramya; Adnan, Mahwish; Kotapati, Vijaya Padma	2018	Cognitive Behavioral Therapy versus Eye Movement Desensitization and Reprocessing in Patients with Post-traumatic Stress Disorder: Systematic Review and Meta-analysis of Randomized Clinical Trials	Cureus	10	9	e3250	Background Post-traumatic stress disorder (PTSD) is prevalent in children, adolescents and adults. It can occur alone or in comorbidity with other disorders. A broad range of psychotherapies such as cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) have been developed for the treatment of PTSD. Aim Through quantitative meta-analysis, we aimed to compare the efficacy of CBT and EMDR: (i) relieving the post-traumatic symptoms, and (ii) alleviating anxiety and depression, in patients with PTSD. Methods We systematically searched EMBASE, Medline and Cochrane central register of controlled trials (CENTRAL) for articles published between 1999 and December 2017. Randomized clinical trials (RCTs) that compare CBT and EMDR in PTSD patients were included for quantitative meta-analysis using RevMan Version 5. Results Fourteen studies out of 714 were finally eligible. Meta-analysis of 11 studies (n = 547) showed that EMDR is better than CBT in reducing post-traumatic symptoms [SDM (95% CI) = -0.43 (-0.73 - -0.12), p = 0.006]. However, meta-analysis of four studies (n = 186) at three-month follow-up revealed no statistically significant difference [SDM (95% CI) = -0.21 (-0.50 - 0.08), p = 0.15]. The EMDR was also better than CBT in reducing anxiety [SDM (95% CI) = -0.71 (-1.21 - -0.21), p = 0.005]. Unfortunately, there was no difference between CBT and EMDR in reducing depression [SDM (95% CI) = -0.21 (-0.44 - 0.02), p = 0.08]. Conclusion The results of this meta-analysis suggested that EMDR is better than CBT in reducing post-traumatic symptoms and anxiety. However, there was no difference reported in reducing depression. Large population randomized trials with longer follow-up are recommended to build conclusive evidence.
Khan, Omer; Ferriter, Michael; Huband, Nick; Powney, Melanie J.; Dennis, Jane A.; Duggan, Conor	2015	Pharmacological interventions for those who have sexually offended or are at risk of offending	The Cochrane database of systematic reviews	2015	2	CD007989	BACKGROUND: Sexual offending is a serious social problem, a public health issue, and a major challenge for social policy. Victim surveys indicate high incidence and prevalence levels and it is accepted that there is a high proportion of hidden sexual victimisation. Surveys report high levels of psychiatric morbidity in survivors of sexual offences. Biological treatments of sex offenders include antilibidinal medication, comprising hormonal drugs that have a testosterone-suppressing effect, and non-hormonal drugs that affect libido through other mechanisms. The three main classes of testosterone-suppressing drugs in current use are progestogens, antiandrogens, and gonadotropin-releasing hormone (GnRH) analogues. Medications that affect libido through other means include antipsychotics and

						<p>serotonergic antidepressants (SSRIs). OBJECTIVES: To evaluate the effects of pharmacological interventions on target sexual behaviour for people who have been convicted or are at risk of sexual offending. SEARCH METHODS: We searched CENTRAL (2014, Issue 7), Ovid MEDLINE, EMBASE, and 15 other databases in July 2014. We also searched two trials registers and requested details of unidentified, unpublished, or ongoing studies from investigators and other experts. SELECTION CRITERIA: Prospective controlled trials of antilibidinal medications taken by individuals for the purpose of preventing sexual offences, where the comparator group received a placebo, no treatment, or 'standard care', including psychological treatment. DATA COLLECTION AND ANALYSIS: Pairs of authors, working independently, selected studies, extracted data, and assessed the risk of bias of included studies. We contacted study authors for additional information, including details of methods and outcome data. MAIN RESULTS: We included seven studies with a total of 138 participants, with data available for 123. Sample sizes ranged from 9 to 37. Judgements for categories of risk of bias varied: concerns were greatest regarding allocation concealment, blinding of outcome assessors, and incomplete outcome data (dropout rates in the five community-based studies ranged from 3% to 54% and results were usually analysed on a per protocol basis). Participant characteristics in the seven studies were heterogeneous, but the vast majority had convictions for sexual offences, ranging from exhibitionism to rape and child molestation. Six studies examined the effectiveness of three testosterone-suppressing drugs: cyproterone acetate (CPA), ethinyl oestradiol (EO), and medroxyprogesterone acetate (MPA); a seventh evaluated two antipsychotics (benperidol and chlorpromazine). Five studies were placebo-controlled; in two, MPA was administered as an adjunctive treatment to a psychological therapy (assertiveness training or imaginal desensitisation). Meta-analysis was not possible due to heterogeneity of interventions, comparators, study designs, and other issues. The quality of the evidence overall was poor. In addition to methodological issues, much evidence was indirect. PRIMARY OUTCOME: recidivism. Two studies reported recidivism rates formally. One trial of intramuscular MPA plus imaginal desensitisation (ID) found no reports of recidivism at two-year follow-up for the intervention group (n = 10 versus one relapse within the group treated by ID alone). A three-armed trial of oral MPA, alone or in combination with psychological treatment, reported a 20% rate of recidivism amongst those in the combined treatment arm (n = 15) and</p>
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						<p>50% of those in the psychological treatment only group (n = 12). Notably, all those in the 'oral MPA only' arm of this study (n = 5) dropped out immediately, despite treatment being court mandated. Two studies did not report recidivism rates as they both took place in one secure psychiatric facility from which no participant was discharged during the study, whilst another three studies did not appear directly to measure recidivism but rather abnormal sexual activity alone. SECONDARY OUTCOMES: The included studies report a variety of secondary outcomes. Results suggest that the frequency of self reported deviant sexual fantasies may be reduced by testosterone-suppressing drugs, but not the deviancy itself (three studies). Where measured, hormonal levels, particularly levels of testosterone, tended to correlate with measures of sexual activity and with anxiety (two studies). One study measured anxiety formally; one study measured anger or aggression. Adverse events: Six studies provided information on adverse events. No study tested the effects of testosterone-suppressing drugs beyond six to eight months and the cross-over design of some studies may obscure matters (given the 'rebound effect' of some hormonal treatments). Considerable weight gain was reported in two trials of oral MPA and CPA. Side effects of intramuscular MPA led to discontinuation in some participants after three to five injections (the nature of these side effects was not described). Notable increases in depression and excess salivation were reported in one trial of oral MPA. The most severe side effects (extra-pyramidal movement disorders and drowsiness) were reported in a trial of antipsychotic medication for the 12 participants in the study. No deaths or suicide attempts were reported in any study. The latter is important given the association between antilipidinal hormonal medication and mood changes. AUTHORS' CONCLUSIONS: We found only seven small trials (all published more than 20 years ago) that examined the effects of a limited number of drugs. Investigators reported issues around acceptance and adherence to treatment. We found no studies of the newer drugs currently in use, particularly SSRIs or GnRH analogues. Although there were some encouraging findings in this review, their limitations do not allow firm conclusions to be drawn regarding pharmacological intervention as an effective intervention for reducing sexual offending. The tolerability, even of the testosterone-suppressing drugs, was uncertain given that all studies were small (and therefore underpowered to assess adverse effects) and of limited duration, which is not consistent with current routine clinical practice. Further research is required before it is</p>
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							demonstrated that their administration reduces sexual recidivism and that tolerability is maintained. It is a concern that, despite treatment being mandated in many jurisdictions, evidence for the effectiveness of pharmacological interventions is so sparse and that no RCTs appear to have been published in two decades. New studies are therefore needed and should include trials with larger sample sizes, of longer duration, evaluating newer medications, and with results stratified according to category of sexual offenders. It is important that data are collected on the characteristics of those who refuse and those who drop out, as well as those who complete treatment.
Kilmer, Ryan P.; Gil-Rivas, Virginia	2010	Responding to the needs of children and families after a disaster: Linkages between unmet needs and caregiver functioning	American Journal of Orthopsychiatry	80	1	135–142	Disasters may negatively influence caregivers' ability to respond to the needs of their families. In this context, service organizations' response to families' needs may affect caregivers' symptoms and parenting. Interviews were conducted with caregivers affected by Hurricane Katrina approximately 1 year (T <sub>1</sub> ; N = 68) and 2 years posthurricane (T <sub>2</sub> ; N = 52). Caregivers reported high levels of service needs and unmet needs for themselves and their child(ren) and family at both time points. Regression analyses indicated that after accounting for hurricane exposure: (a) child unmet service needs significantly contributed to T <sub>1</sub> caregiver distress, (b) caregiver service needs and child unmet needs were associated with higher levels of posttraumatic stress symptoms, and (c) caregiver unmet needs related to greater strain at T <sub>1</sub> . At T <sub>2</sub> , after accounting for T <sub>1</sub> scores, service need variables did not contribute to distress or posttraumatic stress symptoms. Caregiver strain at T <sub>1</sub> and T <sub>1</sub> child service needs were associated with greater T <sub>2</sub> strain. These findings highlight the importance of extending the availability of services beyond the initial postdisaster recovery period to better meet the needs of caregivers and families. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Kilpatrick, Dean G.; Acierno, Ron; Saunders, Benjamin; Resnick, Heidi S.; Best, Connie L.; Schnurr, Paula P.	2000	Risk factors for adolescent substance abuse and dependence: Data from a national sample	Journal of consulting and clinical psychology	68	1	19–30	A national household probability sample of 4,023 adolescents aged 12 to 17 years was interviewed by telephone about substance use, victimization experiences, familial substance use, and posttraumatic reactions to identify risk factors for Diagnostic and Statistical Manual of Mental Disorders- (4th ed.; American Psychiatric Association, 1994) defined substance abuse/dependence. Age and ethnicity data were available for 3,907 participants. Major findings were (a) adolescents who had been physically assaulted, who had been sexually assaulted, who had witnessed violence, or who had family members with alcohol or drug use problems had increased risk for current substance abuse/dependence; (b) posttraumatic stress disorder independently

							increased risk of marijuana and hard drug abuse/dependence; and (c) when effects of other variables were controlled, African Americans, but not Hispanics or Native Americans, were at approximately 1/3 the risk of substance abuse/dependence as Caucasians. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kilpatrick, Dean G.; Ruggiero, Kenneth J.; Acierno, Ron; Saunders, Benjamin E.; Resnick, Heidi S.; Best, Connie L.	2003	Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents	Journal of consulting and clinical psychology	71	4		With a national household probability sample of 4,023 telephone-interviewed adolescents ages 12-17, this study provides prevalence, comorbidity, and risk-factor data for posttraumatic stress disorder (PTSD), major depressive episode (MDE), and substance abuse/dependence (SA/D). Roughly 16% of boys and 19% of girls met criteria for at least 1 diagnosis. Six-month PTSD prevalence was 3.7% for boys and 6.3% for girls, 6-month MDE prevalence was 7.4% for boys and 13.9% for girls. and 12-month SAM prevalence was 8.2% for boys and 6.2% for girls. PTSD was more likely to be comorbid than were MDE and SA/D. Results generally support the hypothesis that exposure to interpersonal violence (i.e., physical assault, sexual assault, or witnessed violence) increases the risk of these disorders and of diagnostic comorbidity. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Kilpatrick, Kym L.; Williams, Leanne M.	1997	Post-traumatic stress disorder in child witnesses to domestic violence	American Journal of Orthopsychiatry	67	4	639–644	A sample of children aged 6–12, of whom 20 had witnessed domestic violence and 15 had not, was examined for symptoms of post-traumatic stress disorder (PTSD). Witness status was found to be a significant predictor of PTSD. Implications for clinical intervention are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
King, Daniel W.; Orazem, Robert J.; Lauterbach, Dean; King, Lynda A.; Hebenstreit, Claire L.; Shalev, Arieh Y.	2009	Factor structure of posttraumatic stress disorder as measured by the Impact of Event Scale–Revised: Stability across cultures and time		1	3		This study examined the structure of posttraumatic stress disorder (PTSD) as measured by the Impact of Event Scale–Revised (IES-R; Weiss & Marmar, 1997), tested factorial invariance for samples of 235 Israeli emergency room patients and 306 U.S. undergraduate students, and then evaluated factorial invariance over multiple occasions within the emergency room sample. A four-factor structure representing intrusion, avoidance-numbing, hyperarousal, and sleep emerged as the preferred model. Configural invariance over groups was supported for this model. Likewise, configural invariance over occasions was demonstrated, but metric invariance was not fully supported, with variation in the loadings on the intrusion factor over time seemingly the source of misfit. Interpretations and conclusions center on sleep as a separate factor underlying the structure of the IES-R, the distinction between avoidance and numbing as a function of how the IES-R (vs. the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition) operationalizes the numbing feature of

							PTSD and possible shifts in the meaning of intrusion over time. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
King, Jennifer A.; Solomon, Phyllis; Ford, Julian D.	2017	The Cameron Complex Trauma Interview (CCTI): Development, psychometric properties, and clinical utility	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele ctr oni c), 19 42- 96 81( Pri nt)	18–22	Objective: To develop and test a pictorial-based assessment tool, the Cameron Complex Trauma Interview (CCTI), evaluating complex trauma history and symptomatology in children ages 5 to 11. Method: 21 participating clinicians (master’s level or higher) were asked to utilize a prototype version of the CCTI and the UCLA Posttraumatic Stress Disorder Reaction Index (PTSD-RI) with 1 client, ages 5–11, with known exposure to trauma, provide demographic information, scores, and complete a Clinical Utility and Feasibility Survey (CUFS). Results: The CCTI Symptomatology scale was internally consistent ( $\alpha = .931$ ). CCTI convergent validity was supported by robust correlations between the CCTI and UCLA PTSD-RI trauma history and symptomatology scales, $r = .677$ and $.810$ , respectively, $p < .001$ . Conclusion: Clinicians responding to the CUFS described the CCTI as comprehensive, developmentally and culturally appropriate, easy to use, and engaging. Survey data illustrated that while clinicians reported positive experiences using the CCTI, some struggled with the symptomatology scale and did not elicit information from the child on several domains of impairment. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
King, N. J.; Tonge, B. J.	1992	School refusal	Journal of paediatrics and child health	28	6	411– 413	
Kingston, Beverly E.; Mihalic, Sharon F.; Sigel, Eric J.	2016	Building an evidence-based multitiered system of supports for high-risk youth and communities	American Journal of Orthopsychiatry	86	2	132– 143	The mental, emotional and behavioral health problems of high-risk youth and youth living in high-risk communities are not inevitable and can be prevented. A shift from the nation’s focus on treating disease and illness after it occurs to a concentrated effort on preventing the root causes of these problems is needed. Prevention science suggests a comprehensive multitiered approach that provides evidence-based prevention supports for children and youth at each developmental stage and across multiple social contexts is likely to result in the greatest health impact and return on investment. However, actually implementing this approach at a neighborhood level has remained a challenge and an ongoing research gap especially in high-risk communities. This article describes a process and provides a case study example for implementing a comprehensive, multitiered approach in a high-risk community. This includes assessing and prioritizing the specific needs of individuals and communities; selecting evidence-based programs based upon assessed needs; and creating a continuum of programs to improve the health and well-



							being of youth across developmental age spans, social contexts, and levels of risk. Operational details and challenges for organizing and implementing this comprehensive approach are also described. We estimate that the collective impact of a multitiered evidence-based approach, implemented with fidelity, could conservatively result in a 30 to 40% reduction in problem behaviors. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Kira, Ibrahim A.; Alawneh, Abdul-Wahab N.; Aboumediene, Sharifa; Lewandowski, Linda; Laddis, Andreas	2014	Dynamics of oppression and coping from traumatology perspective: The example of Palestinian adolescents	Peace and Conflict: Journal of Peace Psychology	20	4		Most of our understanding of, and interventions with, trauma are focused on past traumas perpetrated by individuals. Because of this individualistic-based paradigm, most research on oppression adopts an interpersonal violence framework, ignoring the other identity-based variables involved in intergroup trauma. In this study, we test a new paradigm of oppression as perpetration of trauma between groups, including the variables of will to survive and related coping strategies. The new model assumes that collective trauma of oppression brings to the individual's focus his or her collective identity and triggers identity annihilation and subjugation anxiety that drive mental health distress. On the other hand, will to survive engenders various strategies, which serve to address oppression challenges and to cope with such distress. We tested the model on a sample of 438 Palestinian adolescents (aged 12 to 19 years; 45.4% females) from the West Bank. We measured life traumas—including oppression, poverty, and will to survive—as independent variables, and identity salience, annihilation anxiety, and coping strategies as mediating variables. We measured posttraumatic stress disorder (PTSD), complex PTSD, depression, and physical health as outcome variables. Results of path analysis confirmed the general model and indicated that religious coping, political ideology, and social support contributed to reducing mental distress, with religiosity as the strongest predictor, which may explain the electoral success of Islamists in the Palestinian election of 2006 and elections following the Arab Spring. The implications of the results for conflict resolution and in clinical interventions with intergroup trauma victims are discussed. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Kira, Ibrahim A.; Arıcı Özcan, Neslihan; Shuwiekh, Hanaa; Kucharska, Justyna; Al-Huwailah, Amthal H.; Kanaan, Amer	2020	The compelling dynamics of “will to exist, live, and survive” on effecting posttraumatic growth upon exposure to adversities: Is it mediated, in part, by emotional	Traumatology	26	4	405–419	The goal of the current study is to empirically examine the role of a person's will to exist, live, and survive (WTELS) in growth upon exposure to cumulative stressors and traumas (CST) and unpack its intricate relationships with posttraumatic growth (PTG) and posttraumatic stress disorder (PTSD). We used a combined five data sets that included participants from Egypt, Turkey, Kuwait, Syria, and

		regulation, resilience, and spirituality?					the United Kingdom (N = 1,566). We used measures of WTELS, resilience, emotion regulation, identity salience, PTG, interfaith spirituality, PTSD, and poor health. We used path analysis to test a model of the effects of WTELS and CST on PTG and PTSD as mediated by resilience, interfaith spirituality, emotion regulation (reappraisal), and identity salience. Further, we used PROCESS macro to test the direct and indirect effects of WTELS through the mediators. Additionally, we used curve estimation regression to explore the linear and nonlinear relationships among the predictor variables: WTELS, CST, and the outcome variables of PTG and PTSD. WTELS was found to have moderate direct positive effects on PTG, reappraisal, and resilience. It had strong direct and significant indirect negative effects on PTSD. The direct effects of WTELS on PTG were more than twice its indirect effects. Emotion regulation (reappraisal) had the highest effect size as a mediator responsible for its indirect effects on PTG, followed by the resilience and interfaith spirituality. Although WTELS was associated with PTG more linearly, CST and PTG, CST and PTSD, and PTSD and PTG were associated more nonlinearly. We discussed the implications of these results for intervention and prevention. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Kira, Ibrahim A.; Lewandowski, Linda A.; Templin, Thomas N.; Ramaswamy, Vidya; Ozkan, Bulent; Mohanesh, Jamal	2009	The effects of post-retribution inter-group forgiveness: The case of Iraqi refugees	Peace and Conflict: Journal of Peace Psychology	15	4	385–413	Research on forgiveness on the interpersonal level has found evidence of its positive health and mental health effects. However, there is no research on the health and mental health benefits of forgiveness in political conflicts. The removal of the dictator and the war in Iraq has provided researchers with opportunities to answer some questions about the effects of forgiveness in political conflicts. This study used a modified measure of forgiveness and measures of posttraumatic stress disorder (PTSD), cumulative trauma disorder (complex PTSD), health, and religiosity with a sample of 501 Iraqi refugees in Wayne County, Michigan. Results indicated that forgiveness of the collaborators has some positive mental health benefits and is associated with religiosity, whereas not forgiving them has serious health and mental health consequences. However, counter to predictions, un-forgiveness of the dictator was found to be associated with positive health and mental health. Health mediated the effects of un-forgiveness on PTSD. The significance of these results to working with victims of political violence and reconciliation is discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Kira, Ibrahim A.; Lewandowski, Linda; Templin, Thomas;	2008	Measuring cumulative trauma dose, types, and profiles using a	Traumatology	14	2	62–87	This study presents a new short scale for measuring cumulative trauma dose, types, and profiles that is based on the APA (American Psychological Association) trauma Group (currently division 56)

Ramaswamy, Vidya; Ozkan, Bulent; Mohanesh, Jamal		development-based taxonomy of traumas					definition of trauma and a new, two-way development-based taxonomy of trauma. The new measure was tested using a sample of 501 Iraqi refugees who are one of the most traumatized groups. The following six salient factors were found: collective identity, family, personal identity, interdependence or secondary, man-made or nature-made survival, and abandonment types of traumas. The study provided evidence of adequate reliability; construct, convergent, divergent and predictive validity of the new scale and provided partial confirmation of the validity of the development-based taxonomy of traumas. A new method was introduced to measure trauma types and profiles and their differential association with different symptom configurations and health disorders. The newly developed measure can be used in clinical trauma-informed settings and in research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Kira, Ibrahim A.; Shuwiekh, Hanaa; Al- Huwailah, Amthal H.; Lewandowski, Linda; Alawneh, Abdul- Wahab Nasser; Abou- Mediene, Sharifa; Al Ibraheem, Boshra; Aljakoub, Jakoub	2019	The central role of social identity in oppression, discrimination and social-structural violence: Collective identity stressors and traumas, their dynamics and mental health impact	Peace and Conflict: Journal of Peace Psychology	25	3		Development-based trauma framework (DBTF) identified collective identity stressors and traumas (CISTs) and other trauma types, such as personal identity traumas (PITs), physical identity or survival trauma (PISTs), preidentity such as attachment traumas, and postidentity or secondary trauma (IST). We utilized pooled data from 9 samples from different minorities, refugees, and other victims of CIST (N = 2471) that used measures of cumulative trauma, posttraumatic stress disorder (PTSD), cumulative trauma disorders (CTDs), and existential anxieties (EAAs). PROCESS macro (Models 4, 6, and 7) was used to analyze CIST direct, mediated, and moderated effects, and the serial trajectories of its mediators. We found significant direct effects of CIST on PTSD, CTD, and EAA, in addition to mediated indirect effects via PIST and PIT. Secondary and attachment traumas moderated its mediated effects. The study validated the integrated conceptual model of CIST. The implications of the results for identity-focused intervention and for advocating for social justice were discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Kira, Ibrahim A.; Shuwiekh, Hanaa; Kucharska, Jystyna; Al-Huwailah, Amthal H.; Moustafa, Ahmed	2020	“Will to Exist, Live and Survive” (WTELS): Measuring its role as master/metamotivator and in resisting oppression and related adversities	Peace and Conflict: Journal of Peace Psychology	26	1		The person’s agentic “Will to Exist/Live and Survive” (WTELS) is overlooked in the literature. We proposed a measure as well as a conceptual predictive model for WTELS. The conceptual model included oppression and cumulative life adversities and WTELS as independent variables, existential annihilation anxieties (EAA), emotion regulation strategies, and self-esteem as mediating variables and psychopathology and posttraumatic growth (PTG) as outcome variables. The sample included 490 participants (age range: 14 to 75, M = 26.03, SD = 10.90, 20.4% adolescents, 58.6% females) from three

							<p>Egyptian cities that represented different regional cultures. Exploratory and confirmatory factor analyses tested the structural validity of the measure, Path analysis supplemented by PROCESS macro was used to test the predictive validity of the measure and the effect size for each mediator. Multigroup invariance analysis tested the invariance of the measurement and structural models. The developed measure was found to have good reliability, stability, and structural validity. Path analysis validated its predictive validity and indicated that WTELS had strong direct negative effects on EAA and the direct and indirect negative effects on psychopathology. Self-esteem and emotion regulation (reappraisal) were mediators of its indirect effects. WTELS had direct positive effects on PTG and direct and indirect positive effects on emotion regulation. WTELS had direct and indirect positive effects on self-esteem. Its indirect effects on self-esteem were mediated by reappraisal. The results indicated that both the measurement and the structural models of WTELS were strictly invariant across gender, regional, age, and religious groups. We further discussed the importance of developing WTELS-focused intervention and prevention programs. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Kira, Ibrahim A.; Templin, Thomas; Lewandowski, Linda; Clifford, David; Wiencek, Peggy; Hammad, Adnan; Mohanesh, Jamal; Al-haidar, Abu-Muslim</p>	2006	<p>The Effects of Torture: Two Community Studies</p>	<p>Peace and Conflict: Journal of Peace Psychology</p>	12	3	205–228	<p>The goal of the 2 studies discussed in this article was to explore how persons who have undergone torture and other general trauma differ from persons who have undergone only general trauma and to compare the effects of torture to other kinds of traumas. The studies were conducted in 2001 and 2003. Contrary to our hypotheses, we found that although tortured individuals have a significantly higher trauma dose, they are more resilient, are more socioculturally adjusted, have more posttraumatic growth, and practice their religion more. They are more tolerant of differences in religion, race, and culture, and feel more supported. However, they are less healthy physically than individuals in the community who were not tortured. We used theories of attribution, identity trauma, and cumulative trauma to understand the results. Recommendations for counseling and therapy are discussed. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
<p>Kira, Ibrahim; Lewandowski, Linda; Somers, Cheryl L.; Yoon, Jina S.; Chiodo, Lisa</p>	2012	<p>The effects of trauma types, cumulative trauma, and PTSD on IQ in two highly traumatized adolescent groups</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>	4	1		<p>We investigated the relationship between trauma type, posttraumatic stress disorder (PTSD), and intelligence quotient (IQ) utilizing a development-based taxonomy of trauma in a sample of 390 African-American adolescents and Iraqi refugee adolescents. Utilizing structural equation modeling, we compared different “good-fitting” models that describe the specific relationships between different</p>

							<p>trauma types, PTSD cluster symptoms (i.e., re-experiencing, arousal, avoidance, and emotional numbness/dissociation), and IQ factors (i.e., perceptual reasoning, verbal comprehension, working memory, and processing speed). Our findings support the hypothesis that different trauma types have different influences, some positive and some negative. Whereas abandonment and personal identity trauma (e.g., sexual abuse) have direct negative effects, secondary trauma (e.g., parents' involvement in war or combat) has a positive effect on IQ. Collective identity trauma (e.g., oppression) did not have either negative or positive effects on IQ. The PTSD components re-experiencing and arousal generally mediated some of the negative effects of traumas on IQ; avoidance and emotional detachment/dissociation generally mediated positive effects. In conclusion, trauma type differentially impacts IQ. However, cumulative trauma dynamics have total negative significant effects on all of the four IQ components: perceptual reasoning, working memory, processing speed, and verbal comprehension. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Kira, Ibrahim; Shuwiekh, Hanaa; Al-Huwailah, Amthal H.; Zidan, Tarek; Bujold-Bugeaud, Mireille</p>	2021	<p>Measuring interfaith spirituality: Initial validation and psychometrics</p>	<p>Psychology of Religion and Spirituality</p>	13	3	324–339	<p>The overlap between religion and spirituality made it difficult to develop a refined comprehensive measure of interfaith spirituality (IFS). The current study tries to fill this gap. The authors, based on extensive review of different spiritual religious traditions, developed a conceptual framework of IFS that includes 5 interconnected components: direct connection with the creating force, asceticism, the unity of existence, meditation, and divine love. Using experts and focus groups, they developed the measure of IFS that included items that represented the 5 components. The measure (25 items), and its short form (four items) were tested on a sample of 490 in Egypt (Christians, N = 247 and Muslims, N = 243), 58.6% women, and included 3 subregional groups (Qena, upper Egypt, N = 210; Fayoum, middle Egypt, N = 184; and Cairo, N = 96). Ages ranged from 14 to 75, with M = 26.03, SD = 10.90, with 20.4% adolescents. Because unity of existence factor has been significantly loaded on only two items in the exploratory factor analysis, this factor was dropped. Confirmatory factor analysis validated 4 factors and found a second-order unitary construct of IFS. The model of IFS was strictly invariant across religion, gender, age, and region groups. IFS, its subscales, and its short form were found to have good interitems and test-retest reliability, criterion, convergent, divergent, predictive and incremental validity. They were moderately associated with religiosity, higher self-esteem, higher emotional regulation, higher will-to exist-live and survive, and</p>

							posttraumatic growth. They were negatively associated with posttraumatic stress disorder (PTSD), depression, externalizing, thought disorder, and psychopathology in general. Future studies need to refine the measure and replicate the results. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Kirkby, K. C.; Daniels, B. A.; Harcourt, L.; Romano, A. J.	1999	Behavioral analysis of computer-administered vicarious exposure in agoraphobic subjects: the effect of personality on in-session treatment process	Comprehensive psychiatry	40	5	386–390	Pretreatment measures of personality and symptom levels in agoraphobic subjects (N = 18) were correlated with their behavior on an interactive computer simulation that provided vicarious exposure to a phobia of elevators. Behavior during treatment sessions was assessed via human-computer interactions (HCIs). Automated programs analyzed these interactions to provide detailed behavioral descriptions. All subjects engaged in vicarious exposure, but the extent of this varied eightfold. Vicarious exposure increased across treatment sessions, with a qualitative shift to a high-exposure routine of staying in the simulated elevator and repeatedly traveling the maximum number of floors. The amount of activity spent on traveling in the elevator increased from 43% to 62% across three treatment sessions. Correlations were observed between vicarious exposure behaviors and a number of subject characteristics including neuroticism and conscientiousness. We conclude that HCIs provide a detailed record of behavior during computer-administered treatment. Subjects demonstrate learning of exposure strategies across treatment sessions. Interindividual differences in behavior correlate with a number of pretreatment subject personality characteristics.
Kirsch, Anke	2004	In: Hermer, Matthias; Klinzing, Hans Gerhard (Ed.), Nonverbale Prozesse in der Psychotherapie (S. 273-288). Tübingen: DGVT Deutsche Gesellschaft für Verhaltenstherapie, 2004				273–288	
Kirsch, Anke	2004	Nonverbale Kommunikation bei der posttraumatischen Belastungsstörung					Es wird informiert über ein derzeit laufendes Forschungsprojekt, in dem Traumafolgestörungen bei Gewaltopfern untersucht werden. Dabei liegen bereits erste Ergebnisse einer Pilotstudie vor: Mimikanalysen der Anamnesesitzungen und der darauf folgenden EMDR-(Eye movement Desensitization and Reprocessing-)Sitzungen von acht Gewaltopfern. Zunächst werden das in dieser Pilotstudie eingesetzte Verfahren der Mimikanalyse und die Grundlagen der EMDR-Therapie besprochen. Es zeigte sich unter anderem, dass die Traumapatienten während der analysierten Augenbewegungen selbst keine mimischen Expressionen aufwiesen, dass diese aber bei der Schilderung der Belastung bzw. der Beschreibung des Bildes, das

							derzeit am meisten belastet, auftraten. Dadurch konnten bei der Analyse der affektiven Informationsverarbeitungsprozesse während der einzelnen EMDR-Sitzungen verschiedene Phasen bestimmt und diese im Verlauf bzw. über die Patienten als Gruppe analysiert werden.
Kirsch, Anke; Krause, Rainer; Spang, Jochen; Sachsse, Ulrich	2008	Childhood-onset versus acute, adult-onset traumatized patients in the light of amnesic tendencies and derealisation	Zeitschrift für Psychosomatische Medizin und Psychotherapie	54	3	277–284	OBJECTIVES: In the present study we examined the facial affective behaviour of acute adult-onset traumatized patients versus childhood-onset traumatized patients. Furthermore, we analyzed whether a decrease in emotional numbing results from a reduction of symptoms. We used amnesic tendencies as a moderator variable. METHODS: The facial affective behaviour was coded with the Emotional Facial Acting Coding System, an instrument for the registration of facial movements with emotional relevance. The facial affective behaviour of the patient's first and last EMDR sessions was compared. RESULTS: Childhood-onset and acute adult-onset traumatized patients showed the same reduction of overall facial activity. We found significantly higher psychic complaints (global severity index) (SCL-90-R) in childhood-onset traumatized patients and no difference in amnesic tendencies (FDS) between the two groups. Childhood-onset traumatized patients showed higher values of derealisation (FDS). CONCLUSIONS: The facial affective reduction remains constant over time. Also childhood-onset traumatized patients developed more psychic complaints and greater derealisation.
Kirsch, Anke; Krause, Rainer; Spang, Jochen; Sachsse, Ulrich	2008	Mimisch-affektive Beziehungsregulation von früh- versus akuttraumatisierten Patienten unter Berücksichtigung amnestischer Tendenzen und Derealisation	Zeitschrift für Psychosomatische Medizin und Psychotherapie	54	3	277–284	Ein Studie wird vorgestellt, in der 20 frühtraumatisierte und 9 akuttraumatisierte Patienten - bezogen auf das mimisch-affektive Verhalten, die Symptombelastung sowie Amnesie und Derealisation - miteinander verglichen wurden. Das mimisch-affektive Verhalten wurde mit dem Emotional Facial Action Coding System (EMFACS) analysiert. Beide Patientengruppen zeigten eine vergleichbare Reduktion der mimisch-affektiven Expressivität. Die psychische Gesamtbelastung, gemessen mit der Symptomcheckliste (SCL-90-R), war bei den frühtraumatisierten Patienten signifikant höher. Die dissoziative Symptomatik, die mit dem Fragebogen zu Dissoziativen Symptomen (FDS) erhoben wurde, zeigte hinsichtlich der Skala Amnesie keine Unterschiede; frühtraumatisierte Patienten gaben jedoch signifikant höhere Werte auf der Skala Derealisation an. Die Befunde werden als Beleg dafür gewertet, dass die Reduktion der mimisch-affektiven Expressivität traumatisierter Patienten über die Zeit stabil bleibt und dass frühtraumatisierte Patienten eine höhere psychische Symptombelastung haben und als Abwehrstrategie mehr Derealisation als die Akuttraumatisierten zeigen.

Kirsch, Anke; Seidler, Günter H.	2007	Affekt und Trauma: Mimisch affektive Beziehungsregulation bei Gewaltopfern in der EMDR Therapie	Zeitschrift für Psychotraumatologie, Psychotherapiewissenschaft, Psychologische Medizin	5	2	53–66	Es wird davon ausgegangen, dass Patienten mit PTBS ein spezifisches Interaktionsverhalten in die Beziehung implementieren, das sich im mimisch affektiven Ausdruck und insbesondere im affektiven Mikroverhalten ausdrückt. Bei insgesamt neun Patienten in EMDR (Augenbewegungsdesensibilisierung) wurde das mimisch-affektive Verhalten mit dem Emotional Facial Action Coding System (EMFACS) analysiert. EMFACS ist ein Kodiersystem zur Erfassung von mimischen Expressionen, die den Primäremotionen zugeordnet werden. Zusätzlich wurde das Blickverhalten der Interaktanden kodiert und mit den Emotionen in Beziehung gesetzt. Patienten mit einer akuten Traumatisierung zeigten eine Reduktion der gesamten mimischen Aktivität sowie der Primäremotionen. Bezogen auf das Blickverhalten fand sich bei den PTSD-Patienten ein reduziertes beidseitiges Anblicken. Das mimisch affektive Verhalten der Patienten in der ersten und der letzten EMDR-Sitzung wurde miteinander verglichen. Es zeigte sich eine leichte Erhöhung.
Kirsch, Anke; Spang, Jochen; Schäfer, Sarah Katharina; Pfaltz, Monique; Krause, Rainer; Sachsse, Ulrich; Michael, Tanja	2018	Mimikveränderungen während einer Traumatherapie. Explorative Studie zum Zusammenhang mimisch-affektiver Veränderungen mit therapeutischen Outcomes	Psychotherapeut	63	1	49–54	Hintergrund: Kliniker berichten häufig von einer Veränderung des mimisch-affektiven Verhaltens im Laufe der Behandlung posttraumatischer Belastungsstörungen. Dabei wird die Zunahme der Mimik in Zusammenhang mit dem Rückgang der "Numbing"-Symptomatik gebracht. Ziel: Die Zunahme des mimisch-affektiven Verhaltens (insbesondere des negativen Affekts) im Laufe einer Behandlung in Form des Eye Movement Desensitization and Reprocessing (EMDR) soll dokumentiert werden. Des Weiteren erfolgte eine explorative Analyse der Zusammenhänge der mimischen Veränderungen mit wichtigen Therapie-Outcomes. Material und Methoden: Das mimisch-affektive Verhalten während der Therapiesitzungen wurde für 16 Patientinnen, die vor ihrem 18. Lebensjahr traumatisiert wurden, mithilfe des "Facial Action Coding System" im Vorfeld, während und ein Jahr nach einer stationären EMDR-Behandlung codiert. Zur Quantifizierung der Symptombelastung kamen die "Impact of Event Scale Revised", die "Symptomcheckliste", das "Beck-Depressions-Inventar" sowie der "Fragebogen zu Dissoziativen Symptomen" zum Einsatz. Ergebnisse und Schlussfolgerungen: Es zeigte sich über die drei Erhebungszeitpunkte hinweg eine bedeutsame Mimikveränderung, die eine Zunahme der Gesamtmimik und den Ausdruck negativen Affekts betraf. Zusammenhänge zu den Veränderungen der erhobenen Symptomschwere ließen sich jedoch nicht belegen. Anhand weiterer Untersuchungen wird geklärt werden müssen, inwiefern die Zunahme des mimisch-affektiven Verhaltens relevant ist, um insbesondere im



							Hinblick auf soziale Interaktionen von Behandlungserfolg sprechen zu können.
Kisiel, Cassandra; Fehrenbach, Tracy; Liang, Li-Jung; Stolbach, Brad; McClelland, Gary; Griffin, Gene; Maj, Nicole; Briggs, Ernestine C.; Vivrette, Rebecca L.; Layne, Christopher M.; Spinazzola, Joseph	2014	Examining child sexual abuse in relation to complex patterns of trauma exposure: Findings from the National Child Traumatic Stress Network	Psychological Trauma: Theory, Research, Practice, and Policy	6	Suppl 1		Chronic, interpersonal traumas within the caregiving system are associated with a range of symptoms, functional impairments, and trauma history profiles. This study utilized data from the National Child Traumatic Stress Network (NCTSN) Core Data Set (CDS) to examine the role of child sexual abuse in combination with other types of caregiver-related trauma (physical abuse, domestic violence, emotional abuse, neglect, and impaired caregiving). These trauma composites were assessed in relation to clinical profiles, including mental health symptoms, risk behaviors, and functional difficulties. Groups included multiply traumatized youth with a documented history of: (a) 3 or more caregiver-related traumas with co-occurring sexual abuse (CR + CSA group, N = 501); (b) 3 or more caregiver-related traumas without co-occurring sexual abuse (CR group, N = 1,108); and (c) 3 or more noncaregiver-related traumas (e.g., medical trauma, natural disaster, physical/sexual assault; non-CR group, N = 142). Youth with caregiver-related traumas had significantly earlier onset and longer duration of traumas compared to other traumatized youth. Child sexual abuse had an additive and potent predictive effect on clinical profiles, even in combination with other caregiver-related traumas. Although youth with caregiver-related traumas exhibited significant attachment problems, youth with sexual abuse in particular had higher levels of posttraumatic stress disorder (PTSD), and received higher ratings for symptoms of depression, suicidality, and sexualized behaviors in comparison with the other 2 groups. Findings suggest that careful mapping of trauma history, including age of onset, duration, and co-occurrence of trauma exposure in childhood, can provide a foundation for a more refined developmental approach to the scientific investigation, clinical assessment, and treatment of children with complex histories of trauma in childhood. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Klein, R. G.; Koplewicz, H. S.; Kanner, A.	1992	Imipramine treatment of children with separation anxiety disorder	Journal of the American Academy of Child and Adolescent Psychiatry	31	1	21-28	The efficacy of imipramine was investigated in 20 children (ages 6 to 15) with separation anxiety disorder. Children were treated for a month with vigorous behavioral treatment. If they did not respond, they entered a double-blind, randomized, 6-week trial of imipramine or placebo. Of 45 children accepted, 21 (47%) entered the trial. About half the children improved with either treatment, and no superiority for imipramine was obtained. There was no instance of clinically significant EKG changes. This small study failed to replicate previous

							findings of imipramine efficacy in a similar, but larger, clinical population.
Klein, U.; Nowak, A. J.	1998	Autistic disorder: a review for the pediatric dentist	Pediatric dentistry	20	5	312–317	Dental publications on autism have been sparse since the first comprehensive article geared for the dental profession. New findings on the etiology of autistic disorder (AD) have been discovered, suggesting that it is an organic disorder characterized by abnormalities in the brain, especially the cerebellum and limbic system. This article summarizes the latest medical findings on the etiology, diagnosis, and treatment approaches of AD, and reviews the dental literature since 1969. The main dental topics reviewed are: oral health status and dental needs of patients with AD, characteristics of patients with AD, and self-injurious behavior (SIB) in the context of AD. Clinical behavior-management issues such as pharmacological and communicative techniques and physical restraint and desensitization are described. The affect of the dental office's environment and appointment structure on a patient with AD are presented.
Kleining, Bernhard; Schumacher, Andrea	2001	Psychotraumatologie in der Onkologie		2000			
Kleining, Bernhard; Schumacher, Andrea	2001	Psychotraumatologie in der Onkologie. Der Krebs und seine Behandlung - ein Trauma					Die Jahrestagung 2000 der Deutschen Arbeitsgemeinschaft für Psychosoziale Onkologie in Wiesbaden-Naurod wird dokumentiert. Das Motto der Veranstaltung lautete: "Der Krebs und seine Behandlung - ein Trauma". - Inhalt: (A) Eröffnungsvortrag. (1) U. Sachsse: Traumasyntese mit Imaginativen Techniken - Hirnphysiologische Grundlagen, Theorie und Praxis. - (B) Diagnose und Behandlung als traumatisches Erleben. (2) F. Schulz-Kindermann: Traumatisches Erleben bei der Behandlung - am Beispiel der Knochenmarktransplantation. (3) H. Theml: Traumatisierende Informationen in der Onkologie - Alltägliche Situationen als Anfragen an die Pathosemantik. (4) C. Michelberger: Chronische Folgen der Traumatisierung. - (C) Behandlung von Psychotraumata. (5) C. Rost: EMDR - eine neue Behandlungsmethode bei Posttraumatischen Belastungsstörungen. (6) A. Schumacher: "Posttraumatic Stress Disorder" bei Krebspatienten - eine neue Mode in der psychoonkologischen Forschung? (7) F. Haenel: Fremdkörper in der Seele - Aus der Arbeit am Berliner Behandlungszentrum für Folteropfer. - (D) Abschlussvortrag. (8) B. Kleining: Wenn alle Netze reißen.. - Über den Nutzen von Traumakzepten in der Psychoonkologie. - (E) Workshops. (9) K. Behets: Was uns nicht umhaut, macht uns stark. (10) M. Gaspar und B. Tiegs: Posttraumatische Belastungsreaktion bei Krebserkrankungen - Therapieansätze in der stationären onkologischen Rehabilitation. (11)

							<p>K. Goeman: Kunst gibt nicht das Sichtbare wieder, sondern macht sichtbar. (12) P. Jebali: Traumatisierende Informationen - Psychosoziale Aspekte genetischer Testungen. (13) E. G. Mannheim: Tanz und Bewegung - ein Weg zu innerer Achtsamkeit. (14) U. Schlömer-Doll und F. Schulz-Kindermann: Psychische Stabilisierung von traumatisierten Krebspatienten. (15) S. Wittorf und P. Zürner: Traumatisierung des Teams.</p>
Kleinknecht, Ronald A.; Morgan, Mark P.	1997	Die Behandlung einer Posttraumatischen Belastungsstörung mit Augenbewegungs-Desensibilisierung					<p>Im Rahmen eines Fallberichts wird die Behandlung eines 40-jährigen Patienten mit einer posttraumatischen Belastungsstörung beschrieben. Der Patient wurde mit der neuen Methode der EMDR (Eye Movement Desensitization and Reprocessing) behandelt. Besonders eingegangen wird auf das Vorgehen bei der Therapie und auf die durch die Behandlung ausgelösten Reaktionen. Außerdem werden die durch die Behandlung bewirkten Veränderungen auf der kognitiven, affektiven und behavioralen Ebene herausgearbeitet. Der Fall wird als Beleg dafür gewertet, dass mit der EMDR schnelle und klinisch signifikante Veränderungen erzielt werden können.</p>
Kliem, Sören; Kröger, Christoph; Bayat Sarmadi, Nico; Kosfelder, Joachim	2012	Wie werden Verbesserungen nach Typ-II-Traumata infolge unterschiedlicher traumabearbeitender Interventionen eingeschätzt? Eine Re-Analyse der Umfrage unter psychotraumatologisch erfahrenen Psychologischen Psychotherapeuten	Zeitschrift für Klinische Psychologie und Psychotherapie	41	1	30-37	<p>Theoretischer Hintergrund: Bei der Behandlung der Posttraumatischen Belastungsstörung (PTBS) nach einem Typ-II-Trauma werden im klinischen Alltag gegenwärtig unterschiedliche traumabearbeitende Interventionen eingesetzt. Fragestellung: Untersucht wurde, wie die Verbesserungen in verschiedenen Symptombereichen (plötzliches Wiedererleben, Vermeidung, Übererregung, Dissoziation und zusätzliche Symptomatik) in Abhängigkeit von dem Einsatz unterschiedlicher traumabearbeitender Interventionen von den Behandlern retrospektiv eingeschätzt werden. Methode: Aus einer Umfrage unter 272 Psychologischen Psychotherapeuten wurden die 37 Fälle ausgewählt, bei denen die Therapeuten (1) ein Ereignis nannten, das einem Typ-II-Trauma zugeordnet werden konnte, und (2) angaben, traumabearbeitende Interventionen gemäß der traumafokussierenden, kognitiven Verhaltenstherapie (TF-KVT), der Methode des Eye Movement Desensitization and Reprocessing (EMDR-Methode) oder der Psychodynamisch-imaginativen Traumatherapie (PITT) durchgeführt zu haben. Außerdem beurteilten die Therapeuten retrospektiv die Verbesserungen in den Symptombereichen zu Therapieende. Ergebnisse: Über 40% der Therapeuten gaben an, die Vorstellungsübungen bzw. Bearbeitung des Täter-Introjekts gemäß der PITT eingesetzt zu haben, gefolgt von den traumabearbeitenden Interventionen der TF-KVT (35.1%) und der EMDR-Methode (21.6%). Die Therapeuten, die Interventionen eines der beiden zuletzt</p>

							genannten Verfahren einsetzen, schätzten die Verbesserungen in den verschiedenen Symptombereichen höher ein als diejenigen, die angaben, eine Intervention gemäß der PITT durchgeführt zu haben. Schlussfolgerungen: Die retrospektiven Einschätzungen der Verbesserungen durch die Therapeuten stehen im Einklang mit den Empfehlungen der Behandlungsleitlinien zur PTBS.
Kliem, Sören; Kröger, Christoph; Foran, Heather M.; Mößle, Thomas; Glaesmer, Heide; Zenger, Markus; Brähler, Elmar	2016	Dimensional latent structure of PTSD-symptoms reporting: Is it adding by subtracting?	Psychological Assessment	28	12	1663–1673	Although posttraumatic stress disorder (PTSD) is used as a distinct diagnosis in clinical practice, its symptoms were characterized as a dimensional structure in several taxometric analyses. However, a categorical latent structure of PTSD could be superimposed by using indistinct PTSD symptoms that can appear within the framework of other trauma-induced syndromes (e.g., depression, anxiety disorders). For that reason, in revising the International Classification of Diseases (ICD-11), a core set of cardinal symptoms that determine the presence of PTSD as selectively as possible will be used. To determine whether the latent status of a recommended core set of PTSD symptoms is dimensional, the authors analyzed the latent status of PTSD symptoms reported by participants who had experienced at least 1 traumatic event during their lifetime in 2 nationwide surveys of the German population (N = 1,212). Using the Posttraumatic Diagnostic Scale (PDS), they applied 3 popular taxometric methods: maximum eigenvalue, mean above minus below a cut, and latent mode factor analysis, using the core set and PTSD symptom clusters of previous taxometric studies. Although the analysis replicated findings of previous taxometric analyses using symptom clusters, the item core-set approach indicated a categorical solution of PTSD cardinal symptoms. These results seem to support the procedure used by the ICD-11 expert group. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Klingler, Oswald J.	2016	Posttraumatische Belastungsstörung bei Soldatinnen und Soldaten - Psychologisch-psychotherapeutische Behandlungsverfahren im Vergleich	Psychologie in Österreich	36	1-2	28–35	Eine im Juli 2015 durchgeführte Recherche zur Behandlung der Posttraumatischen Belastungsstörung (PTBS) bei SoldatInnen und VeteranInnen hat 21 randomisierte Behandlungsvergleiche ergeben, bei denen die Effekte einer im Einzelsetting durchgeführten psychologisch/psychotherapeutischen Behandlung mit jenen einer aktiven Vergleichsbehandlung verglichen wurden. Diese zeigen vorteilhafte Effekte der Kognitiven Verhaltenstherapie (KVT) und des Eye-Movement-Desensitization and Reprocessing (EMDR). Lediglich für die KVT bestehen positive Wirksamkeitsbelege aus mehr als nur einem Behandlungsvergleich, sowohl für die KVT mit Schwerpunkt Exposition als auch für die KVT mit Schwerpunkt Reprocessing. Damit wären diese Behandlungen - solange sich keine Überlegenheit einer

							alternativen Behandlung zeigen lässt - bei SoldatInnen und VeteranInnen als Behandlungen erster Wahl zu berücksichtigen.
Knipschild, Rik; Klip, Helen; van Leeuwen, Doenja; van Onna, Mariken J R; Lindauer, Ramon J. L.; Staal, Wouter G.; Bicanic, Iva A. E.; Jongh, Ad de	2023	Treatment of multiple traumatized adolescents by enhancing regulation skills and reducing trauma related symptoms: rationale, study design, and methods of randomized controlled trial (the Mars-study)	BMC psychiatry	23	1	644	<p>BACKGROUND: There is ongoing debate regarding the treatment of severe and multiple traumatized children and adolescents with post-traumatic stress disorder (PTSD). Many clinicians favor a phase-based treatment approach (i.e., a stabilization phase prior to trauma-focused therapy) over immediate trauma-focused psychological treatment, despite the lack of scientific evidence. Research on the effects of different treatment approaches is needed for children and adolescents with (symptoms of complex) PTSD resulting from repeated sexual and/or physical abuse during childhood. OBJECTIVE: This paper describes the rationale, study design, and methods of the MARS-study, a two-arm randomized controlled trial (RCT) that aims to compare the results of phase-based treatment with those of immediate trauma-focused treatment and determine whether immediate trauma-focused treatment is not worse than phase-based treatment in reducing PTSD symptoms. METHODS: Participants are individuals between 12 and 18 years who meet the diagnostic criteria for PTSD due to repeated sexual abuse, physical abuse, or domestic violence during childhood. Participants will be blindly allocated to either the phase-based or immediate trauma-focused treatment condition. In the phase-based treatment condition, participants receive 12 sessions of the Dutch version of Skill Training in Affective and Interpersonal Regulation (STAIR-A), followed by 12 sessions of EMDR therapy. In the immediate trauma-focused condition, the participants receive 12 sessions of EMDR therapy. The two groups are compared for several outcome variables before treatment, mid-treatment (only in the phase-based treatment condition), after 12 trauma-focused treatment sessions (post-treatment), and six months post-treatment (follow-up). The main parameter is the presence and severity of PTSD symptoms (Clinician-Administered PTSD Scale for Children and Adolescents, CAPS-CA). The secondary outcome variables are the severity of complex PTSD symptoms (Interpersonal Problems as measured by the Experiences in Close Relationship-Revised, ECR-RC; Emotion Regulation as measured by the Difficulties in Emotion Regulation Scale, DERS; Self Esteem as measured by the Rosenberg Self Esteem Scale, RSES), changes in anxiety and mood symptoms (Revised Anxiety and Depression Scale; RCADS), changes in posttraumatic cognitions (Child Posttraumatic Cognitions Inventory, CPTCI), changes in general psychopathology symptoms (Child Behavior Checklist, CBCL), and Quality of Life (Youth Outcome</p>

							<p>Questionnaire, Y-OQ-30). Furthermore, parental stress (Opvoedingsvragenlijst, OBVL) and patient-therapist relationship (Feedback Informed Treatment, FIT) will be measured, whereas PTSD symptoms will be monitored in each session during both treatment conditions (Children's Revised Impact of Event Scale, CRIES-13).  DISCUSSION: Treating (symptoms of complex) PTSD in children and adolescents with a history of repeated sexual and/or physical abuse during childhood is of great importance. However, there is a lack of consensus among trauma experts regarding the optimal treatment approach. The results of the current study may have important implications for selecting effective treatment options for clinicians working with children and adolescents who experience the effects of exposure to multiple interpersonal traumatic events during childhood.  TRIAL REGISTRATIONS: The study was registered on the "National Trial Register (NTR)" with the number NTR7024. This registry was obtained from the International Clinical Trial Registry Platform (ICTRP) and can be accessed through the ICTRP Search Portal (<a href="https://trialsearch.who.int/">https://trialsearch.who.int/</a>).</p>
Knorring, Lars von; Thelander, Sten; Pettersson, Agneta	2005	Treatment of anxiety syndrome. A systematic literature review. Summary and conclusions by the SBU	Lakartidningen	102	47	3561-2, 3565-6, 3569	<p>A report by the Swedish Council on Technology Assessment in Health Care (SBU) has reviewed, classified and evaluated the scientific literature on treatment of panic syndrome, specific phobias, social phobia, obsessive-compulsive syndrome (OCD), generalized anxiety syndrome (GAD) and post-traumatic stress disorder (PTSD). The review included treatment of children, adolescents and adults. The report concludes that there is effective treatment available for all anxiety syndromes. However in general, the effect is often moderate and symptoms reappear when the treatment period is discontinued. For adults, scientific evidence supports the use of paroxetine and sertraline for all syndromes except specific phobias. For the other SSRI's there is also evidence for the use of fluoxetine in OCD and PTSD, for fluvoxamine in social phobia and OCD and for escitalopram in social phobia. Other antidepressant drugs with a strong scientific support is venlafaxin in social phobia and GAD, imipramin in panic syndrome and chlomipramine in panic syndrome and OCD. Among psychological treatments, there is scientific evidence for cognitive behavior therapy (CBT) for treatment of panic syndrome, specific phobias, social phobia, PTSD and GAD. Exposure, with or without other psychotherapeutic interventions, has scientific support for efficacy in panic disorder (both in terms of number of panic attacks and for agoraphobia), specific phobias, OCD and PTSD. Use of eye</p>

							movement desensitization and reprocessing (EMDR) has scientific support for treatment of PTSD.
Kobayashi, Ihori; Mellman, Thomas A.; Altaee, Duaa; Howell, Mary Katherine; Lavela, Joseph	2016	Sleep and Processing of Trauma Memories	Journal of traumatic stress	29	6	568–571	Sleep has been implicated in learning processes that appear to underlie recovery from posttraumatic stress disorder (PTSD). The importance of quality and timing of sleep following exposure-based therapies has been suggested. The present study evaluated relationships between sleep and adaptive emotional processing following written narrative exposure (WNE) to memories of traumatic events experienced by participants with clinically significant PTSD symptoms. Participants included 21 urban-residing nontreatment-seeking adults with full or subthreshold symptoms of PTSD who completed 4 sessions of 30-min WNE with the first session either in the evening or the morning. There was a significant reduction of PTSD symptom severity after WNE sessions (partial $\eta = .65$ ), but there was no interaction between group assignment based on the initial session's proximity to sleep and initial reduction of PTSD symptom severity (partial $\eta = .01$ ). Polysomnography following evening WNE revealed increased duration of total sleep and N2%, reduced N3%, and increased eye movement density during REM sleep compared with baseline recordings ( $d_z = 0.65$ to $1.15$ ). Reduced N3% and increased REM density were associated with less improvement of PTSD symptoms ( $r = .58$ & $-.63$ ). These findings suggest a relationship between preservation of diminished arousal during sleep and adaptive trauma memory processing.
Koch, Theresa; Liedl, Alexandra; Ehring, Thomas	2020	Emotion regulation as a transdiagnostic factor in Afghan refugees	Psychological Trauma: Theory, Research, Practice, and Policy	12	3		Objective: In response to the high rates of comorbidity as well as the severe social impairment among refugees, the examination of transdiagnostic factors such as emotion regulation appears particularly promising in this group. This study investigates the contribution of difficulties in emotion regulation to the self-reported symptom levels of posttraumatic stress disorder (PTSD), depression, and anxiety/insomnia, which are highly prevalent symptoms among refugees. In addition, the link between emotion regulation and social impairment is examined. Method: Participants were 74 male Afghan refugees exposed to trauma. They completed measures of trauma exposure, difficulties in emotion regulation (Difficulties in Emotion Regulation Scale), PTSD (PTSD Checklist for DSM-5), depression, anxiety/insomnia, and social impairment (General Health Questionnaire-28). Results: Higher symptom severities of PTSD, depression, and anxiety/insomnia were related to the Difficulties in Emotion Regulation Scale subscales nonacceptance, goals, impulse, strategies, and clarity, but none of our outcomes was related to lack of

							emotional awareness. Difficulties in emotion regulation accounted for significant variance in PTSD, depression, and anxiety/insomnia beyond demographics and trauma exposure. When predicting social impairment, difficulties in emotion regulation accounted for significant variance beyond PTSD and anxiety/insomnia but not beyond depression. Conclusion: The findings indicate that emotion regulation may be a transdiagnostic key factor contributing to symptoms of different mental disorders as well as social impairment in trauma-exposed refugees. It highlights the need and potential directions for transdiagnostic interventions that target these difficulties. (PsycINFO Database Record (c) 2020 APA, all rights reserved)
Koch-Stoecker, Steffi; Beblo, Thomas; Thumann, Wilhelm; Driessen, Martin	2003	Diagnostik und kognitiv-behaviorale Therapie psychischer Störungen nach Traumatisierung	Sozialpsychiatrische Informationen	33	2	10–17	Es wird ein Überblick zur Diagnostik und kognitiv-verhaltenstherapeutischen Behandlung von Traumatisierungsstörungen gegeben. Nach Angaben zu Epidemiologie, Risikofaktoren, Komorbidität und psychosozialen Folgen massiver psychischer Traumatisierungen wird eine Unterscheidung zwischen akuten, einmaligen Traumata und anhaltenden, komplexen oder sich wiederholenden Traumata vorgenommen. Unter Bezugnahme auf die Systeme ICD-10 und DSM-IV werden akute Belastungsreaktion, akute Belastungsstörung, posttraumatische Belastungsstörung sowie andauernde Persönlichkeitsveränderung nach Extrembelastung hinsichtlich ihrer wesentlichen Merkmale dargestellt und differenziert. Einige diagnostische Instrumente zur Erfassung und Abklärung von Traumafolgen werden skizziert: "Strukturiertes Klinisches Interview", "Childhood Trauma Questionnaire", "Impact of Event Scale - Revidierte Fassung". Hinsichtlich der Behandlung der posttraumatischen Belastungsstörung werden drei Ansätze näher dargestellt: (1) kognitive Verhaltenstherapie, (2) "Eye Movement Desensitization and Reprocessing" sowie (3) Pharmakotherapie. Abschließend werden Ansätze zur Frühbehandlung (präventives Debriefing, Akutbehandlung) sowie ein Modell der kognitiv-verhaltenstherapeutischen Frühintervention im Rahmen von in Nordrhein-Westfalen geförderten Opferhilfeambulanzen vorgestellt.
Kock, A. de; Malan, L.; Hamer, M.; Malan, N. T.	2012	Defensive coping and subclinical vascular disease risk - associations with autonomic exhaustion in Africans and Caucasians: the SABPA study	Atherosclerosis	225	2	438–443	OBJECTIVE: The defensive active coping response is a recognised cardiovascular risk factor in Africans, especially in men. It is uncertain whether autonomic dysfunction might be the underlying cause. We therefore investigated associations between salivary MHPG (3-methoxy-4-hydroxyphenolglycol), as a marker of sympathetic activity, and subclinical vascular disease risk in defensive coping Africans and



							<p>Caucasians. METHODS: The Coping Strategy Indicator questionnaire identified participants who preferably utilise defensive coping. Ambulatory blood pressure was monitored for 24 h and carotid intima-media thickness (CIMT) was determined from ultrasound images, as an indicator of subclinical vascular disease risk. Salivary MHPG was analysed with high performance liquid chromatography. RESULTS: Defensive active coping Africans (n = 143) showed overall poorer health than Caucasians (n = 148), with higher self-reported stress, alcohol abuse, hypertension, abdominal obesity, and risk of diabetes (<math>p \leq 0.05</math>). African women demonstrated lower levels of MHPG compared with Caucasian women, although no differences in men were found. Furthermore, Africans revealed a trend of increased low grade inflammation and glycated haemoglobin which was associated with increased CIMT. There was an inverse association between MHPG and CIMT [<math>\beta = -0.22 (-0.40, -0.03)</math>], in African men with a high risk of subclinical vascular disease (n = 30). CONCLUSIONS: Novel findings revealed that defensive active coping Africans are more at risk of subclinical vascular disease, possibly resultant of autonomic exhaustion (decreased MHPG). When defensive coping fails, sympathetic hyperactivity may be followed by autonomic exhaustion and sympatho-adrenal-medullary system desensitisation, resulting in pathology.</p>
Kodua, Michael; Mackenzie, Jay-Marie; Smyth, Nina	2020	Nursing assistants' experiences of administering manual restraint for compulsory nasogastric feeding of young persons with anorexia nervosa	International journal of mental health nursing	29	6	1181–1191	<p>Manual restraint, a type of physical restraint, is a common practice in inpatient mental health settings linked to adverse physical and psychological staff and patient outcomes. However, little is known about the use of manual restraint for compulsory nasogastric feeding of patients with anorexia nervosa within inpatient eating disorder settings. The present phenomenological study aimed to explore nursing assistants' experiences of administering manual restraint for compulsory nasogastric feeding of young persons with anorexia nervosa. The study followed COREQ guidelines. Eight semi-structured interviews were conducted with eight nursing assistants from one UK inpatient child and adolescent eating disorder service. Interviews were transcribed verbatim and analysed using thematic analysis. Three themes were extracted: An unpleasant practice, importance of coping, and becoming desensitized and sensitized. Nursing assistants commonly experienced emotional distress, physical exhaustion, physical injury and physical aggression as a result of their manual restraint use. Nursing assistants appeared to cope with their distress by talking with colleagues and young persons who were further in their recovery, and by detaching themselves during manual restraint</p>

							incidents. The findings highlight that the use of manual restraint for compulsory nasogastric feeding of young persons with anorexia nervosa in the UK is a highly distressing practice for nursing assistants. It is therefore important that sufficient supervision, support, and training are made available to staff working in these settings.
Koebach, Anke; Carleial, Samuel; Elbert, Thomas; Schmitt, Sabine; Robjant, Katy	2021	Treating trauma and aggression with narrative exposure therapy in former child and adult soldiers: A randomized controlled trial in Eastern DR Congo	Journal of consulting and clinical psychology	89	3	143–155	Objective: Individuals who return from armed groups present with a history of traumatic events including perpetration. Subsequent severe mental stress and heightened levels of reactive and appetitive aggression may persist and if left untreated, frequently impede peacebuilding and societal stability. In this study, we tested a revised adaptation of Narrative Exposure Therapy (NET; Schauer et al., 2011) for Forensic Offender Rehabilitation (FORNET) implemented in a sample of male former combatants in war-torn regions of the DR Congo. Method: We applied a longitudinal parallel-group randomized controlled design with treatment as usual (TAU) as control condition and 3–5 and 6–9 months follow-up assessments. The effect of treatment over time on clinical and social outcomes was tested with GLMMs; appetitive aggression and current violent behavior (CVB) were specified as primary and posttraumatic stress as secondary outcomes. Results: FORNET decreased appetitive aggression (within group Cohen's $d_z = 2.00$ ), CVB ( $d_z = .90$ ) and posttraumatic stress ( $d_z = 1.48$ ) significantly more than treatment as usual. Clinical significance was obtained for all outcomes. Remarkably, NET clients also reduced their substance abuse ( $d_z = .68$ ) even though this was not targeted within the intervention. Depression, perceived social acknowledgement and subjective solidarity with (para)military life decreased. Conclusion: FORNET is a compact and scalable psychotherapeutic intervention that effectively reduces current aggressive behavior including physical abuse against children, intimate partner violence (IPV), and community violence. FORNET further decreases appetitive aggression, posttraumatic stress symptoms, and other clinical and social problems that commonly hinder demobilization, reintegration, and post-conflict peacebuilding. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Koedam, Wilhelmina S.	2010	Sexual Trauma in Dysfunctional Marriages: Integrating Structural Therapy and EMDR				223–242	Summary This chapter contains sections titled: Therapy Process Case Example Discussion
Koen, Nastassja; Brittain, Kirsty; Donald, Kirsten A.;	2017	Maternal posttraumatic stress disorder and infant	Psychological trauma : theory,	9	3	292–300	Objective: To investigate the association between maternal posttraumatic stress disorder (PTSD) and infant development in a South African birth cohort. Method: Data from the Drakenstein Child

<p>Barnett, Whitney; Koopowitz, Sheri; Maré, Karen; Zar, Heather J.; Stein, Dan J.</p>		<p>developmental outcomes in a South African birth cohort study</p>	<p>research, practice and policy</p>				<p>Health Study were analyzed. Maternal psychopathology was assessed using self-report and clinician-administered interviews; and 6-month infant development using the Bayley III Scales of Infant Development. Linear regression analyses explored associations between predictor and outcome variables. Results: Data from 111 mothers and 112 infants (1 set of twins) were included. Most mothers (72%) reported lifetime trauma exposure; the lifetime prevalence of PTSD was 20%. Maternal PTSD was significantly associated with poorer fine motor and adaptive behavior – motor development; the latter remaining significant when adjusted for site, alcohol dependence, and infant head-circumference-for-age z score at birth. Conclusion: Maternal PTSD may be associated with impaired infant neurodevelopment. Further work in low- and middle-income populations may improve early childhood development in this context. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Kohrt, Brandon A.; Yang, Minyoung; Rai, Sauharda; Bhardwaj, Anvita; Tol, Wietse A.; Jordans, Mark J. D.</p>	<p>2016</p>	<p>Recruitment of child soldiers in Nepal: Mental health status and risk factors for voluntary participation of youth in armed groups</p>	<p>Peace and Conflict: Journal of Peace Psychology</p>		<p>15 32- 79 49(</p>	<p>208– 216</p>	<p>Preventing involuntary conscription and voluntary recruitment of youth into armed groups are global human-rights priorities. Pathways for self-reported voluntary recruitment and the impact of voluntary recruitment on mental health have received limited attention. The objective of this study was to identify risk factors for voluntarily joining armed groups, as well as to test association of conscription status and mental health. In Nepal, interviews were conducted with 258 former child soldiers who participated in a communist (Maoist) revolution. Of these child soldiers 80% joined “voluntarily.” Girls were 2.07 times more likely to join voluntarily than boys (95% CI [1.03–4.16], <math>p = .04</math>). Among girls, 51% reported joining voluntarily because of personal connections to people who were members of an armed group, compared with 22% of boys. Other reasons included escaping difficult life situations (36%), inability to achieve other goals in life (28%), and an appealing philosophy of the armed group (32%). Poor economic conditions were more frequently endorsed among boys (22%) than girls (10%). Voluntary conscription was associated with decreased risk for posttraumatic stress disorder (PTSD) among boys, but not for girls. Prevention of voluntary association with armed groups could be supported through attending to difficulties in daily life, identifying nonviolent paths to achieve life goals, and challenging the political philosophy of armed groups. Among boys, addressing economic risk factors may prevent recruitment, and prevention efforts for girls need to address personal connections to armed groups, as it has important implications for preventing recruitment through new</p>

							methods, such as social media. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Kokanović, Ivana; Barron, Ian	2021	Efficacy of EMDR: Case Study of a Child with Choking Phobia - Case Report	Psychiatry Danubina	33	Su ppl 1	33-41	
Kokanović, Ivana; Hasanović, Mevludin	2018	Would the Well-Timed Use of EMDR Therapy in the School System Save the Mental Health of Youth? Case Reports	Psychiatry Danubina	30	Su ppl 5	276-281	
Kolassa, Iris-Tatjana; Ertl, Verena; Eckart, Cindy; Kolassa, Stephan; Onyut, Lamaro P.; Elbert, Thomas	2010	Spontaneous remission from PTSD depends on the number of traumatic event types experienced	Psychological trauma : theory, research, practice and policy	2	3	169-174	As exposure to different types of traumatic stressors increases, the prevalence of PTSD increases. However, little is known about the effects of cumulative exposure to traumatic stress on the maintenance and remission from PTSD. In 2006/2007, we investigated 444 refugees from the 1994 Rwandan genocide, assessing exposure to traumatic events, current and lifetime PTSD, and PTSD symptom severity. Higher trauma exposure was associated with higher prevalence of current and lifetime PTSD, with lower probability of spontaneous remission from PTSD, and with higher current and lifetime PTSD symptom severity in clear dose-response effects. The results suggest traumatic load as a root cause of both PTSD chronicity and symptom severity and support the hypothesis of a neural fear network in the etiology of PTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Köllner, Volker	2016	Traumafolgestörungen bei körperlichen Erkrankungen und medizinischen Eingriffen. Gezielte Diagnose und Behandlung	Psychotherapie im Dialog	17	1	52-55	Auch eine körperliche Erkrankung oder eine medizinische Behandlung kann von Patienten als traumatisch erlebt werden und eine Posttraumatische Belastungsstörung (PTBS) auslösen. Anpassungsstörungen sind in diesem Zusammenhang ebenfalls nicht selten. Im klinischen Alltag bleibt eine PTBS oft unerkannt, wenn nicht gezielt nach ihr gefragt wird. Es ist davon auszugehen, dass Traumakonfrontation, EMDR und narrative Expositionstherapie auch bei einer PTBS als Folge körperlicher Krankheit effektiv sind. Therapiestudien speziell zu dieser Patientengruppe stehen aber noch aus.
Kongshøj, Inge Lise Lundsgaard; Bohn, Annette	2023	Does age matter in posttraumatic stress disorder? The effects of age, event centrality, and trauma type on trauma aftermath	Traumatology			No Pagination	Many studies have investigated age differences in posttraumatic stress disorder (PTSD), yet results remain mixed. Possible causes for the variability in results include the difference between age at the time of the trauma and age at the time of the study, differences in trauma impact, and differences in trauma type. In this study, we asked participants to report their most traumatic event, and controlled for current age, retention interval, and trauma type. Participants were

						Specific d	adults matched on whether their trauma occurred in youth (age 14–25, N = 103) or adulthood (age 30 +, N = 103). We found that both younger age at the time of the trauma and younger age at the time of the study were associated with more PTSD-symptoms, but only when controlling for trauma impact, that is, how central to their life story and identity, participants perceived the event to be. Further, participants whose trauma occurred in youth reported more violent traumas, which in turn was associated with more PTSD-symptoms. Thus, younger age at trauma may be associated with an increased vulnerability because young people tend to experience worse events. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Konitzer, Martin; Jaeger, Burkard	2013	Stellt Shapiros EMDR einen Paradigmenwechsel in der Psychotherapie dar? Versuch einer konzeptionellen Analyse	Psyche	67	5	458–482	Es wird die Auffassung vertreten, dass EMDR (Eye Movement Desensitization and Reprocessing) entgegen F. Shapiros Selbsteinschätzung keinen Paradigmenwechsel in der Psychotherapie darstellt; vielmehr handle es sich um einen Eklektizismus aus Elementen der Schule Freuds, des Behaviorismus, des Mesmerismus und der Esoterik. Eine auffällige Kombination mechanischer und optischer Metaphorik verweise auf die Tradition frühneuzeitlicher Gedächtnislehre. Während es dieser "ars memorativa" um mechanische Gedächtnisoptimierung ging, gehe es ihrer modernen Wiedergängerin um mechanische Löschung traumatischer Gedächtnisinhalte. Als solche "ars oblivationis" sei EMDR eher in kultureller Tradition als in wissenschaftlicher Methode begründet. Bei aller Vehemenz der behaupteten paradigmatischen Ablösung Freuds zeige Shapiros Konzept Merkmale einer "Imitatio Freudi" (Bloom), die das abzulösende Paradigma durch Nachahmung bestätigen.
Konovalov, Arkady; Ruff, Christian C.	2022	Enhancing models of social and strategic decision making with process tracing and neural data	Wiley Interdisciplinary Reviews: Cognitive Science, 2022				Every decision we take is accompanied by a characteristic pattern of response delay, gaze position, pupil dilation, and neural activity. Nevertheless, many models of social decision making neglect the corresponding process tracing data and focus exclusively on the final choice outcome. Here, we argue that this is a mistake, as the use of process data can help to build better models of human behavior, create better experiments, and improve policy interventions. Specifically, such data allow us to unlock the "black box" of the decision process and evaluate the mechanisms underlying our social choices. Using these data, we can directly validate latent model variables, arbitrate between competing personal motives, and capture information processing strategies. These benefits are especially valuable in social science, where models must predict multi-faceted decisions that are taken in varying contexts and are based on many different types of information. This article is categorized under:

							Economics & Interactive Decision-Making Neuroscience & Cognition Psychology & Reasoning and Decision Making
Korn, Deborah L.; Leeds, Andrew M.	2002	Preliminary evidence of efficacy for EMDR resource development and installation in the stabilization phase of treatment of complex posttraumatic stress disorder	Journal of clinical psychology	58	12	1465–1487	This article reviews the complexity of adaptation and symptomatology in adult survivors of childhood neglect and abuse who meet criteria for the proposed diagnosis of Complex Posttraumatic Stress Disorder (Complex PTSD), also known as Disorders of Extreme Stress, Not Otherwise Specified (DESNOS). A specific EMDR protocol, Resource Development and Installation (RDI), is proposed as an effective intervention in the initial stabilization phase of treatment with Complex PTSD/DESNOS. Descriptive psychometric and behavioral outcome measures from two single case studies are presented which appear to support the use of RDI. Suggestions are offered for future treatment outcome research with this challenging population.
Körner, Wilhelm; Lenz, Albert	2004	Sexueller Missbrauch					
Kornhaber, Rachel Anne; Wilson, Anne	2011	Building resilience in burns nurses: a descriptive phenomenological inquiry	Journal of burn care & research : official publication of the American Burn Association	32	4	481–488	The purpose of this qualitative study was to explore the concept of building resilience as a strategy for responding to adversity experienced by burns nurses. Nurses who care for patients with severe burn injury are often exposed to patients' pain and disfigurement, encountering emotional exhaustion, distress, reduced self-esteem, and desensitization to pain. Resilience has been identified as an essential characteristic for nurses in their work environment. Resilience assists nurses to bounce back and to cope in the face of adversity, sustaining them through difficult and challenging working environments. Nonetheless, there remains limited information that addresses the concept of building resilience in burns nurses. In 2009, seven burns nurses were recruited from a severe burn injury unit in New South Wales, Australia. A qualitative phenomenological methodology was used to construct themes depicting nurses' experiences. Participants were selected through purposeful sampling, and data were collected through in-depth individual semistructured interviews using open-ended questions. Data were analyzed with Colaizzi's phenomenological method of data analysis. The concept of building resilience as a strategy for coping with adversity was identified and organized into six categories: toughening up, natural selection, emotional toughness, coping with the challenges, regrouping and recharging, and emotional detachment. The findings clearly demonstrate that it is vital for burns nurses to build resilience to endure the emotional trauma of nursing patients with severe burn injury. Knowledge about building resilience could be incorporated into nursing education for both undergraduate

							and experienced nurses. Building resilience within the domain of burns nursing has the potential to retain nurses within the profession, having implications for staff development, orientation, and retention.
Korpela, Sanna; Nordquist, Hilla	2023	Impacts of Post Critical Incident Seminar on emergency service personnel: The critical incident-related experiences and psychological state	Scand J Psychol (Scandinavian Journal of Psychology)	n/a	n/a		Introduction Post Critical Incident Seminar (PCIS) is an intervention originally developed by the Federal Bureau of Investigation (FBI) for supporting law enforcement officers who have faced critical incidents (CIs) at work. In Finland, police forces have arranged modified PCIS regularly since 2012, but the first PCIS for emergency service personnel was organized in 2020. PCIS consists of psychoeducation, peer support, and mental health professional support/Eye Movement Desensitization and Reprocessing (EMDR). Previous international studies of PCIS are scarce. Our research question was this: After 6 months, how do emergency service personnel who have participated in the PCIS describe the impacts of PCIS on experiences and psychological state evoked by the CI that was the reason to apply for it? Methods The data consisted of individual interviews 6 months after attending the PCIS. The number of participants in this study was 15 (94%). The data was analyzed qualitatively with inductive content analysis. Results The impacts of PCIS on incident-related experiences and state 6 months afterward were divided into five main categories: social changes, new perspectives and sensations, incident-related components, future-oriented processes, and new abilities and actions. Conclusions PCIS can have multilevel impacts on the experiences and psychological state caused by a CI. These impacts are reflected, for example, in their inner experience, choices, emotions, actions, and relationships with others in different areas of life. As a result of PCIS, the emergency service personnel's relationship with CIs in the past and the ability to function in the future can change. Further study is needed to investigate the long-term impacts of the PCIS.
Kovács, Z.; Harko, T.	2011	General relativistic ray-tracing algorithm for the determination of the electron-positron energy deposition rate from neutrino pair annihilation around rotating neutron and quark stars	Monthly Notices of the Royal Astronomical Society	417	3	2330–2346	ABSTRACT We present a full general relativistic numerical code for estimating the energy-momentum deposition rate (EMDR) from neutrino pair annihilation ( $\nu\bar{\nu}$ ). The source of the neutrinos is assumed to be a neutrino-cooled accretion disc around neutron and quark stars. We calculate the neutrino trajectories by using a ray-tracing algorithm with the general relativistic Hamilton's equations for neutrinos and derive the spatial distribution of the EMDR due to the annihilations of neutrinos and antineutrinos around rotating neutron and quark stars. We obtain the EMDR for several classes of rotating neutron stars, described by different equations of state of the neutron matter, and for quark stars, described by the Massachusetts Institute of Technology

							(MIT) bag model equation of state and in the colour?flavour-locked (CFL) phase. The distribution of the total annihilation rate of the neutrino?antineutrino pairs around rotating neutron and quark stars is studied for isothermal discs and accretion discs in thermodynamical equilibrium. We demonstrate both the differences in the equations of state for neutron and quark matter and rotation with the general relativistic effects significantly modify the EMDR of the electrons and positrons generated by the neutrino?antineutrino pair annihilation around compact stellar objects, as measured at infinity.
Kovera, M. B.; Gresham, A. W.; Borgida, E.; Gray, E.; Regan, P. C.	1997	Does expert psychological testimony inform or influence juror decision making? A social cognitive analysis	The Journal of applied psychology	82	1	178–191	The authors examined whether expert testimony serves an educational or a persuasive function. Participants watched a simulated sexual abuse trial in which the child witness had been prepared for her testimony (i.e., she was calm, composed, and confident) or unprepared (i.e., emotional, confused, and uncertain). The trial contained different levels of expert testimony: none, standard (i.e., a summary of the research), repetitive (i.e., standard testimony plus a 2nd summary of the research), or concrete (i.e., standard testimony plus a hypothetical scenario linking the research to the case facts) testimony. Repetitive testimony bolstered the child's testimony, whereas concrete and standard testimony did not. Concrete testimony sensitized jurors to behavioral correlates of sexual victimization; standard and repetitive testimony desensitized jurors to these correlates. Implications for the use of procedural innovations in sexual abuse trials are discussed.
Kowalski, Jens T.	2001	Psychotraumatisierung und akute Belastungsreaktion					
Kowalski, Jens T.; Zimmermann, Peter	2014	Psychotraumatisierung und akute Belastungsreaktionen					
Kozaric-Kovacic, Dragica; Folnegovic-Smalc, Vera; Skrinjaric, Jarmila; Szajnberg, Nathan M.; Marusic, Ana	1995	Rape, torture, and traumatization of Bosnian and Croatian women: Psychological sequelae	American Journal of Orthopsychiatry	65	3	428–433	The 1st 25 Bosnian women admitted to a Zagreb (Croatia) obstetrics and gynecological clinic or associated regional psychiatric centers were assessed using both clinical and posttraumatic stress disorder (PTSD) interviews. Most of the women had been multiply traumatized; all had been repeatedly raped. Psychological status was assessed for those women who were not impregnated, for those impregnated who received abortions, and for those impregnated who carried the fetus to term. All refused psychotherapy. All the women exhibited depersonalization when describing their traumatic experiences. All 5 women who gave birth to children conceived by rape abandoned them in the hospital and displayed a sense of elation after delivery. Three case examples (aged 16–49 yrs) are presented to illustrate the extent



							of the traumatic reactions and psychological difficulties of these women. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Krahl, Christina	2012	Therapie der Posttraumatischen Belastungsstörung: Eine kurze Einführung aus verhaltenstherapeutischer Perspektive					Die Behandlung von Posttraumatischen Belastungsstörungen mit Hilfe der kognitiven Verhaltenstherapie wird beschrieben. Als Methoden der Behandlung werden die Psychoedukation, kognitive Interventionen sowie Expositionsverfahren erläutert. Zudem werden Aspekte der Rückfallprophylaxe sowie der flankierende Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) und einer pharmakologischen Behandlung thematisiert. Die konkrete Durchführung der kognitiven Verhaltenstherapie bei einer posttraumatischen Belastungsstörung wird anhand eines Behandlungsfalls exemplarisch erläutert.
Kratzer, Leonhard; Heinz, Peter; Schennach, Rebecca; Schiepek, Günter Karl; Padberg, Frank; Jobst, Andrea	2019	Stationäre Therapie der komplexen PTBS in Folge körperlicher oder sexualisierter Gewalt in der Kindheit: Wirksamkeit und Prädiktoren des Behandlungsverlaufs	Psychotherapie, Psychosomatik, Medizinische Psychologie	69	3-4	114–122	
Krause, Rainer; Kirsch, Anke	2006	Über das Verhältnis von Traumatisierungen, Amnesie und Symptombelastung - eine empirische Pilotstudie	Zeitschrift für Psychosomatische Medizin und Psychotherapie	52	4	392–405	Es wird untersucht, ob es im Verlauf einer EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie bei Akuttraumatisierten zu einer Steigerung des mimisch-affektiven Verhaltens als Indikator der Aufhebung der emotionalen Vertaubung (emotional numbing) kommt und inwiefern dies mit einer Symptomreduktion zusammenhängt. Als Moderatorvariable wurde die Neigung zu Gedächtnisveränderungen im Sinne der Aufhebung der amnestischen Tendenzen untersucht. Das mimisch-affektive Verhalten wurde mit dem Emotional Facial Action Coding System (EMFACS) analysiert. Das mimisch affektive Verhalten der neun behandelten Gewaltopfer wurde in der ersten und der letzten EMDR-Sitzung verglichen. Es zeigte sich eine signifikante Erhöhung, die allerdings nicht mit einer Symptomverbesserung einherging. Der Rückgang der amnestischen Tendenzen führte ebenfalls nicht zu einer Symptomreduktion. Unter dem Einfluss der Behandlung war es möglich, den Zugriff auf das episodische affektive Gedächtnis zu verbessern. Ein positiver Einfluss dieses Vorgangs war aber zumindest zum Zeitpunkt der Beendigung der Behandlung nicht zu verzeichnen.
Kreim, Günter	2014	Psychologie für Einsatz und Notfall					

Kreim, Günter; Bruns, Susanne; Völker, Bernd	2014	Psychologie für Einsatz und Notfall. Ansätze und Perspektiven der Militärpsychologie					
Kreyer, Anna-Katharina	2008	Experimentelle Überprüfung psychophysiologischer Prozesse im EMDR (Eye Movement Desensitization and Reprocessing). Ein Beitrag zur psychotherapeutischen Grundlagenforschung					<p>Ungeachtet der zunehmenden Verbreitung und der empirisch belegten Effizienz von EMDR (Eye Movement Desensitization and Reprocessing) bei der Behandlung der Posttraumatischen Belastungsstörung ist der Wirkmechanismus der bilateralen Stimulation, der ebenso zentralen wie spezifischen Komponente dieser Therapieform, trotz einer Vielzahl veröffentlichter Thesen und Hypothesen nach wie vor ungeklärt. Auf der Basis einer Analyse der veröffentlichten Vorstellungen zur Wirkweise der bilateralen Stimulation im EMDR und des diesbezüglichen Forschungsstandes werden die psychophysiologischen Hypothesen der Orientierungs- und Entspannungsreaktion empirisch getestet, indem die vegetative Wirkung verschiedener Frequenzen der bilateralen Stimulation während belastender autobiographischer Erinnerungen experimentell erforscht wird. In einem Messwiederholungsdesign wurden bei 42 Studentinnen während der Erinnerung an belastende Lebensereignisse jeweils sieben 24-sekündige Phasen mit schnellen Augenbewegungen von 1 Hz und langsamen Augenbewegungen von 0.3 Hz sowie Augenfixierung durchgeführt. Die Abfolge der Bedingungen wurde permutiert. EKG, EOG, elektrodermale Aktivität und distale Pulsdruckkurve wurden kontinuierlich aufgezeichnet. Hautleitfähigkeitsniveau, Herzrate, Herzratenvariabilität (RMSSD) und Pulswellenlaufzeit wurden graphisch sowie inferenzstatistisch ausgewertet. Das EOG diente der Kontrolle der Augenbewegungen . Als Kontrollvariable wurde weiterhin die durch die jeweilige Erinnerung empfundene Belastung erhoben. Zusätzlich bewerteten die Probandinnen ihre grundsätzliche posttraumatische Belastung anhand einer deutschen Übersetzung der revidierten Impact of Event Scale. Die visuelle Stimulation führte zu einer eindeutigen Entspannungsreaktion in allen abhängigen Variablen, welche auf eine sympathische Deaktivierung bei gleichzeitiger parasympathischer Aktivierung hindeutete (Reduktion der Hautleitfähigkeit und der Herzrate sowie Zunahme des RMSSD und der Pulswellenlaufzeit). Die drei Stufen der unabhängigen Variablen Stimulationsfrequenz (schnelle Augenbewegungen, langsame Augenbewegungen, Augenfixierung) waren dabei gleichermaßen wirksam. Das Ergebnis spricht gegen die Gültigkeit der Hypothese der Orientierungsreaktion. Die nachgewiesene Wirksamkeit der Augenfixierung deutet zudem auf die Notwendigkeit einer Weiterentwicklung der in Ausbildung und</p>

							Praxis des EMDR zu Grunde gelegten theoretischen Modelle zur Wirkweise der bilateralen Stimulation hin. Unter Berücksichtigung der Ergebnisse wird ein Modell auf Basis der dualen Aufmerksamkeit und der Barorezeptortheorie von Lacey vorgeschlagen.
Krist, Marita; Wolcke, Adelheid; Weisbrod, Christina; Ellermann-Boffo, Kathrin	2014	Herausforderung Trauma					Die Beiträge des Bandes beschreiben die Herausforderungen der Arbeit mit traumatisierten Kindern, Jugendlichen und Eltern im Rahmen der Erziehungsberatung. Das Buch versammelt Fachbeiträge zu Diagnostik und Interventionen und es beschreibt Erfordernisse der Kooperation der Beratungsstellen in der Jugendhilfe und mit dem Gesundheitswesen. Darüber hinaus liegt ein besonderes Augenmerk auf der in diesem Kontext notwendigen eigenen Psychohygiene der Beraterinnen und Berater
Kröger, Christoph; Kliem, Sören; Bayat Sarmadi, Nico; Kosfelder, Joachim	2010	Versorgungsrealität bei der Behandlung der posttraumatischen Belastungsstörung. Eine Umfrage unter psychotraumatologisch erfahrenen Psychologischen Psychotherapeuten	Zeitschrift für Klinische Psychologie und Psychotherapie	39	2	116–127	Theoretischer Hintergrund: Verschiedene stabilisierende und traumafokussierende Verfahren wurden in Behandlungsleitlinien zur Posttraumatischen Belastungsstörung (PTBS) empfohlen. Fragestellung: Untersucht wurde, welche Verbreitung diese Verfahren im klinischen Alltag haben und welche prädiktive Bedeutung der Einsatz traumafokussierender Interventionen für die von Therapeuten eingeschätzte Verbesserung der Symptomatik hat. Methode: In der naturalistischen Studie wurden Selbstberichte von 126 Psychologischen Psychotherapeuten und Informationen über einen Fall ausgewertet, der in den letzten 24 Monaten behandelt wurde. In linearen Regressionsanalysen wurde die Verbesserung der posttraumatischen, dissoziativen und allgemeinen Symptomatik zu Therapieende durch Patientenmerkmale und traumafokussierende Interventionen vorhergesagt. Ergebnisse: Über ein Drittel der befragten Therapeuten setzten Vorstellungsübungen zur Stabilisierung und Distanzierung ein. Interventionen der Dialektisch-Behavioralen Therapie (DBT) wurden hingegen kaum angewendet. Eine dosierte Exposition mittels Bildschirm- oder Beobachtertechnik wurde der Exposition in sensu vorgezogen. Als Prädiktor für die durch die Therapeuten eingeschätzte Verbesserung der Symptomatik erwies sich der Einsatz von trauma-fokussierenden Interventionen der kognitiven Verhaltenstherapie (TF-KVT) und - mit Einschränkung - der Methode des Eye Movement Desensitization and Reprocessing. Interventionen der Psychodynamisch-Imaginativen Traumatherapie (PITT) waren indessen negativ mit der Einschätzung von Vermeidung und Dissoziation assoziiert. Schlussfolgerungen: Es wird empfohlen, die Wirksamkeit der PITT im Vergleich zur DBT bzw. TF-KVT in randomisiert-kontrollierten Studien zu untersuchen.

Krupnik, Valery	2015	Integrating EMDR into an evolutionary-based therapy for depression: a case study	Clin Case Rep (Clinical Case Reports)	3	5	301–307	Key Clinical Message We present an intervention in a case of major depression, where eye movement desensitization and reprocessing (EMDR) therapy was integrated into an evolutionary-based psychotherapy for depression. At the end of the treatment and at follow up assessment we observed a more accepting disposition and decreased depressive but not anxiety symptoms.
Kuck, Bernd	2021	Leibfundierte psychodynamische Therapie in Zeiten von Corona	Psychoanalyse & Körper	20	1	26–34	Überlegungen werden angestellt, wie in Zeiten von Corona dennoch leibfundiert gearbeitet werden kann. Dabei wird an einem Therapiebeispiel deutlich, dass uns ein sehr hilfreiches Instrumentarium abhandenkommt, wenn wir gänzlich auf leibfundiertes Arbeiten verzichten. Die Alternativen, wie sie etwa in den modernen Medien zur Verfügung stehen, erscheinen als Notbehelf und Verkümmern interaktioneller Beziehungsmodalitäten.
Kuck, Sascha; Arntz, Arnoud; Rameckers, Sophie A.; Lee, Christopher W.; Boterhoven de Haan, Katrina L; Fassbinder, Eva; Morina, Nexhmedin	2023	Intraindividual variability and emotional change as predictors of sudden gains in imagery rescripting and EMDR for PTSD in adult survivors of childhood abuse	Clinical psychology & psychotherapy	30	5	1029–1046	Sudden gains, defined as large and stable improvements in symptom severity during psychological treatment, have consistently been found to be associated with better outcomes across treatments and diagnoses. Yet, insights on coherent predictors of sudden gains and on emotional changes around sudden gains in post-traumatic stress disorder (PTSD) are lacking. We aimed at replicating a measure of intraindividual variability as a predictor for sudden gains and testing its independence from change during treatment. Furthermore, we expected changes in emotions of guilt, shame and disgust prior to sudden gains to predict sudden gains. Data from a pre-registered randomized controlled trial (RCT) of eye-movement desensitization and reprocessing (emdr) and Imagery Rescripting (ImRs) for PTSD in 155 adult survivors of childhood abuse were used. Intraindividual variability of PTSD symptoms in both treatments did not predict sudden gains status and was not independent of change during treatment. In the EMDR condition, levels of shame during treatment predicted sudden gains and shame decreased shortly before a sudden gain in both treatments. Reductions in all emotions during sudden gains were significantly higher for participants with sudden gains than for comparable intervals in non-sudden gainers. Our findings do not support the predictive validity of intraindividual variability for sudden gains. The decrease of guilt, shame and disgust during sudden gains warrants further research on their role as a mechanism of treatment change for PTSD.
Kuster, Barbara	2008	Flügel Schlag gegen die Angst	Kommunikation & Seminar	17	4	18–20	Dargestellt wird Coaching nach der sogenannten "Wingwave"-Methode, welche als Weiterentwicklung von EMDR (Eye Movement Desensitization and Reprocessing) drei der effektivsten Coaching-Methoden in sich vereinigen soll: (1) bilaterale Hemisphären-

							Stimulation, bei welcher mit raschen Handbewegungen die sogenannten REM-Phasen nachgestellt werden sollen, was zu schnellen emotionalen Neubewertungen und damit deutlichen Entlastungen führen soll, (2) Kinesiologie zur Entdeckung stressauslösender Wörter und Gedanken und (3) Neurolinguistisches Programmieren (NLP), um einschränkende Glaubenssätze in erfolgsfördernde Annahmen zu verwandeln. Ergebnisse einer Studie mit 21 Teilnehmern belegten, dass sich durch die "Wingwave"-Methode gecoachte Klienten stressfreier und entspannter fühlten und insgesamt über mehr positive Empfindungen berichteten.
Kutter, Peter	2006	In: Nissen, Gerhardt; Warnke, Andreas; Badura, Frank (Ed.), Therapie altersabhängiger psychischer Störungen (S. 89-101). Stuttgart: Schattauer, 2006				89-101	
Kutter, Peter	2006	Sexuelle Probleme in der Spätadoleszenz und ihre Behandlung					Ursachen und Behandlungsmöglichkeiten von sexuellen Problemen in der Spätadoleszenz werden diskutiert. Die biologische und soziologische Dimension von Sexualität und psychoanalytische sowie etiologische Aspekte der Sexualität werden beschrieben. Es wird auf die Bedeutung der Liebe für die Sexualität Bezug genommen und Ergebnisse von Studien über Veränderungen von Sexualitätsnormen werden dargestellt. Formen sexueller Störungen werden beschrieben. Besonderheiten und Entwicklungsaufgaben der Spätadoleszenz werden genannt. Zur Behandlung sexueller Störungen werden (1) die psychologische Beratung; (2) die Gruppentherapie; (3) die Psychoanalyse; (4) körpertherapeutische Verfahren; (5) EMDR und (6) stationäre Psychotherapie diskutiert.
La Greca, Annette M.; Silverman, Wendy K.; Lai, Betty; Jaccard, James	2010	Hurricane-related exposure experiences and stressors, other life events, and social support: Concurrent and prospective impact on children's persistent posttraumatic stress symptoms	Journal of consulting and clinical psychology	78	6	794-805	Objective: We investigated the influence of hurricane exposure, stressors occurring during the hurricane and recovery period, and social support on children's persistent posttraumatic stress (PTS). Method: Using a 2-wave, prospective design, we assessed 384 children (54% girls; mean age = 8.74 years) 9 months posthurricane, and we reassessed 245 children 21 months posthurricane. Children completed measures of exposure experiences, social support, hurricane-related stressors, life events, and PTS symptoms. Results: At Time 1, 35% of the children reported moderate to very severe levels of PTS symptoms; at Time 2, this reduced to 29%. Hurricane-related stressors influenced children's persistent PTS symptoms and the occurrence of other life events, which in turn also influenced persistent PTS symptoms. The cascading effects of hurricane stressors and other life events disrupted children's social support over

							time, which further influenced persistent PTS symptoms. Social support from peers buffered the impact of disaster exposure on children's PTS symptoms. Conclusions: The effects of a destructive hurricane on children's PTS symptoms persisted almost 2 years after the storm. The factors contributing to PTS symptoms are interrelated in complex ways. The findings suggest a need to close the gap between interventions delivered in the immediate and short-term aftermath and those delivered 2 years or more postdisaster. Such interventions might focus on helping children manage disaster-related stressors and other life events as well as bolstering children's support systems. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
La Greca, Annette M.; Silverman, Wendy K.; Vernberg, Eric M.; Prinstein, Mitchell J.	1996	Symptoms of posttraumatic stress in children after Hurricane Andrew: A prospective study	Journal of consulting and clinical psychology	64	4	712–723	The authors examined symptoms of posttraumatic stress in 3rd–5th grade children during the school year after Hurricane Andrew. From a conceptual model of the effects of traumatic events, 442 children were evaluated 3, 7, and 10 months postdisaster with respect to (a) their exposure to traumatic events during and after the disaster, (b) their preexisting demographic characteristics, (c) the occurrence of major life stressors, (d) the availability of social support, and (e) the type of coping strategies used to cope with disaster-related distress. Although symptoms of posttraumatic stress disorder (PTSD) declined over time, a substantial level of symptomatology was observed up to 10 months after the disaster. All 5 factors in the conceptual model were predictive of children's PTSD symptoms 7 and 10 months postdisaster. Findings are discussed in terms of the potential utility of the model for organizing thinking about factors that predict the emergence and persistence of PTSD symptoms in children. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
La Greca, Annette M.; Silverman, Wendy K.; Wasserstein, Shari B.	1998	Children's predisaster functioning as a predictor of posttraumatic stress following Hurricane Andrew	Journal of consulting and clinical psychology	66	6	883–892	This study examined (a) children's predisaster behavioral and academic functioning as a predictor of posttraumatic stress (PTS) following Hurricane Andrew and (b) whether children who were exposed to the disaster would display a worsening of prior functioning. Fifteen months before the disaster, 92 4th through 6th graders provided self-reports of anxiety; peers and teachers rated behavior problems (anxiety, inattention, and conduct) and academic skills. Measures were repeated 3 months postdisaster; children also reported PTS symptoms and hurricane-related experiences (i.e., exposure). PTS symptoms were again assessed 7 months postdisaster. At 3 months postdisaster, children's exposure to the disaster, as well as predisaster ratings of anxiety, inattention, and academic skills, predicted PTS symptoms. By 7 months, only exposure, African American ethnicity, and predisaster anxiety

							predicted PTS. Prior anxiety levels also worsened as a result of exposure to the disaster. The findings have implications for identifying and treating children at risk for stress reactions following a catastrophic disaster. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
La Greca, Annette M.; Tarrow, Naomi; Brodar, Kaitlyn E.; Danzi, BreAnne A.; Comer, Jonathan S.	2022	The stress before the storm: Psychological correlates of hurricane-related evacuation stressors on mothers and children	Psychological Trauma: Theory, Research, Practice, and Policy	14	S1		Objective: Natural disasters, such as hurricanes, can contribute to the development of posttraumatic stress symptoms (PTSS), anxiety, and depression. Furthermore, mothers and children are especially vulnerable postdisasters. Despite the rise in the frequency of climate-related disasters and also the threat of disasters (e.g., storms that threaten but do not make landfall), little is known about how predisaster experiences are associated with mothers' and children's postdisaster psychological functioning. This study examined evacuation-related stressors as predictors of mothers' and youths' psychological functioning 3 months after Hurricane Irma. Method: Mothers (N = 535; 33% ethnic/racial minorities) from South Florida counties most affected by Hurricane Irma completed an online survey that assessed evacuation-related stressors (both pre- and posthurricane), hurricane exposure (i.e., life threat, loss/disruption), and posthurricane social support and mental health symptomatology (i.e., PTSS, anxiety, depression). Mothers of children aged 7–17 years (n = 226) also reported on their child's psychological functioning. Results: Using a risk and resilience model, evacuation stressors significantly predicted mothers' and youths' PTSS and symptoms of anxiety and depression, even after accounting for demographic factors, hurricane exposure, and availability of social support. Mothers of older children also reported significantly higher levels of PTSS, anxiety, and depression than mothers who only had young children (aged 6 or younger) at home. Conclusions: Evacuation experiences represent significant stressors that may put mothers and children at risk for PTSS and psychological distress. Resilience-building efforts should include efforts to better prepare families for prestorm evacuations, thereby reducing risk in mothers and youth and ultimately contributing to better psychosocial functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Lai, Carlo; Pellicano, Gaia Romana; Altavilla, Daniela; Proietti, Alessio; Lucarelli, Giada; Massaro, Giuseppe;	2019	Violence in video game produces a lower activation of limbic and temporal areas in response to social inclusion images	Cognitive, affective & behavioral neuroscience	19	4	898–909	Exposure to violence in video games has been associated with a desensitization toward violent content, a decrease of empathy, and prosocial behavior. Moreover, violent video games seem to be related to a reduction of neural activation in the circuits linked to social emotional processing. The purpose of the present study was to compare the neural response to social inclusion images after violent

Luciani, Massimiliano; Aceto, Paola							and nonviolent video game playing. Electroencephalographic data of the 32 participants were recorded during a visual task with three presentations (T0, T1, T2) of 60 stimuli (30 social inclusion vs. 30 neutral images). After the T0 presentation, the participants played with a video game (orientation or violent). After the T1 presentation, the participants played with the other video game (orientation or violent). The two types of video games were randomly displayed. Event-related potential (ERP) components and low-resolution electromagnetic tomography (sLORETA) were analyzed. The main findings showed a longer latency of the P2 component on occipito-temporal montage and a lower activation of the limbic and temporal areas in response to the social inclusion images post violent video game compared with the post orientation video game. The findings suggest a reduction of emotional engagement in social processing after playing violent video game.
Lambie, Ian; Randell, Isabel; McDowell, Heather	2014	"Inflaming your neighbors": copycat firesetting in adolescents	International journal of offender therapy and comparative criminology	58	9	1020–1032	The objective of this article is to consider and discuss existing research and theory concerning copycat problem behaviors and copycat offending and how this may be applicable to populations of firesetting children and adolescents. The primary databases used to search for literature were PsychInfo, Medline, and Eric. Google Scholar was used as an additional Internet search engine. While the primary focus was on literature published since 1990, earlier literature considered to be important was also included. Qualitative and quantitative studies suggest that consumption of violent media affects aggressive behaviors and supports the existence of a copycat effect within some offending populations. Existing literature suggests that processes such as desensitization, observational learning, priming, and alteration of scripts are involved in copycat behaviors and are mediated by individual, environmental, and media factors. While literature concerning firesetters has largely overlooked the possibility of a copycat effect, given their young age, and the often antisocial nature and individual and environmental problems associated with firesetters, they may be a population particularly vulnerable to such an effect. There is a need for consideration of the potential role of the media in copycat behaviors and for care to be taken in the way that the media reports events.
Lamoureux, Brittain E.; Palmieri, Patrick A.; Jackson, Anita P.; Hobfoll, Stevan E.	2012	Child sexual abuse and adulthood-interpersonal outcomes: Examining pathways for intervention	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele	605– 613	We examined a dual pathway, longitudinal mediational model in which child sexual abuse (CSA) influences adulthood-interpersonal functioning and sexual risk through its impact on resiliency resources and psychological distress. Women were recruited from two obstetrics and gynecological clinics serving primarily low-income,



					ct r o n i c , 1 9 4 2- 9 6 8 1( P r i n t)		inner-city women (N = 693) and interviewed at pretest (Time 1) and 6-month follow-up (Time 2). The proposed mediators were resiliency resources (i.e., self-esteem and self-efficacy) and psychological distress (i.e., depressive and posttraumatic stress symptoms). The interpersonal outcomes were general interpersonal problems (measured via recent loss of interpersonal resources, lack of perceived current social support, and recent social conflict) and HIV/sexual risk (measured via lack of confidence asserting safe-sex practices, intimate-partner risk, and perceived barriers to safe sex). A respecified, partial structural equation model implying full mediation supported our hypotheses. Model fit was assessed using the chi-square goodness-of-fit statistic, comparative-fit index (CFI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR; CFI = .96, RMSEA = .05, SRMR = .04). The impact of CSA on interpersonal problems was mediated through its effect on psychological distress, whereas the impact of CSA on HIV/sexual risk was mediated through its effect on resiliency resources. Implications for intervention are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Lampe, Astrid; Söllner, Wolfgang	2011	Was ist empirisch gesichert in der Psychotherapie mit in Kindheit und Jugend chronisch traumatisierten PatientInnen?	Zeitschrift für Psychotraumatologie, Psychotherapiewissenschaft, Psychologische Medizin	9	3	9-18	
Lamprecht, Friedhelm	2002	Erfolgreiche Traumatherapie mit EMDR und nachfolgende Traumatisierung					Die Methode der EMDR (Eye Movement Desensitization Therapy) wird am Beispiel eines traumatisierten Patienten veranschaulicht. Zunächst werden folgende Phasen der EMDR-Behandlung dargestellt: (1) Anamnese und Behandlungsplanung, (2) Vorbereitungsphase, (3) Phase der Einschätzung, (4) Desensibilisierungsphase, (5) Einsetzen eines positiven Gedankens, (6) Überprüfung der Körperempfindungen, (7) Abschlussphase. In der anschließenden Kasuistik wird die erfolgreiche Therapie eines traumatisierten Patienten beschrieben, der mit nachfolgender sequentieller Traumatisierung konfrontiert wird. Dabei soll eine Vergegenwärtigung des traumatischen Ereignisses zu einer verbesserten Stimulusdiskrimination führen.
Lamprecht, Friedhelm	2005	EMDR					Die EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung, eine manualisierte Therapie bei komplexen traumatischen Störungsbildern, wird im Überblick dargestellt. Nach einleitenden Anmerkungen zu den theoretischen Grundlagen und zur

							<p>Notwendigkeit der Einbettung der EMDR in einen Gesamttherapieplan werden die zentralen Inhalte der acht EMDR-Behandlungsphasen besprochen: Anamneserhebung und Behandlungsplanung; Vorbereitung; Bewertung; Desensibilisierungsphase; Verankerung; Körpertest (Überprüfung der Körperempfindungen); Abschlussphase; Neubewertung. Anschließend wird die Wirksamkeit von EMDR anhand von zwei Fallbeispielen veranschaulicht. Das erste Beispiel (Straßenbahnfahrer, dem sich ein Mensch in suizidaler Absicht vor den Zug geworfen hatte) entspricht dem idealtypischen EMDR-Verlauf, wohingegen der zweite Fall (Patientin mit posttraumatischer Belastungsstörung und einer funktionellen Sprechstörung nach einer Vergewaltigung) einen komplexen Behandlungsverlauf zeigt. Abschließend werden Therapieempfehlungen gegeben, und in einer Tabelle werden die Befunde neuerer Studien zur EMDR-Effektivität zusammengefasst.</p>
Lamprecht, Friedhelm	2005	In: Egle, Ulrich Tiber; Hoffmann, Sven Olaf; Joraschky, Peter (Ed.), Sexueller Missbrauch, Misshandlung, Vernachlässigung. Erkennung, Therapie und Prävention der Folgen früher Stresserfahrungen (S. 544-555). Stuttgart: Schattauer, 2005				544–555	
Lamprecht, Friedhelm	2006	EMDR-Einführung und Biologische Befunde					<p>Grundlagen der Methode "Eye Movement Desensitization and Reprocessing" (EMDR) werden beschrieben und neurobiologische Befunde werden präsentiert. Die acht Phasen der EMDR-Methode werden dargestellt: (1) Anamnese und Behandlungsplanung; (2) Vorbereitung; (3) Bewertung und Einschätzung; (4) Desensibilisierungsphase; (5) Verankerung; (6) Überprüfung der Körperempfindungen; (7) positive Imagination und (8) Neubewertung.</p>
Lamprecht, Friedhelm	2006	Praxisbuch EMDR. Modifizierungen für spezielle Anwendungsgebiete					<p>EMDR (Eye Movement Desensitization and Reprocessing) ist als Behandlungsform für traumatisierte Menschen in ihrer Wirkweise von der neurologischen Forschung umfassend bestätigt: Traumatisierungen verursachen häufig eine dysfunktionale Informationsverarbeitung im Gehirn, die zu quälenden Wiederholungen des traumatischen Ablaufs ohne Verarbeitungsmöglichkeiten führt. Dieser Kreislauf kann mit der "Augenbewegungstechnik", die immer in eine sorgfältige psychotherapeutische Behandlung einzubinden ist, unterbrochen werden. - Inhalt: (1) F. Lamprecht: Einführung und Biologische Befunde. (2) J.-W. Strauß: EMDR in der Behandlung chronischer</p>

							Schmerzsyndrome. (3) A. de Jongh und E. ten Broeke: Die Anwendung von EMDR bei der Behandlung Spezifischer Phobien. (4) D. Eckers: EMDR in der Praxis bei Kindern und Jugendlichen. (5) M. Hase: EMDR in der Behandlung der stoffgebundenen Abhängigkeit. (6) W. Lempa und M. Sack: EMDR bei akuten Traumatisierungen. (7) A. Hofmann und M. Sack: EMDR in der Behandlung von Patienten mit chronisch komplexer PTBS und schweren dissoziativen Störungen. (8) F. Ebener und C. Rost: EMDR und Ressourcen. (9) W. Lempa, G. Akgül und M. Sack: Therapieführer (Ambulante Beratungs- und Behandlungsangebote; Traumaambulanzen und Traumazentren; Verzeichnis der stationären Behandlungsmöglichkeiten).
Lamprecht, Friedhelm; Gast, Ursula; Lempa, Wolfgang; Sack, Martin	2000	Praxis der Traumatherapie. Was kann EMDR leisten?					In einer Einführung zu Diagnostik und Therapie psychischer Traumafolgen werden verschiedene Behandlungsmöglichkeiten dargestellt. Besondere Berücksichtigung findet die von Francine Shapiro entwickelte Methode EMDR (Eye Movement Desensitization and Reprocessing), die als Ergänzung zu psychodynamischen und kognitiv-behavioralen Therapieansätzen verstanden wird. - Inhalt: (1) F.Lamprecht: Einführung (Historisches; diagnostische Hinweise; Epidemiologie). (2) F Lamprecht: Spuren im Körper, Erinnerung und EMDR. (3) M. Sack: Die Behandlung posttraumatischer Belastungsstörungen (Grundprinzipien, Wirkmechanismen; Indikation zur stationären oder ambulanten Traumatherapie; Stabilisierung, Traumabearbeitung, Reintegration; Risiken und Chancen; therapeutischer Umgang mit Körpersymptomen bei traumatisierten Patienten). (4) W. Lempa: Stationäre konflikt- und lösungsorientierte psychoanalytische Traumatherapie unter Einbeziehung der EMDR Methode. (5) W. Lempa: Familientherapie mit Traumapatienten (Bedeutung der Familie für die Traumatisierung von Kindern; der Mehr-Generationenansatz in der Familientherapie; Familientherapie ohne direkte Einbeziehung der Familie; Familiengespräche zur Diagnostik und Stabilisierung; Familientherapie nach der Traumatherapie). (6) U. Gast: Diagnostik und Behandlung dissoziativer Störungen (Geschichtlicher und gesellschaftlicher Kontext; Definition, Prävalenz, Etiologie, Diagnostik; Errichten von Sicherheit, Traumaaarbeit, modifiziertes EMDR-Verfahren, nachintegrative Phase der Wiedereingliederung und Rehabilitation als Abschnitte der Behandlung). (7) W. Lempa und M. Sack: Therapieführer (Verzeichnis der stationären Behandlungsmöglichkeiten in Krankenhäusern, Rehabilitationskliniken und Universitätskliniken; Traumazentren und Beratungsstellen; Internetadressen)

Lamprecht, Friedhelm; Köhnke, Christine; Lempa, Wolfgang; Sack, Martin; Matzke, Mike; Münte, Thomas F.	2004	Event-related potentials and EMDR treatment of post-traumatic stress disorder	Neuroscience Research	49		267–272	Studied the effects of eye movement desensitization and reprocessing (EMDR) treatment on auditory evoked brain potentials in patients suffering from posttraumatic stress disorder (PTSD). Subjects included 10 patients (aged 21-65 years) meeting PTSD criteria of both the 10th International Classification of Diseases (ICD-10) and the 4th Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), as well as 10 healthy controls (aged 22-63 years). Several standardized instruments were employed for psychometric assessments. PTSD patients received one session of EMDR, whereas control subjects underwent a sham treatment. Event-related brain potentials (ERPs) were recorded in an oddball paradigm involving auditory stimuli, both before and after the experimental treatments. The post-treatment data indicated a reduced P3a component in PTSD patients, as well as substantial improvement of PTSD symptoms. The observed effects of EMDR therapy in PTSD patients are explained in terms of a lowered orientation to novel stimuli and lowered arousal.
Lamprecht, Friedhelm; Lempa, Wolfgang	1997	Psychoanalyse und EMDR					Die Integration der neuen Methode der EMDR (Eye Movement Desensitization and Reprocessing) in einen psychoanalytischen Gesamtbehandlungsplan wird erörtert. Nach einem allgemeinen Plädoyer für die Methodenintegration in der Psychoanalyse wird auf die Frage eingegangen, ob die psychoanalytische Behandlung von Traumapatienten der EMDR-Technik bedarf. In diesem Zusammenhang werden die therapeutischen Grundkonzepte der psychoanalytischen Traumabehandlung sowie der EMDR-Technik erläutert. Anschließend wird die Integration der EMDR-Technik im Rahmen der tiefenpsychologischen Therapie anhand einer Fallvignette veranschaulicht.
Lamprecht, Friedhelm; Lempa, Wolfgang	2004	Das EMDR-Verfahren (Eye Movement Desensitization and Reprocessing) zwischen Kritik und Anerkennung					Das Verfahren "Eye Movement Desensitization and Reprocessing" zur Behandlung traumatisierter Personen wird beschrieben. Die sieben Phasen des EMDR-Verfahrens werden genannt: (1) Aufbau einer therapeutischen Beziehung; (2) Vorbereitungsphase; (3) Phase der Einschätzung; (4) Einsetzen eines positiven Gedankens; (5) Überprüfung der Körperempfindungen; (6) Abschlussphase und (7) Frage der Neubewertung. Die Phasen werden anhand eines Fallbeispiels illustriert. Nachgewiesene und potentielle Wirkfaktoren des EMDR werden aufgezeigt.
Lamprecht, Friedhelm; Lempa, Wolfgang; Sack, Martin	2000	Die Behandlung Posttraumatischer Belastungsstörungen mit EMDR	Psychotherapie im Dialog	1		45–51	Es wird im Überblick informiert über den Erkenntnisstand zur Behandlung Posttraumatischer Belastungsstörungen mit der EMDR-Behandlung (Eye Movement Desensitization and Reprocessing). Es handelt sich um eine manualisierte therapeutische Methode, die in acht Phasen eingeteilt werden kann. Anhand von zwei Kasuistiken wird

							die Vorgehensweise der EMDR-Behandlung veranschaulicht. Eigene Arbeitserfahrungen und Forschungsergebnisse ergeben ein sehr positives Bild von der Wirksamkeit dieser Behandlung. Auch auf der Basis der international vorliegenden Forschungsergebnisse kann daher der Schluss gezogen werden, dass EMDR eine effektive und ökonomische Methode der Behandlung Posttraumatischer Belastungsstörungen darstellt.
Landkroon, Elze; Mertens, Gaëtan; Sevenster, Dieuwke; Dibbets, Pauline; Engelhard, Iris M.	2019	Renewal of conditioned fear responses using a film clip as the aversive unconditioned stimulus	Journal of behavior therapy and experimental psychiatry	65		101493	BACKGROUND AND OBJECTIVES: Pavlovian fear conditioning paradigms are valuable to investigate fear learning and the return of extinguished fear in the lab. However, their validity is limited, because the aversive stimuli (e.g., electric shocks) typically lack the modalities and complexity of real-world aversive experiences. To overcome this limitation, we examined fear acquisition, extinction and contextual renewal using an audiovisual unconditioned stimulus (US). METHOD: On day 1, 50 healthy participants completed an acquisition phase in a specific context (i.e., desk or bookcase, 'context A'). Pictures of colored lamps served as conditioned stimuli and an aversive film clip was used as US. On day 2, extinction took place in the same context ('context A') or in a different context ('context B'). Afterwards, renewal was tested in the acquisition context (AAA vs. ABA design). RESULTS: As hypothesized, fear acquisition and extinction, as measured by US expectancy ratings, fear potentiated startle (FPS), and skin conductance responses (SCRs), were successful. Most importantly, conditioned responding was renewed on all measures in the ABA condition, but not in the AAA condition. Differential renewal (i.e., larger renewal for CS + than for CS-) was only observed for US expectancy ratings. LIMITATIONS: The return of conditioned responses was non-differential for FPS and SCR. CONCLUSIONS: The current set-up enables investigation of fear renewal using an audiovisual US. Future studies can utilize this paradigm to investigate interventions that aim to reduce fear renewal by modifying the US memory, such as Eye Movement Desensitization and Reprocessing and imagery rescripting.
Landolt, Markus	2004	Psychotraumatologie des Kindesalters					Gewalt, Unfälle, Naturkatastrophen und lebensbedrohliche Krankheiten können bei Kindern und Jugendlichen zu einer psychischen Traumatisierung führen. Das Buch gibt eine aktuelle Übersicht über das Fachgebiet der Kinderpsychotraumatologie. Diese befasst sich mit der Entstehung, der Diagnostik, dem Verlauf, der Prävention und der Behandlung von seelischen Verletzungen, die in der Folge extrem belastender und/oder lebensbedrohlicher Ereignisse bei Kindern und Jugendlichen auftreten. Das Buch beschäftigt sich u.a. mit der Frage, welche Faktoren bestimmen, ob ein Kind nach

							<p>einem psychisch traumatisierenden Ereignis psychisch krank wird oder nicht. Weiterhin wird geklärt, ob die Entwicklung einer posttraumatischen Belastungsstörung bei rechtzeitiger Intervention verhindert werden kann. Das Buch informiert praxisorientiert über das diagnostische und therapeutische Vorgehen bei posttraumatischen Störungen im Kindes- und Jugendalter</p>
Landolt, Markus	2021	Psychotraumatologie des Kindesalters					
Landolt, Markus A.	2012	Psychotraumatologie des Kindesalters. Grundlagen, Diagnostik und Interventionen					<p>Der aktuelle Stand der Kinderpsychotraumatologie wird im Überblick dargestellt. Gegenstände der Kinderpsychotraumatologie sind die Entstehung, Diagnostik, Prävention und Behandlung von seelischen Verletzungen, die in der Folge extrem belastender und/oder lebensbedrohlicher Ereignisse bei Kindern und Jugendlichen auftreten. Zunächst wird über die Klassifikation und Diagnostik von Traumafolgestörungen informiert, und Entstehungsmodelle und biologische Faktoren bei diesen Störungen werden erörtert. Neben Interventionsmöglichkeiten in der Notfallpsychologie werden therapeutische Verfahren vorgestellt, die sich in der Behandlung von Traumafolgestörungen als wirksam erwiesen haben. Hierzu gehören unter anderem die kognitive Verhaltenstherapie, die traumabezogene Spieltherapie, Eye Movement Desensitization and Reprocessing (EMDR) und die narrative Expositionstherapie. Abschließend wird auf langfristige Auswirkungen kindlicher Traumatisierungen und traumabedingte Reifeprozesse eingegangen. - Die vorliegende zweite Auflage des Buchs wurde um aktuelle Forschungsergebnisse und Entwicklungen, insbesondere hinsichtlich Diagnostik und Intervention, ergänzt. - Inhalt: (1) Einleitung (Fachgebiet der Psychotraumatologie; Traumabegriff). (2) Geschichte der Kinderpsychotraumatologie (Altertum und Mittelalter; 19. Jahrhundert; 20. Jahrhundert; Pioniere der modernen Kinderpsychotraumatologie). (3) Klassifikation posttraumatischer Störungen (akute Belastungsreaktion und akute Belastungsstörung; Anpassungsstörungen; posttraumatische Belastungsstörung; posttraumatische Belastungsstörungen bei Säuglingen und Kleinkindern; komplexe Traumafolgestörungen). (4) Diagnostik (Grundlagen; deutschsprachige Verfahren zur Erfassung posttraumatischer Störungen im Schulalter; deutschsprachige Verfahren zur Erfassung posttraumatischer Verfahren im Vorschulalter; Hinweise zur Auswahl geeigneter Diagnoseinstrumente). (5) Epidemiologie. (6) Pathogenese (pathogenetische Modelle; transaktionales</p>

							<p>Traumabewältigungsmodell). (7) Traumabiologie. (8) Notfallpsychologische Interventionen nach Typ-I-Trauma. (9) Therapie von Traumafolgestörungen. (10) Langzeitfolgen kindlicher Traumatisierung im Erwachsenenalter. (11) Traumabedingte Reifeprozesse.</p>
Landolt, Markus A.	2021	Psychotraumatologie des Kindesalters. Grundlagen, Diagnostik und Interventionen					<p>Der aktuelle Stand der Kinderpsychotraumatologie wird im Überblick dargestellt. Gewalterleben, Vernachlässigung, Unfälle, Naturkatastrophen und lebensbedrohliche Krankheiten gehören zu den häufigsten Ursachen für die Entwicklung von Traumafolgestörungen bei Kindern und Jugendlichen. Deren Entstehung, Diagnostik, Prävention und Behandlung sind die zentralen Themen der Kinderpsychotraumatologie, deren aktuelle Entwicklungen in diesem Buch dargestellt werden. Die vorliegende dritte Auflage geht auf die Klassifikation von Traumafolgestörungen nach DSM-5 und ICD-11 ein und informiert über neue Methoden und Weiterentwicklungen im Bereich der Diagnostik. Weitere Kapitel diskutieren Entstehungsmodelle und biologische Faktoren unter Berücksichtigung aktueller Forschungsbefunde. Neben Interventionsmöglichkeiten in der Notfallpsychologie werden therapeutische Verfahren vorgestellt, die sich in der Behandlung von Traumafolgestörungen als wirksam erwiesen haben, wie etwa die kognitive Verhaltenstherapie, die traumabezogene Spieltherapie, EMDR und die narrative Expositionstherapie. Abschließend wird auf langfristige Auswirkungen kindlicher Traumatisierung und traumabedingte Reifeprozesse eingegangen. Der Band bietet somit eine wertvolle Hilfe für alle, die mit traumatisierten Kindern und Jugendlichen arbeiten. - Inhalt: (1) Einleitung. (2) Geschichte der Kinderpsychotraumatologie. (3) Klassifikation von Traumafolgestörungen. (4) Diagnostik (deutschsprachige Verfahren zur Erfassung posttraumatischer Störungen im Schulalter und im Vorschulalter; Auswahl geeigneter Diagnoseinstrumente). (5) Epidemiologie. (6) Pathogenese. (7) Traumabiologie. (8) Notfallpsychologische Interventionen nach Monotrauma. (9) Therapie von Traumafolgestörungen. (10) Langzeitfolgen kindlicher Traumatisierung im Erwachsenenalter. (11) Traumabedingte Reifeprozesse. (12) Schlussbemerkungen. (13) Anhang (Hinweise zur Anwendung und Auswertung des Child and Adolescents Trauma Screen (CATS); Child and Adolescent Trauma Screen (CATS) - 7 bis 17 Jahre; Fragebogen zu belastenden Ereignissen - Bezugsperson (CATS-C-D) - 7 bis 17 Jahre; Child and Adolescent Trauma Screen (CATS) - Auswertung; Fragebogen zu belastenden Ereignissen - Bezugsperson</p>

							(CATS-C-D) - 3 bis 6 Jahre; Child and Adolescent Trauma Screen (CATS) - 3 bis 6 Jahre - Auswertung).
Lang, Jason M.; Connell, Christian M.	2017	Development and validation of a brief trauma screening measure for children: The Child Trauma Screen	Psychological trauma : theory, research, practice and policy	9	3	390–398	Objective: Childhood exposure to trauma, including violence and abuse, is a major public health concern that has resulted in increased efforts to promote trauma-informed child-serving systems. Trauma screening is an important component of such trauma-informed systems, yet widespread use of trauma screening is rare in part due to the lack of brief, validated trauma screening measures for children. We describe development and validation of the Child Trauma Screen (CTS), a 10-item screening measure of trauma exposure and posttraumatic stress disorder (PTSD) symptoms for children consistent with the DSM–5 definition of PTSD. Method: Study 1 describes measure development incorporating analysis to derive items based on existing measures from 1,065 children and caregivers together with stakeholder input to finalize item selection. Study 2 describes validation of the CTS with a clinical sample of 74 children and their caregivers. Results: Results support the CTS as an empirically derived, reliable measure to screen children for trauma exposure and PTSD symptoms with strong convergent, divergent, and criterion validity. Conclusion: The CTS is a promising measure for rapidly and reliably screening children for trauma exposure and PTSD symptoms. Future research is needed to confirm validation and to examine feasibility and utility of its use across various child-serving systems. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Langley, Audra K.; Gonzalez, Araceli; Sugar, Catherine A.; Solis, Diana; Jaycox, Lisa	2015	Bounce back: Effectiveness of an elementary school-based intervention for multicultural children exposed to traumatic events	Journal of consulting and clinical psychology	83	5		Objective: To evaluate the feasibility and acceptability of a school-based intervention for diverse children exposed to a range of traumatic events, and to examine its effectiveness in improving symptoms of posttraumatic stress, depression, and anxiety. Method: Participants were 74 schoolchildren (Grades 1–5) and their primary caregivers. All participating students endorsed clinically significant posttraumatic stress symptoms. School clinicians were trained to deliver Bounce Back, a 10-session cognitive–behavioral group intervention. Children were randomized to immediate or delayed (3-month waitlist) intervention. Parent- and child-report of posttraumatic stress and depression, and child report of anxiety symptoms, were assessed at baseline, 3 months, and 6 months. Results: Bounce Back was implemented with excellent clinician fidelity. Compared with children in the delayed condition, children who received Bounce Back immediately demonstrated significantly greater improvements in parent- and child-reported posttraumatic stress and child-reported anxiety symptoms over the 3-month intervention. Upon receipt of the



							intervention, the delayed intervention group demonstrated significant improvements in parent- and child-reported posttraumatic stress, depression, and anxiety symptoms. The immediate treatment group maintained or showed continued gains in all symptom domains over the 3-month follow-up period (6-month assessment). Conclusions: Findings support the feasibility, acceptability, and effectiveness of the Bounce Back intervention as delivered by school-based clinicians for children with traumatic stress. Implications are discussed. (PsychoInfo Database Record (c) 2021 APA, all rights reserved)
Lansch, Dorothee	2016	Die Vier-Felder-Technik					Dargestellt wird eine von der Autorin vorgenommene "Übersetzung" der Vier-Felder-Technik, einer EMDR (Eye Movement Desensitization and Reprocessing) Methode, aus dem Gruppenprotokoll in die Einzeltherapie. Zunächst wird kurz das methodische Vorgehen bei dieser Technik, bei der die Patienten verschiedene Arten von Bildern ("Ressourcenbild", "Angstbild", "erste Veränderung", "zweite Veränderung") malen, beschrieben. Anschließend folgen ausführliche Fallbeispiele: 53-jährige komplex traumatisierte Patientin mit einer "Zahnarztphobie" 50-jähriger Patient mit einem posttraumatischen Belastungssyndrom nach einer mehrfachen Auslösung seines Defibrillators mit tödlicher Bedrohung; 52-jährige komplex traumatisierte Patientin mit einer sozialen Phobie und einer Tendenz zu massivem Leistungsdruck; 49-jährige massiv bindungstraumatisierte Patientin mit ausgeprägter Angst vor Impulskontrollverlust; 47-jährige Patientin, die unter kaum aushaltbaren Gefühlen von Hilflosigkeit leidet; 43-jährige dissoziative Patientin mit massiven Schlafstörungen aufgrund von Gewalterfahrungen als Kind; 50-jährige dekompenzierte Patientin. Abschließend wird betont, dass die Vier-Felder-Technik eine EMDR-Technik ist, die bei vielen Patienten mit traumatischen Erinnerungen angewendet werden kann. Besonders eignet sie sich für Patienten, die bereits eigene Bilder mit in die Therapie bringen und sich gerne durch Bilder ausdrücken. Aber auch Patienten, die keine Neigung zum Zeichnen oder Malen haben, können davon gut profitieren. Da jederzeit das belastende Bild weggeklappt und eine Fokussierung auf das Ressourcenbild vorgenommen werden kann, ist die Vier-Felder-Technik auch im Belastungsgrad gut zu dosieren.
Larenas-Linnemann, Désirée E.; Del Costa-Domínguez, María Carmen; Creticos, Peter Socrates	2020	Acute emotional stress proposed as a risk factor for anaphylaxis in patients receiving allergen immunotherapy	Annals of allergy, asthma & immunology : official publication of the American	124	4	314–317	

			College of Allergy, Asthma, & Immunology				
Latimer, Margot; Jackson, Philip L.; Eugène, Fanny; MacLeod, Emily; Hatfield, Tara; Vachon-Préseau, Etienne; Michon, Pierre-Emmanuel; Prkachin, Kenneth M.	2017	Empathy in paediatric intensive care nurses part 1: Behavioural and psychological correlates	Journal of advanced nursing	73	11	2676–2685	AIM: To determine if differences exist between paediatric intensive care nurses and allied health professionals in empathy, secondary trauma, burnout, pain exposure and pain ratings of self and others. Early and late career differences were also examined. BACKGROUND: Nurses are routinely exposed to patient pain expression. This work context may make them vulnerable to adverse outcomes such as desensitization to patient pain or a compromise in personal well-being. DESIGN: Cross-sectional study. METHODS: Data were collected from a convenience sample of paediatric intensive care nurses (n = 27) and allied health professionals (n = 24), from September 2014-June 2015, at a Canadian health centre. Both groups completed one demographic and three behavioural scales. Participants underwent fMRI while rating the pain of infant and adult patients in a series of video clips. Data were analyzed using parametric and non-parametric methods. fMRI results are reported in a second paper. RESULTS: Nurses were significantly more likely to be exposed to pain at work than allied health professionals and scored significantly higher on dimensions of empathy, secondary trauma and burnout. Nurses scored their own pain and the pain of infant and adult patients, higher than allied health participants. Less experienced nurses had higher secondary trauma and burnout scores than more experienced nurses. CONCLUSIONS: Paediatric intensive care work demands, such as patient pain exposure, may be associated with nurse's higher report of empathy and pain in self and others, but also with higher levels of secondary trauma and burnout, when compared with allied health professionals.
Lau, Jennifer Y. F.; Lissek, Shmuel; Nelson, Eric E.; Lee, Yoon; Roberson-Nay, Roxann; Poeth, Kaitlin; Jenness, Jessica; Ernst, Monique; Grillon, Christian; Pine, Daniel S.	2008	Fear conditioning in adolescents with anxiety disorders: results from a novel experimental paradigm	Journal of the American Academy of Child and Adolescent Psychiatry	47	1	94–102	OBJECTIVE: Considerable research examines fear conditioning in adult anxiety disorders but few studies examine youths. Adult data suggest that anxiety disorders involve elevated fear but intact differential conditioning. We used a novel paradigm to assess fear conditioning in pediatric anxiety patients. METHOD: Sixteen individuals with anxiety disorders and 38 healthy comparisons viewed two photographs of actresses displaying neutral expressions. One picture served as the conditioned stimulus (CS), paired with a fearful expression and a shrieking scream (CS+), whereas the other picture served as a CS unpaired with the aversive outcome (CS-). Conditioning was indexed by self-reported fear. Subjects participated in two visits involving conditioning and extinction trials. RESULTS: Both groups

							developed greater fear of the CS+ relative to CS-. Higher fear levels collapsed across each CS characterized anxious relative to healthy subjects, but no significant interaction between group and stimulus type emerged. Fear levels at visit 1 predicted avoidance of visit 2. Fear levels to both CS types showed stability even after extinction. CONCLUSIONS: Consistent with adult data, pediatric anxiety involves higher fear levels following conditioning but not greater differential conditioning. Extending these methods to neuroimaging studies may elucidate neural correlates of fear conditioning. Implications for exposure therapies are discussed.
Laugharne, Richard; Farid, Mohsen; James, Christopher; Dutta, Anirban; Mould, Christopher; Molten, Noelle; Laugharne, Jonathan; Shankar, Rohit	2023	Neurotechnological solutions for post-traumatic stress disorder: A perspective review and concept proposal	Healthc. Technol. Lett. (Healthcare Technology Letters)	10	6	133–138	Abstract Post-traumatic stress disorder (PTSD) is an anxiety condition caused by exposure to severe trauma. It is characterised by nightmares, flashbacks, hyper-vigilance and avoidance behaviour. These all lead to impaired functioning reducing quality of life. PTSD affects 2?5% of the population globally. Most sufferers cannot access effective treatment, leading to impaired psychological functioning reducing quality of life. Eye movement desensitisation and reprocessing (EMDR) is a non-invasive brain stimulation treatment that has shown significant clinical effectiveness in PTSD. Another treatment modality, that is, trauma-focused cognitive behavioural therapy is also an effective intervention. However, both evidence-based treatments are significantly resource intensive as they need trained therapists to deliver them. A concept of a neuro-digital tool for development is proposed to put to clinical practice of delivering EMDR to improve availability, efficiency and effectiveness of treatment. The evidence in using new technologies to measure sleep, geolocation and conversational analysis of social media to report objective outcome measures is explored. If achieved, this can be fed back to users with data anonymously collated to evaluate and improve the tool. Coproduction would be at the heart of product development so that the tool is acceptable and accessible to people with the condition.
Layne, Christopher M.; Greeson, Johanna K. P.; Ostrowski, Sarah A.; Kim, Soeun; Reading, Stephanie; Vivrette, Rebecca L.; Briggs, Ernestine C.; Fairbank, John A.; Pynoos, Robert S.	2014	Cumulative trauma exposure and high risk behavior in adolescence: Findings from the National Child Traumatic Stress Network Core Data Set	Psychological trauma : theory, research, practice and policy	6	Su ppl 1	S40-S49	Although links between adverse childhood experiences (ACEs) and problems in adulthood are well-established, less is known regarding links between exposure to trauma during childhood and adolescence and high-risk behavior in adolescence. We tested the hypothesis that cumulative exposure to up to 20 different types of trauma and bereavement/loss incrementally predicts high-risk adolescent behavior beyond demographic variables. Adolescents reporting exposure to at least 1 type of trauma (n = 3,785; mean age = 15.3 years; 62.7% girls) were selected from the National Child Traumatic

							Stress Network Core Data Set (CDS). Logistic regression analyses tested associations among both demographic variables and number of types of trauma and loss exposure as predictors, and 9 types of high-risk adolescent behavior and functional impairment (attachment difficulties, skipping school, running away from home, substance abuse, suicidality, criminality, self-injury, alcohol use, and victim of sexual exploitation) as criterion variables. As hypothesized, hierarchical logistic regression analyses revealed that each additional type of trauma exposure significantly increased the odds ratios for each problem behavior (range = 1.06–1.22) after accounting for demographic variables. Some demographic variables (female gender, public insurance eligibility, and older age) were also associated with increased likelihood for some outcomes. Study findings extend previously identified links between childhood trauma and problems later in life to include high-risk behavior and functional impairment during adolescence. The findings underscore the need for a trauma-informed public health approach to systematic screening, prevention, and early intervention for traumatized and bereaved youth in child service systems. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Lazarus, Clifford N.; Lazarus, Arnold A.	2003	Ist EMDR ein elegant konzentriertes multimodales Verfahren?					Es wird der Frage nachgegangen, ob und inwieweit die EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung als ein multimodales Verfahren aufgefasst werden kann. Zunächst wird der Begriff und die historische Entwicklung der multimodalen Therapie (MMT) erläutert. Dann werden die zentralen Elemente des multimodalen Modells besprochen und anhand des Modalitätsprofils eines Patienten mit einer posttraumatischen Belastungsstörung veranschaulicht. Überschneidungen zwischen EMDR und MMT werden herausgearbeitet, und die (integrierte) Anwendung von MMT und EMDR wird mittels einer Fallstudie verdeutlicht. Es wird die Auffassung vertreten, dass die EMDR-Behandlung im Grunde eine stark systematisierte, elegante therapeutische "Verpackung" ist, die viele der für die MMT charakteristischen Modalitäten nutzt.
Lazrove, Steven; Triffleman, Elisa; Kite, Lilitiana; McGlashan, Thomas; Rounsaville, Bruce	1998	AN OPEN TRIAL OF EMDR AS TREATMENT FOR CHRONIC PTSD	American Journal of Orthopsychiatry	68	4	601–608	In a pre-pilot study, eight adults with chronic PTSD underwent three 90-minute sessions of eye movement desensitization and reprocessing (EMDR) at one-week intervals in an open trial. None of the seven who completed treatment met criteria for current PTSD two months later. Significant decreases in measures of pathology and disturbance were recorded. A controlled trial of EMDR is under way.
Lee, Chia-Kuei; Feng, Jui-Ying	2021	From childhood victimization to internalizing and externalizing	Research in nursing & health	44	6	931–944	In this study, we aimed to determine whether forms of victimization influence internalizing and externalizing behavior problems differently

		behavior problems through self-esteem in adolescence					and whether these relationships are mediated by self-esteem. This study included 2321 Taiwanese adolescents aged 11-21 from a previous case-control study. Six forms of victimization, self-esteem, and seven behaviors were measured. Gender, age, group (justice-involved vs. high-school adolescents), and family dysfunction were covariates in generalized linear models and path analysis. Different forms of childhood victimization were associated with different internalizing and externalizing behavior problems. Additionally, psychological abuse and psychological neglect were negatively associated with self-esteem, which itself was associated with all internalizing and externalizing behavior problems. Significant indirect effects of psychological abuse and psychological neglect on all internalizing and externalizing behavior problems (mediated by self-esteem) were also identified. Due to the limitation of measurement, the interpretation about the influence of victimization patterns could not be made. Findings suggest that different forms of childhood victimization may lead to different mechanisms for internalizing and externalizing behavior problems in adolescents. Further research is needed to identify the mechanisms underlying different forms of childhood victimization and to clarify the effects of victimization patterns to develop effective interventions.
Lee, Christopher W.; Drummond, Peter D.	2008	Effects of eye movement versus therapist instructions on the processing of distressing memories	Journal of anxiety disorders	22	5	801–808	The effectiveness of components of eye movement desensitization and reprocessing (EMDR) was tested by randomly assigning 48 participants to either an eye movement or an eye stationary condition and to one of two types of therapist instructions (reliving or distancing). Participants were university students (mean age 23) who were asked to recall a personal distressing memory with measures of distress and vividness taken before and after treatment, and at follow-up. There was no significant effect of therapist's instruction on the outcome measures. There was a significant reduction in distress for eye movement at post-treatment and at follow-up but overall no significant reduction in vividness. Post hoc analysis revealed a significant reduction in vividness only for the eye movement and distancing instruction condition. The results were consistent with other evidence that the mechanism of change in EMDR is not the same as traditional exposure.
Lee, Christopher W.; Taylor, Graham; Drummond, Peter D.	2006	The active ingredient in EMDR: is it traditional exposure or dual focus of attention?	Clinical psychology & psychotherapy	13	2	97–107	Abstract Very little is known about the mechanisms that underlie the therapeutic effectiveness of eye movement desensitization and reprocessing (EMDR). This study tested whether the content of participants' responses during EMDR is similar to that thought to be effective for traditional exposure treatments (reliving), or is more

							consistent with distancing, which would be expected given Shapiro's proposal of dual process of attention. The responses made by 44 participants with post-traumatic stress disorder (PTSD) were examined during their first EMDR treatment session. An independent rater coded these responses according to whether they were consistent with reliving, distancing or focusing on material other than the primary trauma. The coding system was found to have satisfactory inter-rater reliability. Greatest improvement on a measure of PTSD symptoms occurred when the participant processed the trauma in a more detached manner. Cross-lagged panel correlations suggest that processing in a more detached manner was a consequence of the EMDR procedure rather than a measure that covaried with improvement. ?Copyright ? 2006 John Wiley & Sons, Ltd.
Lee, Christopher; Gavriel, Helen; Drummond, Peter; Richards, Jeff; Greenwald, Ricky	2002	Treatment of PTSD: Stress inoculation training with prolonged exposure compared to EMDR	Journal of clinical psychology	58	9	1071–1089	Abstract The effectiveness of Stress Inoculation Training with Prolonged Exposure (SITPE) was compared to Eye Movement Desensitization and Reprocessing (EMDR). Twenty-four participants who had a diagnosis of Post Traumatic Stress Disorder (PTSD) were randomly assigned to one of the treatment conditions. Participants were also their own wait-list control. Outcome measures included self-report and observer-rated measures of PTSD, and self-report measures of depression. On global PTSD measures, there were no significant differences between the treatments at the end of therapy. However on the subscale measures of the degree of intrusion symptoms, EMDR did significantly better than SITPE. At follow-up EMDR was found to lead to greater gains on all measures. ? 2002 Wiley Periodicals, Inc. J Clin Psychol 58: 1071?1089, 2002.
Lee, Christopher; Gavriel, Helen; Richards, Jeff	1996	Eye Movement Desensitisation: Past Research, Complexities, and Future Directions	Australian Psychologist	31	3	168–173	This paper reviews the present state of knowledge about the efficacy of eye movement desensitisation and reprocessing (EMDR) as a treatment for traumatic memories, and draws on information-processing theory to identify basic problems with much of the research on this procedure. The general failure of this research to take into account the complexity and hypothesised theoretical underpinnings of EMDR is discussed, and suggestions are made for future research. Although EMDR has shown some promise as an effective intervention for posttraumatic stress disorder (PTSD), well controlled comparative outcome studies are required to establish its efficacy before investigation of its active therapeutic components should be undertaken.
Lee, Gale K.; Beaton, Randal D.; Ensign, Josephine	2003	Eye movement desensitization and reprocessing. A brief and effective treatment for stress	Journal of psychosocial nursing and	41	6	22–31	1. Eye movement desensitization and reprocessing (EMDR) is an integrative therapy that "unlocks" disturbing memories or beliefs and reprocesses them, in some way, so they are no longer as disabling. 2.

			mental health services				EMDR can be used for any experientially based psychological problems and has proven especially effective for traumatic imagery associated with posttraumatic stress disorder. 3. A primary benefit of EMDR is its time efficiency, requiring as few as 3 to 5 hours of treatment. 4. Many potential mechanisms (i.e., cognitive, hypnotic, self-disclosure, biological) may account for the effectiveness of EMDR.
Lee, Jeong-Ha; Lee, Jang-Han	2012	Attentional bias to violent images in survivors of dating violence	Cognition & emotion	26	6	1124–1133	This study investigated the time-course characteristics of attentional bias, such as vigilance and maintenance, towards violent stimuli in dating violence (DV) survivors. DV survivors with PTSD symptoms (DV-PTSD group; n=14), DV survivors without PTSD symptoms (Trauma Control group; n=14), and individuals who were never exposed to dating violence (NDV group; n=15) viewed slides that presented four categories of images (violent, dysphoric, positive, and neutral) per slide, for ten seconds. Our results revealed that the DV-PTSD group spent more time on violent stimuli than did the Trauma Control or NDV groups. The DV survivors, both with and without PTSD symptoms, spent more time on dysphoric stimuli and less time on happy stimuli than did the NDV group. In addition to the effects of PTSD, researchers should also be considering the effects of simple traumatic exposure.
Lee, Jeong-Ha; Lee, Jang-Han	2014	Attentional bias towards emotional facial expressions in survivors of dating violence	Cognition & emotion	28	6	1127–1136	This study identified components of attentional bias (e.g. attentional vigilance, attentional avoidance and difficulty with disengagement) that are critical characteristics of survivors of dating violence (DV). Eye movements were recorded to obtain accurate and continuous information regarding attention. DV survivors with high post-traumatic stress symptoms (DV-High PTSS group; n = 20) and low post-traumatic stress symptoms (DV-Low PTSS group; n = 22) and participants who had never experienced DV (NDV group; n = 21) were shown screens displaying emotional (angry, fearful and happy) faces paired with neutral faces and negative (angry and fearful) faces paired with happy faces for 10 s. The results indicate that the DV-High PTSS group spent longer dwelling on angry faces over time compared with the DV-Low PTSS and NDV groups. This result implies that the DV-High PTSS group focused on specific trauma-related stimuli but does not provide evidence of an attentional bias towards threatening stimuli in general.
Lee, Kenneth Ken Siong; Chong, Jamaline Qianzhen; Abu Bakar, Abdul Kadir	2018	School refusal in adolescents with systemic lupus erythematosus (SLE): A case series	Asian journal of psychiatry	34		59–60	

Lee, Phyllis; Lang, Jason M.	2023	Comparing trauma-focused cognitive-behavioral therapy to commonly used treatments in usual care for children with posttraumatic stress disorder	Psychological Trauma: Theory, Research, Practice, and Policy				Objective: Trauma-focused cognitive-behavioral therapy (TF-CBT) is an evidence-based treatment; however, few studies have examined the use of TF-CBT as part of routine clinical care, outside of research trials. This study used administrative data from a statewide system of care to examine differences in pretreatment characteristics and outcomes between children with posttraumatic stress disorder (PTSD) who received TF-CBT and those who received non-TF-CBT treatments. Method: The sample consisted of 1,861 children (59% female, 43% Hispanic, 35% White, and 14% Black) ages 3–17 with a primary diagnosis of PTSD who received outpatient psychotherapy at 25 clinics in Connecticut. Data were collected as part of routine care, including child demographic characteristics, diagnosis, treatment type, and problem severity and functioning using the Ohio Scales. Results: Approximately one-third of children received TF-CBT. There were some differences at intake between children who received TF-CBT and those who received another type of usual care treatment; children who experienced sexual victimization and more types of trauma as well as non-Hispanic White children were more likely to receive TF-CBT. Propensity score matching was used to balance intake differences between treatment groups, and results indicated that children who received TF-CBT had significantly greater improvements in problem severity and functioning than children who received other types of usual care treatments (effect size = 0.21–0.24), including generic cognitive-behavioral therapy (CBT). Conclusions: These findings reinforce the evidence for providing TF-CBT to children with PTSD in outpatient settings and suggest that supporting clinicians in implementing TF-CBT can result in greater improvements than usual care treatments. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)
Lee, William K.; Hayashi, Kanna; DeBeck, Kora; Milloy, M. J. S.; Grant, Cameron; Wood, Evan; Kerr, Thomas	2020	Association between posttraumatic stress disorder and nonfatal drug overdose	Psychological trauma : theory, research, practice and policy	12	4	373–380	Objective: North America is in the midst of a growing drug overdose crisis. While prescription opioid misuse and synthetic opioids such as fentanyl have been implicated in the overdose crisis, less attention has been given to the role that posttraumatic stress disorder (PTSD) may play in this crisis. As such, this study sought to examine the relationship between PTSD and risk of nonfatal overdose among people who use drugs (PWUD). Method: Data were derived from three prospective cohorts of PWUD in Vancouver, Canada. For each participant, PTSD was assessed using the PTSD Checklist for the DSM-5. Multivariate logistic regression analysis was used to estimate the relationship between PTSD and nonfatal overdose, adjusting for potential confounders. Results: Between 2016 and 2018 among 1,059



							PWUD, including 363 (34%) nonmale participants, 171 (16%) experienced a nonfatal drug overdose in the past 6 months, and 414 (39%) met criteria for a provisional PTSD diagnosis. In multivariate analysis, PTSD (adjusted odds ratio = 1.98, 95% confidence interval [1.4, 2.79]) remained independently associated with nonfatal overdose after adjustment for a range of confounders. Conclusions: Among participants in these community-recruited cohorts of PWUD, having a provisional PTSD diagnosis nearly doubled the risk of nonfatal overdose. The findings from this study support the need to incorporate a trauma-informed approach within the current overdose prevention framework. Education and training relating to trauma and PTSD should be prioritized for health care professionals who work with and treat PWUD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Leer, Arne; Engelhard, Iris M.	2020	Side effects of induced lateral eye movements during aversive ideation	Journal of behavior therapy and experimental psychiatry	68		101566	BACKGROUND AND OBJECTIVES: Eye Movement Desensitization and Reprocessing (EMDR) is a treatment for posttraumatic stress disorder. It uses a dual-task approach, in which patients recall an aversive memory while making lateral eye movements. Research has shown that this 'eye movements' intervention reduces subjective memory vividness and emotionality. This study examined whether it also reduces memory accuracy on a visual discrimination task. METHODS: Participants (68 undergraduates) underwent an aversive conditioning phase, in which two pictures of male faces were followed by shock. Then they recalled one face with (experimental condition) and one without (control condition) making lateral eye movements. Finally, they completed a stimulus discrimination test with slightly different faces shortly after the intervention and one day later. RESULTS: Results showed that the eye movements intervention led to increased false-positive rates one day later. LIMITATIONS: Our intervention targeted newly formed memory rather than consolidated memory. CONCLUSIONS: The results inform theory about EMDR's mechanisms of change and suggest that the treatment may have side effects regarding memory accuracy.
Leer, Arne; Engelhard, Iris M.; Lenaert, Bert; Struyf, Dieter; Vervliet, Bram; Hermans, Dirk	2017	Eye movement during recall reduces objective memory performance: An extended replication	Behaviour research and therapy	92		94-105	Eye Movement Desensitization and Reprocessing (EMDR) therapy for posttraumatic stress disorder involves making eye movements (EMs) during recall of a traumatic image. Experimental studies have shown that the dual task decreases self-reported memory vividness and emotionality. However valuable, these data are prone to demand effects and little can be inferred about the mechanism(s) underlying the observed effects. The current research aimed to fill this lacuna by providing two objective tests of memory performance. Experiment 1 involved a stimulus discrimination task. Findings were that EM during

							stimulus recall not only reduces self-reported memory vividness, but also slows down reaction time in a task that requires participants to discriminate the stimulus from perceptually similar stimuli. Experiment II involved a fear conditioning paradigm. It was shown that EM during recall of a threatening stimulus intensifies fearful responding to a perceptually similar yet non-threat-related stimulus, as evidenced by increases in danger expectancies and skin conductance responses. The latter result was not corroborated by startle EMG data. Together, the findings suggest that the EM manipulation renders stimulus attributes less accessible for future recall.
Leer, Arne; Engelhard, Iris M.; van den Hout, Marcel A	2014	How eye movements in EMDR work: changes in memory vividness and emotionality	Journal of behavior therapy and experimental psychiatry	45	3	396–401	BACKGROUND AND OBJECTIVES: Eye movements (EM) during recall of an aversive memory is a treatment element unique to Eye Movement Desensitization and Reprocessing (EMDR). Experimental studies have shown that EM reduce memory vividness and/or emotionality shortly after the intervention. However, it is unclear whether the immediate effects of the intervention reflect actual changes in memory. The aim of this study was to test whether immediate reductions in memory vividness and emotionality persist at a 24 h follow up and whether the magnitude of these effects is related to the duration of the intervention. METHODS: Seventy-three undergraduates recalled two negative autobiographical memories, one with EM ("recall with EM") and one without ("recall only"). Half of participants recalled each memory for four periods of 24 s, the other half for eight periods of 24 s. Memory vividness/emotionality were self-rated at a pre-test, an immediate post-test, and a 24 h follow-up test. RESULTS: In both duration groups, recall with EM, but not recall only, caused an immediate decrease in memory vividness. There were no immediate reductions in memory emotionality. Furthermore, only the 'eight periods' group showed that recall with EM, but not recall only, caused a decrease in both memory emotionality and memory vividness from the pre-test to the follow-up. LIMITATIONS: Only self-report measures were used. CONCLUSIONS: The findings suggest that recall with EM causes 24-h changes in memory vividness/emotionality, which may explain part of the EMDR treatment effect, and these effects are related to intervention duration.
Lehning, Maria	2016	EMDR in der Behandlung von psychosomatischen Erkrankungen					Ausgehend von klinischen Erfahrungen wird der Einsatz der EMDR- (Eye Movement Desensitization and Reprocessing-)Methode zur Behandlung von psychosomatischen Erkrankungen erörtert. Dabei werden folgende Aspekte thematisiert und jeweils mit einer Fallvignette veranschaulicht: psychosomatische Erkrankungen als

							Traumafolgestörungen; psychosomatische Erkrankungen als Folge dysfunktional verarbeiteter Erinnerungen; psychosomatische Symptome im Fokus und EMDR-Arbeit am Symptom; psychosomatische Symptome als Symbole unverstandener Sinnzusammenhänge. Insgesamt werden die vorgestellten Fallbeispiele als Beleg dafür gesehen, dass es sich lohnt, EMDR in die Behandlung von psychosomatischen Erkrankungen zu integrieren. Dabei wird es für wichtig erachtet, die Symptomatik unter dem Blickwinkel AIP-(Adaptive Information Processing-)Systems zu betrachten.
Lehnung, Maria; Hofmann, Arne; Hase, Michael	2016	EMDR bei depressiven Erkrankungen					EMDR (Eye Movement Desensitization and Reprocessing) Methode wird als Verfahren zur Behandlung von depressiven Erkrankungen erörtert. Dabei stehen die folgenden Aspekte, die jeweils mit einer Fallvignette veranschaulicht werden, im Vordergrund: Depression als Traumafolgestörung; Depression als Folge von Mobbing- und Verlusterlebnissen (Arbeit mit Episodenauslösern); die Behandlung schwerer depressiver Erkrankungen mit dem EMDR-Protokoll "DEPREND" die Arbeit mit depressiven Zuständen; die Bearbeitung negativer Überzeugungssysteme mit EMDR.
Lehrer, Paul	2008	Entspannung und Stressmanagement					In einem Überblick über den Einsatz von Entspannungsverfahren im Rahmen des Stressmanagements werden zunächst Methoden der progressiven Entspannung und des autogenen Trainings beschrieben. Anschließend werden weitere Ansätze, die bei verschiedenen Symptomen und speziellen Populationen angewendet werden können, angeführt. Dabei wird auf Herzratenvariabilitäts-Biofeedback, "Mindfulness Meditation", Hypnose, Neurofeedback, Desensibilisierung der Augenbewegungen, respiratorische Entspannungstechniken, QiGong, Yoga und Mantra-Meditation eingegangen. Tabellarisch werden häufige Anwendungsbereiche der einzelnen Techniken aufgelistet.
Lehrmann, Christoph	2001	EMDR in psychodynamischen Psychotherapien. Methodenwillkür oder sinnvolle Erweiterung?	Psychotherapeut	46	4	266–268	Anhand von zwei Fallbeispielen (29- und 51-jähriger Patient) wird der mögliche Einsatz der EMDR (Eye Movement Desensitization and Reprocessing) in psychodynamischen Psychotherapien dargestellt. Dabei wird gezeigt, dass sich der EMDR-Einsatz in psychodynamischen Psychotherapien vor allem dann anbietet, wenn traumatisch bedingte Symptome oder Reaktionen eine Rolle spielen. Der Einbezug der EMDR stellt in solchen Fällen eine vorübergehende Erweiterung der psychodynamischen Behandlungstechnik dar, nicht jedoch ein Verlassen der psychodynamischen Therapeut-Patient-Beziehung.

<p>Leiner, Amy S.; Kearns, Megan C.; Jackson, Joan L.; Astin, Millie C.; Rothbaum, Barbara O.</p>	<p>2012</p>	<p>Avoidant coping and treatment outcome in rape-related posttraumatic stress disorder</p>	<p>Journal of consulting and clinical psychology</p>	<p>80</p>	<p>2</p>	<p>317–321</p>	<p><b>OBJECTIVE</b> This study investigated the impact of avoidant coping on treatment outcome in rape-related posttraumatic stress disorder (PTSD). <b>METHOD</b> Adult women with rape-related PTSD (N = 62) received 9 sessions of prolonged exposure (PE) or eye movement desensitization and reprocessing (EMDR). The mean age for the sample was 34.7 years, and race or ethnicity was reported as 67.7% Caucasian, 25.8% African American, 3.2% Latina, and 3.2% other. PTSD was assessed with the PTSD Symptom Scale-Self-Report (Foa, Riggs, Dancu, &amp; Rothbaum, 1993), and avoidant coping was assessed using the Coping Strategies Inventory-Disengagement subscale (CSI-D; Tobin, Holroyd, Reynolds, &amp; Wigal, 1989). <b>RESULTS</b> Pretreatment avoidant coping was negatively associated with posttreatment PTSD symptom severity even when controlling for initial severity of total PTSD symptoms and when removing PTSD avoidance symptoms from the analysis to account for potential overlap between avoidant coping and PTSD avoidance symptoms: <math>\Delta R^2 = .08</math>, <math>b^* = -0.31</math>, 95% CI [-0.17, -0.01], <math>t(60) = -2.27</math>, <math>p = .028</math>. The CSI-D pretreatment mean score of 100 predicted a 96% likelihood of experiencing clinically significant change (CSC) during treatment. A CSI-D pretreatment score of 61 was associated with a 40% likelihood of experiencing CSC. <b>CONCLUSIONS</b> PE and EMDR appear to be beneficial for women who frequently engage in avoidant coping responses following rape. A small subset of women with initially low levels of avoidant coping are unlikely to experience a therapeutic response from PE or EMDR.</p>
<p>Lemmens, Jeroen S.; Bushman, Brad J.; Konijn, Elly A.</p>	<p>2006</p>	<p>The appeal of violent video games to lower educated aggressive adolescent boys from two countries</p>	<p>Cyberpsychology &amp; behavior : the impact of the Internet, multimedia and virtual reality on behavior and society</p>	<p>9</p>	<p>5</p>	<p>638–641</p>	<p>The objective of this study was to test the effect of individual differences on appeal and use of video games. Participants were 299 adolescent boys from lower and higher secondary schools in the Netherlands and Belgium. In general, boys were most attracted to violent video games. Boys that scored higher in trait aggressiveness and lower in empathy were especially attracted to violent games and spent more time playing video games than did boys lower in trait aggressiveness. Lower educated boys showed more appreciation for both violent and nonviolent games and spent more time playing them than did higher educated boys. The present study showed that aggressive and less empathic boys were most attracted to violent games. The fact that heavy users of violent games show less empathy</p>

							and higher aggressiveness suggests the possibility of desensitization. Other studies have shown that playing violent games increases aggressiveness and decreases empathy. These results combined suggest the possibility of a violence cycle. Aggressive individuals are attracted to violent games. Playing violent games increases aggressiveness and decreases empathy, which in turn leads to increased appreciation and use of violent games.
Lempa, Wolfgang; Akgül, Gülay; Sack, Martin	2006	Therapieführer					Es werden ambulante und stationäre Beratungs- und Behandlungsangebote aufgeführt, die mit EMDR arbeiten. Die Therapieangebote sind nach Postleitzahlen sortiert. Es werden Basisinformationen wie Anschrift, Ansprechpartner, E-Mail Adresse und Internetadresse angeboten. Außerdem wird angegeben, ob eine Trauma-Schwerpunktstation besteht sowie die Anzahl der Behandlungsplätze.
Lempa, Wolfgang; Sack, Martin	2006	EMDR bei akuten Traumatisierungen					Es wird aufgezeigt, wie Menschen mit Posttraumatischer Belastungsstörung mit Hilfe des Eye Movement Desensitization and Reprocessing (EMDR) geholfen werden kann. Anhand eines Fallbeispiels werden die einzelnen Schritte der Behandlung illustriert. Die Phasen des EMDR Akutprotokolls und des EMDR Standardprotokolls werden beschrieben und voneinander abgegrenzt. Auf die wissenschaftliche Fundierung der EMDR Methode wird gesondert eingegangen.
Lempertz, Daniela; Vasileva, Mira; Brandstetter, Luise; Bering, Robert; Metzner, Franka	2023	Short-term eye movement desensitization and reprocessing (EMDR) therapy to treat children with posttraumatic stress symptoms after single trauma: A case series	Clinical child psychology and psychiatry	28	2	450– 464	<p><b>BACKGROUND</b></p> <p>Traumatic experiences can lead to posttraumatic stress disorder (PTSD). For young children, even minor, inconspicuous looking events can lead to posttraumatic stress symptoms. Trauma-focused treatment with Eye Movement Desensitization and Reprocessing (EMDR) offers children an age-adapted intervention to help them successfully process traumatic experiences. So far, there has been a lack of well evaluated trauma-focused treatments for young children.</p> <p><b>METHODS</b></p> <p>These case series examine the effectiveness of a short-term treatment with EMDR therapy for children showing PTSD symptoms after experiencing a single incident induced trauma. Five children between 5 and 10 years of age who developed PTSD after a single incident trauma received a manualized EMDR treatment for 6 weeks (mean number of sessions: seven including a mean number of EMDR sessions: 3.4). Posttraumatic stress symptoms were assessed prior to treatment, following treatment and at a 3-month follow-up with standardized instruments for caregivers and children.</p> <p><b>RESULTS</b></p>

							<p>PTSD symptoms decreased for all children after completing the treatment from clinical to non-clinical level. Reductions in vegetative hyperarousal, fears and clinging behaviour were achieved. Furthermore, reductions in the parental stress levels, as well as a recovery of everyday routine and everyday stability were observed.</p> <p>CONCLUSION</p> <p>Short-term EMDR treatment appears to be a promising treatment for single incident trauma in young children providing a potentially successful quick and safe psychological treatment for children. Results contribute to the knowledge of feasibility and acceptability of short-term, trauma-focused treatments of children with EMDR. Replication of the results of these case series in larger samples using a randomized controlled design is warranted.</p>
Lemyre, Alexandre; Bastien, Célyne; Vallières, Annie	2019	Nightmares in mental disorders: A review	Dreaming	29	2	144– 166	<p>No review has specifically focused on the experience of nightmares in individuals with a mental disorder. With a better understanding of nightmares in this population, clinicians will be more inclined to investigate for the presence of chronic nightmares, to consider nightmares for prognosis, and to treat this sleep difficulty independently from other mental disorders. Therefore, this narrative review aims to summarize the most relevant literature on the experience of nightmares in posttraumatic stress disorder (PTSD), depressive disorders and bipolar disorders, anxiety disorders and obsessive-compulsive disorder, attention-deficit/hyperactivity disorder, schizophrenia spectrum disorders, substance use disorders, autism spectrum disorder, eating disorders, and personality disorders. Differences in the experience of nightmares between mental disorders are also addressed. Expectedly, the positive relationship between nightmares and PTSD is the most empirically supported. Empirical data generally support a positive relationship between nightmares and other mental disorders, with the autism spectrum disorder being an exception. Moreover, the presence of nightmares in individuals with a mental disorder is often associated with poorer mental health, poorer sleep, and a greater risk for suicide. In conclusion, this review highlights the importance for clinicians to investigate for the presence of chronic nightmares along with other sleep difficulties (most commonly, insomnia and sleep apnea), to consider the potential influence of nightmares on the course of the primary mental disorder, and to be prepared to grant access to treatments targeting nightmares. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>

Lepore, S. J.	1997	Expressive writing moderates the relation between intrusive thoughts and depressive symptoms	Journal of personality and social psychology	73	5	1030–1037	The author investigated whether expressive writing enhances emotional adaptation to a stressful event (graduate entrance exams) by reducing event-related intrusive thoughts or by desensitizing people to such thoughts. Participants in the experimental group, who were instructed to write their deepest thoughts and feelings about the exam, exhibited a significant decline in depressive symptoms from 1 month (Time 1) to 3 days (Time 2) before the exam. Participants in the control group, who wrote about a trivial topic, maintained a relatively high level of depressive symptoms over this same period. Expressive writing did not affect the frequency of intrusive thoughts, but it moderated the impact of intrusive thoughts on depressive symptoms. Specifically, intrusive thoughts at Time 1 were positively related to depressive symptoms at Time 2 in the control group and were unrelated to symptoms in the expressive writing group.
Lesky, Jürgen; Rosmann, Ina	2003	Der Einsatz von EMDR in der Rehabilitation Unfallverletzter - ein Praxisbericht über die Behandlung posttraumatischer Angststörungen	Psychologische Medizin	14	4	30–37	Zur Behandlung posttraumatischer Angststörungen steht mit EMDR (Eye Movement Desensitization and Reprocessing) ein relativ neues Verfahren zur Verfügung, das sich durch zeitliche Ökonomie und überprüfte Effizienz auszeichnet. Es handelt sich um eine manualisierte therapeutische Methode, die in mehrere Phasen gegliedert werden kann. Anhand von vier Fallbeispielen (Unfallopfer in Rehabilitation) werden die Vorgehensweise der EMDR-Behandlung sowie therapeutische Veränderungsprozesse veranschaulicht.
Leslie, Carine E.; Walsh, Colleen S.; Sullivan, Terri N.	2023	Implications of intergenerational trauma: Associations between caregiver ACEs and child internalizing symptoms in an urban African American sample	Psychological Trauma: Theory, Research, Practice, and Policy	15	5		Objective: The link between adverse childhood experiences (ACEs) and negative mental health outcomes is well established. However, the intergenerational link between caregiver ACE history and their child's psychosocial outcomes is understudied, particularly within minoritized groups. This study aimed to delineate relations between caregiver ACE exposure and their child's depression and posttraumatic stress disorder (PTSD) symptoms by proposing a serial mediation of caregiver PTSD, family management problems, and child ACEs. Method: Two hundred seventy-three caregiver (Mage = 39.27; 88% female) and adolescent (Mage = 14.26; 57% female) dyads from low-income urban communities completed electronic questionnaires measuring PTSD symptoms and ACEs. Child participants also completed a measure of depression and family management problems. Regression and serial mediation analyses were conducted to examine associations among these variables. Results: Caregiver ACEs were significantly associated with their child's PTSD symptoms but were not related to their child's depression scores. Serial mediation analyses indicated that child ACEs mediated the relation between caregiver ACEs and their child's PTSD symptoms. Evidence

							for an overall indirect effect via caregiver PTSD, family management problems, and child ACEs was not found. No indirect effects between caregiver ACEs and child depression were found. Conclusions: Findings demonstrate that higher levels of caregiver ACE exposure are associated with their child's PTSD symptoms in a sample of African American dyads living in urban, high-burden communities. These results suggest a need for ACE screening during medical visits and provides guidance for future clinical interventions. The distinct intergenerational consequences for caregivers with ACEs and their children's psychosocial wellbeing warrant further study. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Leuenberger, Rudolf	2008	Die EMDR-Methode und ihr Bezug zur ersten Grundmotivation	Existenzanalyse	25	1	44-53	Es wird gezeigt, dass aufgrund der während vier Jahren in einer ärztlichen Grundversorgungspraxis mit der EMDR (Eye Movement Desensitization and Reprocessing)-Methode gesammelten Erfahrungen zur Behandlung psychisch traumatisierter Patienten mit einer PTBS (posttraumatische Belastungsstörung) über die gängigen, zum Teil hypothetischen neurobiologischen Erklärungsversuche hinaus, die Existenzanalyse sehr viel zum psychologischen wie auch philosophischen Verständnis dieser Methode beitragen kann. Aus den verbalen Äußerungen der Patienten vor, während und nach der Behandlung kann geschlossen werden, dass von den betroffenen Defiziten der vier Grundmotivationen der Existenzanalyse die der ersten Grundmotivation am meisten Bedeutung haben. Anhand von 23 Krankengeschichten werden die Wirkfaktoren der EMDR-Methode mit den Begriffen der ersten Grundmotivation existenzanalytisch verstehbar.
Leutner, Susanne	2019	Heilsame Netzwerke - EST und EMDR: Ein roter Faden für den Behandlungsprozess					Die Arbeit mit inneren Anteilen ist in vielen Therapieschulen und -modellen bekannt. Traumakonfrontation erfolgt darin auf unterschiedliche Art und Weise. Das EMDR (Eye Movement Desensitization and Reprocessing) wiederum ist entstanden für den Kernbereich der Traumakonfrontation. Es wird ein eigenes Prozessmodell zur Orientierung für die praktisch-psychotherapeutische Arbeit geboten, das Antworten auf folgende Fragen impliziert: Wie können sich sogenannte Teilemodelle, speziell die Ego-State-Therapie, und das EMDR in der klinischen Praxis der Traumakonfrontation ergänzen und bereichern? Welchen Stellenwert nehmen die beiden unterschiedlichen Herangehensweisen in der Behandlungsplanung ein? Wie kann man sich als Therapeutin oder Therapeut einen Überblick verschaffen, zu welchem Zeitpunkt des Therapieprozesses mit welchen Klientinnen oder Klienten welche Intervention sinnvoll ist? Wann und wie arbeitet man direkt



							traumakonfrontativ und welches Modell ist jeweils passend? Welche andere Form der Traumabearbeitung ist möglich? Was ist eigentlich die Traumakonfrontation: ein Prozess, ein bestimmter Zeitpunkt, ein bestimmtes Ergebnis?
Leutner, Susanne; Cronauer, Elfie	2022	Traumatherapie-Kompass. Begegnung, Prozess und Selbstentwicklung in der Therapie mit Persönlichkeitsanteilen					Die Behandlung von Menschen mit komplexen Traumatisierungen stellt Therapeutinnen und Therapeuten vor große Herausforderungen. Über die etablierten traumatherapeutischen Konzepte hinausgehend wird ein schulenübergreifender Ansatz zur entwicklungs- und prozessorientierten Arbeit vorgestellt. Der besondere Akzent liegt auf der vernetzend-systemischen Arbeit mit Persönlichkeitsanteilen sowie der Kombination mit EMDR (Eye Movement Desensitization and Reprocessing). Der therapeutischen Beziehung kommt dabei ein ebenso hoher Stellenwert zu wie dem konsequenten Blick auf die Stärken der Klientinnen und Klienten. Die Therapeutinnen und Therapeuten können in der Begegnung mit den Klientinnen und Klienten herausfinden, was diese brauchen, wie viel Belastung sie bewältigen können und wie viel Stärkung nötig ist für den passenden nächsten Schritt auf ihren jeweils ganz eigenen Wegen. Eine Fülle von Anleitungen, Fallbeispielen und Übungen bereichert den Traumatherapie-Kompass. - Inhalt: <a href="https://d-nb.info/1229219315/04">https://d-nb.info/1229219315/04</a>
Levitt, J.; Mcgoldrick, P.; Evans, D.	2000	The management of severe dental phobia in an adolescent boy: a case report	International journal of paediatric dentistry	10	4	348–353	Dental fear is a widespread problem that represents one of the major barriers to dental care. This report describes a case study of a 12-year-old boy who presented with dental phobia characterized as 'fear of catastrophe', 'generalized dental fear' and 'fear of specific stimuli'. The referral came from his general dental practitioner who had been unable to carry out even the simplest dental procedure on him. The patient required prevention, conservation and root canal therapy. The case illustrates the use of physical strategies, including muscle relaxation and relaxation breathing; practice strategies, including graded exposure and cognitive strategies, combined with individual control methods and inhalation sedation to successfully complete the dental treatment plan.
Li, Jina; Li, Jia; Yuan, Lin; Zhou, Ying; Zhang, Weijun; Qu, Zhiyong	2022	The acceptability, feasibility, and preliminary effectiveness of group cognitive behavioral therapy for Chinese children with posttraumatic stress disorder: A pilot randomized controlled trial	Psychological trauma : theory, research, practice and policy			No Paginat on Specifie d-No Paginat on	Objective: The psychological need for traumatized children is huge in China. However, evidence-based treatments designed for Chinese children are scarce. This study aimed to test the feasibility and preliminary effectiveness of a cognitive-behavioral program (Power up Children's Psychological Immunity; PCPI) in Chinese children. Method: A total of 87 children with posttraumatic stress disorder (PTSD) symptoms in grades 3 to 5 were randomly allocated (1:1) to the PCPI group or the treatment as usual (TAU) group. The feasibility was

						Specific d	assessed by participant adherence, satisfaction, and acceptability. The severity of PTSD, depression and anxiety were assessed at pre- and posttreatment and the 3-month follow-up. Results: A high level of satisfaction (81.82%) and retention rate of each session (more than 93.33%) were found. Qualitative feedback reported a high level of acceptance. At posttreatment, the PCPI group had lower mean scores than the TAU group for PTSD (adjusted mean difference [AMD], -6.18; 95% CI, -12.21 to -.14; p = .048), and anxiety (AMD, -2.05; 95% CI, -3.81 to -.28; p = .026). However, little change was found from posttreatment to 3-month follow-up. Conclusion: The findings indicated that the school-based group PCPI intervention was feasible and acceptable. Further evaluation is needed to examine its effectiveness in a larger sample size. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Liao Siling, Jocelyn; Truss, Katie; Philips, Lisa; Eastwood, Oliver; Bendall, Sarah	2021	Young people's journeys of recovery from trauma: A qualitative study of narratives from Internet forums	Psychological trauma : theory, research, practice and policy	13	3	293–301	Objectives: The present study aimed to address to the dearth of research into the phenomenology of recovery among young people exposed to trauma. Method: Using an interpretative phenomenological approach, we analyzed Internet forum data to consider how young people experience recovery from trauma. Results: Five domains of recovery were identified: meaningful shifts in the sense of self, gaining control and autonomy, establishing hope and commitment, making meaning out of tragedy, and engaging in normative activities and connecting with others. Participants described the experience of recovery as an ongoing, nonlinear and dialectical process that was not synonymous with cure and often took place in the context of supportive relationships. Conclusions: While the broad themes of recovery align with those derived from adult literature, the accounts diverge with respect to the content within the domains themselves. The findings suggest that services oriented to trauma-exposed young people need to bolster these internal processes of change, while also attending to their specific developmental needs and capacities. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Liebeck, H.	1991	New elements in behavior therapy of a case of dog phobia in an adolescent patient with Down's syndrome. A critical study of the method	Praxis der Kinderpsychologie und Kinderpsychiatrie	40	8	289–292	A review of the actual literature shows, that we have no reports of successful behavioral methods for the treatment of mentally retarded children with phobias. This study suggests a new way for treating a dog-phobia of a seventeen year old boy with Downsyndrom, using a special form of flooding by including the Premack-principle. Problems of desensitization and other special effects during therapy of these patients are discussed.

Liebermann, P.; Hofmann, A.; Flatten, G.	2003	Psychotherapeutic treatment of traumatic stress with the EMDR (Eye Movement Desensitization and Reprocessing) method	MMW Fortschritte der Medizin	145	49	39–41	EMDR (Eye Movement Desensitization and Reprocessing) is a method, developed at the end of the nineteen-eighties, for the treatment of the post-traumatic stress disorder (PTSD). The patient is asked to concentrate on certain aspect of the traumatic memory while keeping his eyes fixed on the movements of the therapist's finger. Apparently, this triggers information processing that results in appreciable relief for the patient. The method has proven to be equally as effective as behavioral-therapeutic techniques, and, has in the meantime, been included in national and international guidelines for the treatment of PTSD. The indications for EMDR treatment include not only PTSD, but, increasingly, also other, sometimes more severely chronic, it trauma sequelae. Within the framework of basic care, EMDR must be embedded within a treatment plan and should, where applicable, be combined with other methods.
Lima, Thiago César; Vieira-Barbosa, Natália Maria; Grasielle de Sá Azevedo, Camila; Matos, Fabiana Rodrigues de; Douglas de Oliveira, Dhelfeson Willy; Oliveira, Evandro Silveira de; Ramos-Jorge, Maria Letícia; Gonçalves, Patricia Furtado; Flecha, Olga Dumont	2017	Oral Health-Related Quality of Life Before and After Treatment of Dentin Hypersensitivity With Cyanoacrylate and Laser	Journal of periodontology	88	2	166–172	BACKGROUND: The aim of this longitudinal study is to verify changes in the oral health-related quality of life of patients 180 days after treatment of dentin hypersensitivity (DH) with laser and cyanoacrylate. METHODS: This clinical, controlled, randomized, double-masked trial used a split-mouth design, and quadrants were randomized to receive either laser or cyanoacrylate treatments. All patients received both treatments. The study included 62 patients aged 12 to 60 years (mean: 31.4 years) in whom a total of 432 teeth were treated. Quadrants were randomly distributed into two groups: cyanoacrylate (n = 218 teeth) or laser (n = 216 teeth) treatment. DH was evaluated with air and cold stimuli at 24 hours, 30, 90, and 180 days after treatment. The Oral Health Impact Profile (OHIP-14) questionnaire was applied at baseline and 180 days after treatment. RESULTS: There were statistically significant differences in the following OHIP-14 subscales before and after treatment: physical pain (P = 0.002), psychologic discomfort (P <0.001), psychologic disability (P = 0.003), social disability (P = 0.01), and total score (P <0.001). At the end of the study, 80.6% of participants reported an improvement in their condition. CONCLUSION: There was a reduction in the impact of DH on the quality of life of study participants after interventions with laser and cyanoacrylate.
Lindebø Knutsen, Marie; Sachser, Cedric; Holt, Tonje; Goldbeck, Lutz; Jensen, Tine K.	2020	Trajectories and possible predictors of treatment outcome for youth receiving trauma-focused cognitive behavioral therapy	Psychological trauma : theory, research, practice and policy	12	4	336–346	Objective: Even though there is strong evidence for the effectiveness of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for trauma-exposed youth, there are still youth who continue to struggle with posttraumatic stress symptoms (PTSS) after treatment. Investigating treatment trajectories and predictors of symptom change can increase our understanding of factors associated with nonresponse so

							that trauma treatment can be optimized. Method: The sample consisted of 155 youths (M age = 13.9 years, SD = 2.8, 72.3% girls) who received TF-CBT. To examine whether different treatment trajectories could be identified, growth mixture models with linear effects of time were estimated based on Clinical-Administered PTSD-Scale (CAPS-CA) scores at pretreatment, posttreatment and follow-up. We further explored whether gender, age, trauma type, comorbid depression and anxiety, and posttraumatic cognitions were associated with treatment response. Results: The participants' trajectories could best be represented by 2 latent classes; nonresponders (21% of the sample) and responders (79% of the sample). The nonresponder group was characterized by a higher pretreatment PTSS level and slower improvement in PTSS compared with the responder group. Gender was the only significant predictor, where girls were more likely to be assigned to the nonresponder group. Conclusions: The findings indicate that clinicians need to be aware that girls and youth with high levels of pretreatment PTSS may be at risk of nonresponse. The results support previous findings showing that TF-CBT is suitable across different age groups and can be an effective treatment for youth with a range of traumatic experiences and additional comorbid symptoms. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Linden, Michael; Hautzinger, Martin	2015	Verhaltenstherapiemanual					
Linder, Jason N.; Niño, Alba; Negash, Sesen; Espinoza, Sandra	2022	Thematic analysis of therapists' experiences integrating EMDR and EFT in couple therapy: Theoretical and clinical complementarity, and benefits to client couples	J Marital Fam Ther (Journal of Marital and Family Therapy)	48	3	777–797	Abstract In this article, we present partial findings from a thematic analysis study that examined integrating emotionally focused therapy (EFT) and eye-movement desensitization and reprocessing (EMDR) as clinical frameworks in couple therapy. The purpose of the study is to better understand how therapists integrate EFT and EMDR therapy in their clinical work. Thirteen licensed therapists (n=13) trained in EFT and EMDR were interviewed about their experiences integrating these two models in their couple therapy practice. The findings included in this article are related to how these models complement each other as well as the clinical benefits associated with their integration. Findings provide preliminary evidence that there are benefits and challenges when integrating both models, although we emphasize complementarity in this article. Limitations and implications for future research on the integration and efficacy of these two models are also discussed.
Lipke, Howard	2001	EMDR und andere Ansätze der Psychotherapie - ein integratives Modell. Theoretische und					Das integrative Vier-Aktivitäten-Modell (VAM) als Metamodell psychotherapeutischer Methoden wird vorgestellt. Seine Anwendung bei der Behandlung von traumatischem Stress (kriegsbedingter und

		klinische Empfehlungen mit Schwerpunkt auf traumatischem Streß					nichtkriegsbedingter posttraumatischer Belastungsstörung) mittels EMDR wird beschrieben. Aufbauend auf dem EMDR-Erklärungsansatz der beschleunigten Informationsverarbeitung von F. Shapiro werden im VAM folgende vier Kategorien unterschieden: Erschließen existierender Information, Vermittlung neuer Information, Förderung der Informationsverarbeitung und Verschließung oder Hemmung des Zugangs zur Information. - Inhalt: (1) Wissenschaftliche Evidenz und EMDR. (2) Beschleunigte Informationsverarbeitung. (3) EMDR und das Vier-Aktivitäten-Modell psychotherapeutischen Arbeitens. (4) Klinische Empfehlungen für die Arbeit vor Beginn der Kategorie-3-Aktivität. (5) Kategorie-3-Aktivitäten und Möglichkeiten ihrer Abwandlung. (6) Sitzungsende und Behandlungsabschluss.
Lipke, Howard	2003	Comment on Hembree and Foa (2003) and EMDR	J. Traum. Stress (Journal of traumatic stress)	16	6	573–574	
Littel, Marianne; Kenemans, J. Leon; Baas, Johanna M. P.; Logemann, H. N. Alexander; Rijken, Nellie; Remijn, Malou; Hassink, Rutger J.; Engelhard, Iris M.; van den Hout, Marcel A	2017	The Effects of $\beta$ -Adrenergic Blockade on the Degrading Effects of Eye Movements on Negative Autobiographical Memories	Biological psychiatry	82	8	587–593	BACKGROUND: Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. During EMDR, patients make horizontal eye movements (EMs) while simultaneously recalling a traumatic memory, which renders the memory less vivid and emotional when it is later recalled again. Recalling highly emotional autobiographical memories enhances noradrenergic neurotransmission. Noradrenaline (NA) strengthens memory (re)consolidation. However, memories become less vivid after recall+EMs. Therefore, NA might either play no significant role or serve to strengthen memories that are degraded by EMs. The present study was designed to test the latter hypothesis. We predicted that blocking NA would abolish the memory degrading effects of EMs. METHODS: Fifty-six healthy participants selected three negative autobiographical memories. One was then recalled while making EMs, one was recalled without EMs, and one was not recalled. Vividness and emotionality of the memories as well as heart rate and skin conductance level during memory retrieval were measured before, directly after, and 24 hours after the EM task. Before the task, participants received a placebo or the noradrenergic $\beta$ -receptor blocker propranolol (40 mg). RESULTS: There were no effects of EMs on memory emotionality or psychophysiological measures in the propranolol and placebo groups. However, in the placebo group, but not in the propranolol group, memory vividness significantly decreased from pretest to posttest and follow-up after recall+EMs relative to the control conditions. CONCLUSIONS: Blocking NA abolished the effects of EMs on the vividness of emotional memories,

							indicating that NA is crucial for EMDR effectiveness and possibly strengthens the reconsolidation of the degraded memory.
Littel, Marianne; van Schie, Kevin	2019	No evidence for the inverted U-Curve: More demanding dual tasks cause stronger aversive memory degradation	Journal of behavior therapy and experimental psychiatry	65		101484	BACKGROUND AND OBJECTIVES: Simultaneously making eye movements and recalling a memory leads to competition in working memory (WM), which reduces memory vividness and emotionality. The dose-response relationship between WM taxation and aversive memory degradation is predicted to be either linear (i.e., more cognitively demanding tasks exhibit stronger effects) or follow an inverted U-curve (i.e., there should not be too little, but also not too much taxation). METHODS: Participants (N = 44) recalled four aversive autobiographical memories under four conditions that differed in WM taxation: complex, intermediate, simple, or no counting. Before and after each intervention, and at 24 h follow-up, participants recalled the aversive memory and rated it on vividness and unpleasantness. Using a Bayesian approach the linear and inverted U-shape relationships were directly compared. RESULTS: Pretest to posttest drops in vividness and unpleasantness became larger with increased WM taxation of the counting conditions. There was no support for either hypotheses from pretest to follow-up for memory unpleasantness, whereas for memory vividness anecdotal evidence was found for a linear relationship. LIMITATIONS: A reaction time (RT) task was used to select counting tasks of varying difficulties. However, the validity of this task appears to be compromised under very strenuous conditions. Higher levels of WM taxation might have been possible with more difficult counting tasks. CONCLUSIONS: There is strong evidence for a linear dose-response relationship between WM taxation and memory degradation immediately after the intervention, and some unconvincing evidence for this pattern one day later. There was no evidence for an inverted U-curve.
Liu, Jianlin; Subramaniam, Mythily; Chong, Siow Ann; Mahendran, Rathi	2022	A systematic examination of cognitive emotion regulation strategies, global emotion dysregulation, and cognitive insight in relation to posttraumatic stress disorder symptoms among trauma exposed patients with early nonaffective psychosis	Psychological Trauma: Theory, Research, Practice, and Policy	14	7		Objective: Previous research has shown that emotion dysregulation after trauma is associated with increased posttraumatic stress disorder (PTSD) severity. However, it remains unclear how different dimensions of emotion dysregulation and cognitive insight may interact to predict Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5) PTSD symptoms in early psychosis. The present study systematically examines cognitive emotion regulation strategies, global emotion dysregulation, and cognitive insight in relation to DSM-5 PTSD symptoms among trauma-exposed patients with early nonaffective psychosis. Method: A total of 150 outpatients with early nonaffective psychosis were screened for trauma exposure on the Stressful Life Events Questionnaire.

							Participants (N = 79; 52.6%) who met the DSM-5 Criterion A subsequently completed the PTSD Checklist for DSM-5, Cognitive Emotion Regulation Questionnaire, Difficulties With Emotion Regulation Questionnaire, and Beck Cognitive Insight Scale. Severity of psychotic and depressive symptoms were rated on the Brief Psychiatric Rating Scale. Results: Multivariate regression models adjusting for age, gender, psychotic and depressive symptoms revealed that PTSD symptom clusters were associated with more maladaptive cognitive emotion regulation strategies (catastrophic thinking, rumination, and other blame) and less adaptive cognitive emotion regulation strategies (cognitive reappraisal and planning; Cohen's $f^2 = 1.50-3.17$ ). Further moderation analyses revealed a negative interaction between global emotion dysregulation and self-reflection on intrusive symptoms such that for patients with low self-reflectivity, global emotion dysregulation was associated with increased severity of intrusive symptoms ( $f^2 = 0.96$ ). Conclusions: Our findings suggest that addressing emotion dysregulation and cognitive insight may improve intrusive symptoms, and this may prevent the development of full PTSD in patients with early nonaffective psychosis. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ljótsson, Brjánn; Falk, Lisa; Vesterlund, Amanda Wibron; Hedman, Erik; Lindfors, Perjohan; Rück, Christian; Hursti, Timo; Andréewitch, Sergej; Jansson, Liselotte; Lindefors, Nils; Andersson, Gerhard	2010	Internet-delivered exposure and mindfulness based therapy for irritable bowel syndrome--a randomized controlled trial	Behaviour research and therapy	48	6	531-539	The aim of this study was to investigate if cognitive behavior therapy (CBT) based on exposure and mindfulness exercises delivered via the Internet would be effective in treating participants with irritable bowel syndrome (IBS). Participants were recruited through self-referral. Eighty-six participants were included in the study and randomized to treatment or control condition (an online discussion forum). One participant was excluded after randomization. The main outcome measure was IBS-symptom severity and secondary measures included IBS-related quality of life, GI-specific anxiety, depression and general functioning. Participants were assessed at pre-treatment, post-treatment and 3 month follow-up (treatment condition only). Four participants (5% of total sample) in the treatment condition did not participate in post-treatment assessment. Participants in the treatment condition reported a 42% decrease and participants in the control group reported a 12% increase in primary IBS-symptoms. Compared to the control condition, participants in the treatment group improved on all secondary outcome measures with a large between group effect size on quality of life (Cohen's $d = 1.21$ ). We conclude that CBT-based on exposure and mindfulness delivered via

							the Internet can be effective in treating IBS-patients, alleviating the total burden of symptoms and increasing quality of life.
Lobregt-van Buuren, Ella; Sizoo, Bram; Mevissen, Liesbeth; Jongh, Ad de	2019	Eye Movement Desensitization and Reprocessing (EMDR) Therapy as a Feasible and Potential Effective Treatment for Adults with Autism Spectrum Disorder (ASD) and a History of Adverse Events	Journal of autism and developmental disorders	49	1	151–164	The study investigated whether EMDR is a feasible therapy for adults with ASD and a history of adverse events, and whether it is associated with reductions in symptoms of PTSD, psychological distress and autism. Participants received 6 to 8 weeks treatment as usual (TAU), followed by a maximum of 8 sessions EMDR added to TAU, and a follow-up of 6-8 weeks with TAU only. Results showed a significant reduction of symptoms of post-traumatic stress (IES-R: $d = 1.16$ ), psychological distress (BSI: $d = 0.93$ ) and autistic features (SRS-A: $d = 0.39$ ). Positive results were maintained at follow-up. The results suggest EMDR therapy to be a feasible and potentially effective treatment for individuals with ASD who suffer from the consequences of exposure to distressing events.
Lombardo, Kerri L.; Motta, Robert W.	2008	Secondary trauma in children of parents with mental illness	Traumatology	14	3	57–67	In this study, the relationship between parental mental illness with and without comorbid traumatic symptoms, and secondary trauma in children was explored. There were three groups of parent-child dyads ( $N = 106$ ). Group I included parents with mental illness and comorbid traumatization, and their children. Group II included parents with mental illness and no traumatization, and their children. Group III included nonmentally ill parents and their children. The measures used in the study consisted of the Secondary Trauma Scale, the Center for Epidemiological Studies Depression Scale for Children, the Revised Children's Manifest Anxiety Scale, the Depression Anxiety and Stress Scale 21-Item Version, and the Modified PTSD Symptom Scale—Self Report. Results indicated that children of parents with mental illness experience significantly more secondary trauma than children of non-ill parents, regardless of parental traumatization. In addition, secondary trauma in children was correlated with depression and anxiety. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Lopes Cardozo, Barbara; Sivilli, Teresa I.; Crawford, Carol; Scholte, Willem F.; Petit, Pilar; Ghitis, Frida; Ager, Alastair; Eriksson, Cynthia	2013	Factors affecting mental health of local staff working in the Vanni region, Sri Lanka	Psychological Trauma: Theory, Research, Practice, and Policy	5	6		In the aftermath of the civil war that extended from 1983–2009, humanitarian organizations provided aid to the conflict-affected population of the Vanni region in northern Sri Lanka. In August, 2010, a needs assessment was conducted to determine the mental-health status of Sri Lankan national humanitarian aid staff working in conditions of stress and hardship, and consider contextual and organizational characteristics influencing such status. A total of 398 staff members from nine organizations working in the Vanni area participated in the survey, which assessed stress, work characteristics, social support, coping styles, and symptoms of



							psychological distress. Exposure to traumatic, chronic, and secondary stressors was common. Nineteen percent of the population met criteria for posttraumatic stress disorder (PTSD), 53% of participants reported elevated anxiety symptoms, and 58% reported elevated depression symptoms. Those reporting high levels of support from their organizations were less likely to suffer depression and PTSD symptoms than those reporting lower levels of staff support (OR = 0.23, p OR = 0.26, p OR = 0.13, p = .011). Having experienced travel difficulties was significantly associated with more anxiety symptoms (OR = 3.35, p < .001). It was recommended that organizations provide stress-management training and increase support to their staff. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
López, Cristina M.; Andrews III, Arthur R.; Chisolm, Andrea M.; Arellano, Michael A. de; Saunders, Benjamin; Kilpatrick, Dean. G.	2017	Racial/ethnic differences in trauma exposure and mental health disorders in adolescents	Cultural Diversity and Ethnic Minority Psychology	23	3		Objective: Research has cited increased prevalence of mood disorders, anxiety disorders, and exposure to interpersonal violence for Hispanics and non-Hispanic Black adolescents, as well as ethnic differences in externalizing behavior (e.g., substance use, delinquency). The current study combined these areas by examining racial/ethnic differences in mental health correlates of trauma exposure. Method: Interviews were conducted to assess polyvictimization, posttraumatic stress disorder (PTSD), major depressive disorder (MDD), substance use, and delinquency in a nationally representative sample of adolescents (N = 3,614; 15.4% non-Hispanic Black; 11.3% Hispanic; 64.9% non-Hispanic White). Results: Hispanic and non-Hispanic Black adolescents endorsed greater polyvictimization than non-Hispanic Whites; however, differences in MDD and PTSD were only significant when assessed with symptom counts. Non-Hispanic Black adolescents reported the least drug use. Non-Hispanic Black and Hispanic adolescents endorsed more delinquency than non-Hispanic White adolescents. Polyvictimization only accounted for ethnic disparities in delinquency. Conclusion: Trauma-related disparities may differ across internalizing and externalizing concerns. Subsequent research should continue to examine other factors that may contribute to racial/ethnic differences in trauma sequelae. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Lopez, William D.; Novak, Nicole L.; Harner, Melanie; Martinez, Ramiro; Seng, Julia S.	2018	The traumatogenic potential of law enforcement home raids: An exploratory report	Traumatology	24	3	193–199	Reports suggest that tens of thousands of law enforcement home raids are conducted annually, disproportionately occurring in minority communities. Whether conducted by local police or immigration enforcement agents, raids generally involve numerous agents with military weapons entering homes. Because the targets of raids rarely live alone, there are often witnesses, including children. Emerging

							research shows that law enforcement presence and enforcement methods may contribute to the development of traumatic stress in these communities. Yet despite the frequency and the known paramilitary tactics used, no research of which we are aware has considered the psychological impact of home raids. We conducted a secondary analysis of narrative interviews of 4 individuals in an apartment that was raided by a Special Weapons and Tactics unit and Immigration and Customs Enforcement agents. We used content analysis to extract participant statements that aligned with posttraumatic stress disorder (PTSD) diagnostic criteria. Results suggest that the raid was highly traumatic for those in the residence, who wondered if they or their family members would be shot or killed. Interviewees described many symptoms that would likely fit within PTSD diagnostic criteria, including nightmares, suicidality, avoidance of triggering stimuli (e.g., government officials), and the inability to care for their children. A time frame for presentations of symptoms could not be assessed. This study suggests that individuals exposed to law enforcement home raids would likely meet diagnostic criteria for PTSD or complex PTSD symptoms. We discuss the implications of a law enforcement tactic with traumatogenic potential used frequently in minority communities. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Lovett, Joan	2000	Kleine Wunder					
Lovett, Joan	2000	Kleine Wunder. Heilung von Kindheitstraumata mit Hilfe von EMDR					Die Möglichkeiten therapeutischer EMDR-Arbeit (Eye movement desensitization and reprocess) mit Kindern werden vorgestellt. Dabei werden Spieltherapie und Geschichtenerzählen als neue Strategien in die Arbeit integriert. Einleitend werden die Begriffe EMDR und Trauma entwicklungspsychologisch kurz erläutert. Anschließend werden folgende Indikationen anhand von Fallgeschichten ausführlich dargestellt: (1) Einmaliges akutes Trauma, (2) Autounfall, (3) Anhäufung von Stressfaktoren, (4) Traumkaskaden, (5) Unaufgelöste Trauer, (6) Komplexe unaufgelöste Trauer, (7) Wiederholte Traumata, (8) Somatische Symptome, (9) Prüfungsangst, (10) Sexueller Missbrauch und Geheimhaltungszwang und (11) Schlafstörungen. In Anhang werden Fragen zu EMDR beantwortet sowie Anregungen für das Geschichtenerzählen für Eltern und Therapeuten gegeben.
Lozano, José A.; Alcañiz, Mariano; Gil, José A.; Moserrat, Carlos; Juan, Mari C.;	2002	Virtual food in virtual environments for the treatment of eating disorders	Studies in health technology and informatics	85		268–273	Eating disorders (Eds) are one of the problems with higher social repercussion in the last years. Sometimes, these clinical syndromes, which are characterized by an altered eating behavior, can have dramatic consequences. In eating disorders, one of the more critical

Grau, Vicente; Varvaró, Hugo							situations, in addition to other of equal or more importance, is the patient's confrontation with food: the visual confrontation, the eating process and the repercussion on his weight. Virtual Reality (VR) technology has been used in psychology, as a therapeutic help tool for the treatment of different psychological problems, for several years now. Their helpfulness is increasingly being recognized. Some developed virtual environments (VE) and their corresponding published studies endorse the efficiency of this tool. Nevertheless, in order to increase the possibilities of success, it is very important to obtain a complete patient immersion in the VE: visual, auditory and interactive. Sometimes there are processes or actions of reality, which are difficult to simulate virtually, and simulating them coarsely would result in the patient lack of immersion in the VE, thus seriously decreasing the possibilities of success. The eating process is an example, since it consists of several steps, some of which (biting, chewing, etc.) don't have an evident virtual solution. This article shows how food and eating process have been simulated virtually in the development of a virtual environment for the treatment of eating disorders.
Lu, Dominic P.	2010	Using alternating bilateral stimulation of eye movement desensitization for treatment of fearful patients	General dentistry	58	3	e140-7	Since the mid-1990s, eye movement desensitization (EMD) has been used in the realm of clinical psychology and psychiatry as a nonpharmacotherapeutic modality for the treatment of phobias, post-traumatic symptoms, and various psychotrauma cases. EMD can also be incorporated into the use of hypnosis, although the two are not the same thing. This study examined various clinical applications of the eye movement component of EMD (known as alternating bilateral stimulation (ABS)) on fearful dental patients who had a history of traumatic dental experiences. Findings were based on the clinical impressions and assessments of both the patients and the operating team. Results show that ABS, while effective for enabling patients to undergo non-invasive dental procedures such as clinical examinations and simple prophylaxis, has only limited beneficial effect for extremely fearful patients who must undergo invasive procedures such as extraction, drilling, and injections. Nevertheless, ABS is effective for mild to moderate patient phobia and anxiety. Although EMD is more effective than ABS, ABS is simple and easy for patients and clinicians to perform during treatment and can be performed readily in the dental office.
Lu, Dominic P.; Lu, Gabriel P.; Lu, Winston I.	2007	Anxiety control of dental patients by clinical combination of acupuncture, Bi-Digital O-Ring	Acupuncture & electro-	32	1-2	15-30	The data presented in this article was collected after reviewing clinical findings gathered from using various anxiety control methods on apprehensive patients. We examined clinical applications of the eye

		Test, and eye movement desensitization with sedation via submucosal route	therapeutics research				<p>movement (EM) component of Eye Movement Desensitization (EMD) on fearful dental patients who have histories of traumatic dental experiences. We also used Bi-Digital O-Ring Test (BDORT) to select the proper dosage of sedative to minimize the adverse side effects. For patients who did not respond well to EM, we used BDORT to select the proper sedative medication and its dosage. In certain difficult cases, we supplemented these techniques with acupuncture to augment the sedative effects. Findings were based on the clinical impressions and assessments of both the patients and the operating team. Results showed that EM, although effective in enabling patients to undergo non-invasive dental procedures such as clinical examination and simple prophylaxis, had only limited beneficial effect with invasive procedures such as extraction, drilling, and injections, etc. We also found that BDORT greatly reduced adverse side effects of sedatives such as hypertension, hypotension, hypoxia, tachycardia, bradycardia, nausea, and vomiting. For most apprehensive patients, we found that EMD and acupuncture combined with BDORT predetermined dosage for the submucosal sedation enabled these patients to undergo the complete dental treatment. The authors try to explain the mechanism of BDORT and EM in terms of visual awareness (or consciousness) and preferred patterns, where neurons in the brain respond to the actions and/or direction of movement. The authors believe that BDORT and EM could have better results if the persons performing BDORT have visual awareness and are focused on the task; whereas in EM, the patient's eye on the therapist's hand movements. A more focused approach via visual pathway will result in more favorable results in EM. Likewise, performing BDORT absentmindedly could lead to false results if visual awareness (or consciousness) is absent. "Preferred pattern" will arouse neurons in the brain to cause conscientiousness, and performing BDORT with 'open eyes' arouse the necessary visual awareness that is necessary for the successful performance of BDORT tasks.</p>
Lu, Dominic P.; Wu, Ping-Shi; Lu, Winston I.	2012	Sedating pediatric dental patients by oral ketamine with alternating bi-lateral stimulation of eye movement desensitization and minimizing adverse reaction of ketamine by acupuncture and Bi-Digital O-Ring Test	Acupuncture & electro-therapeutics research	37	2-3	103–123	<p>Ketamine, besides being an anesthetic agent, is also a strong analgesic that can be especially useful for painful procedures. Vivid dreams and nightmare, considered as undesirable side effects of ketamine, are rarely encountered when administered orally, making it one of the most desirable oral sedative for children because it partially protects the pharyngeal-laryngeal reflex. Besides, if used in recommended dosage, it does not suppress the cardiopulmonary function as most other sedatives do. Ketamine's bronchodilator effect makes it a good sedative for children with asthma, allergies, and hay</p>

							fever. Alternating bi-lateral stimulation (ABLS) of eye movement desensitization, applying pre-operatively before ketamine was found to reduce the post-operative violent emergence and behavioral problems. Acupressure at P 6 (Neikuan) acupoint helps to decrease nausea and vomiting episodes by ketamine. 36 patients with history of unmanageable behavior were sedated with ketamine 3mg/kg and ABLS. To prevent possible adverse reaction, Bi-Digital O-Ring Test (BDORT) were used to test all patients. ABLS significantly decreased tearful separation from parent. It took 15 to 20 minutes for ketamine to take effect, peak effect took 20 to 25 minutes. Working time ranged from 20 to 40 minutes. Post-operative recovery was more pleasant when ABLS was combined with ketamine, acupuncture/acupressure not only prevented vomiting and BDORT safeguard the patients from unpredictable untoward side effects but also promoting calmness.
Luciano, Matthew T.; Acuff, Samuel F.; Olin, Cecilia C.; Lewin, Rivian K.; Strickland, Justin C.; McDevitt-Murphy, Meghan E.; Murphy, James G.	2022	Posttraumatic stress disorder, drinking to cope, and harmful alcohol use: A multivariate meta-analysis of the self-medication hypothesis		131	5		The association between posttraumatic stress disorder (PTSD) and harmful alcohol use has often been explained through the self-medication hypothesis via coping-related drinking motives. However, the magnitude of the indirect effect of PTSD on harmful alcohol use through coping motives is unclear. This study aggregated this indirect effect using a meta-analytic structural equation modeling approach and explored moderators that influenced the indirect effect. We identified articles from PsycINFO, PubMed/MEDLINE, and PROQUEST (through June 22, 2021) containing measures of (a) PTSD symptoms, (b) coping-related drinking, and (c) harmful alcohol use. Thirty-four studies yielding 69 effect sizes were included (mean N = 387.26 participants; median N = 303.5; range = 42–1,896; aggregate sample n = 15,128). Coping motives mediated the relation between PTSD and harmful alcohol use, accounting for 80% of the variance in the total effect. Moderating variables and evidence of publication bias were also found. Findings suggest that coping-related drinking is a strong mediator in the relation between PTSD and harmful alcohol use and that the strength of the indirect effect is meaningfully influenced by measurement approach, sample characteristics, and study design. Additional longitudinal and multivariate studies are needed to establish directionality and account for additional variance. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Lüdecke, Christel; Sachsse, Ulrich; Faure, Hendrik	2010	Sucht - Bindung - Trauma. Psychotherapie von Sucht und Traumafolgen im neurobiologischen Kontext					

Lüdecke, Christel; Voigt, Wibke; Teunißen, Sybille; Schäfer, Ingo	2013	Behandlung von Patienten mit Suchtproblemen					In einem Überblick zur Behandlung von Patienten mit komplexen Traumafolgestörungen, die an Suchtproblemen leiden, werden zunächst Zusammenhänge zwischen Traumatisierung und Sucht erörtert. Besonderheiten der Diagnostik und Behandlungsplanung bei dieser Klientel werden anschließend aufgezeigt. Im Folgenden werden stabilisierende Interventionen bei komplex Traumatisierten mit Suchtproblemen beschrieben: dialektisch-behaviorale Therapie, das Therapieprogramm "Sicherheit finden" von L. Navajits, Imaginationsübungen sowie der Umgang mit dissoziativen Zuständen. Abschließen wird auf die Traumasyntese mittels Eye Movement Desensitization and Reprocessing (EMDR) eingegangen.
Lüdecke, Christel; Voigt, Wibke; Teunißen, Sybille; Schäfer, Ingo	2013	In: Sack, Martin; Sachsse, Ulrich; Schellong, Julia (Ed.), Komplexe Traumafolgestörungen. Diagnostik und Behandlung von Folgen schwerer Gewalt und Vernachlässigung (S. 447-464). Stuttgart: Schattauer, 2013				447-464	
Lui, C. L.; Heddle, R. J.; Kupa, A.; Coates, T.; Roberts-Thomson, P. J.	1995	Bee venom hypersensitivity and its management: patients perception of venom desensitisation	Asian Pacific journal of allergy and immunology	13	2	95-100	The objectives of the study were to review bee venom immunotherapy from the patient's perspective: in particular its benefits and its problems, and to investigate any genetic tendency for bee venom hypersensitivity. A self administered, 9 item questionnaire was sent to 219 patients who had undergone either inpatient or outpatient bee venom immunotherapy at Flinders Medical Center. The clinic records of these patients were also reviewed. The controls for the genetic study were sought from patients, staff and students at Flinders University and Flinders Medical Centre. One hundred and forty-six questionnaires (some incomplete and anonymous) were received. The female to male ratio was 1:2.5. The age at the time of the initial anaphylactic reaction to a bee sting ranged between 2 to 59 years, with 67% of patients being less than 20 years old. Forty percent of patients underwent venom immunotherapy for a period less than 2 years with only 11% maintaining therapy for the recommended period of 5 years or more. Thirty three percent of patients stopped their therapy on their own accord. Bee stings occurring during bee venom immunotherapy (n = 56) were generally well tolerated except in 8 subjects, 7 of whom had not reached the maintenance dose. The reduction in systemic reactions to subsequent bee stings was significantly better in the study group receiving bee venom than in an historic control group treated with whole bee extract (p = 0.03). Fear of bee stings and restricted life styles were improved during or after

							venom immunotherapy. The frequency of a positive family history of systemic reactions to bee stings in the patient cohort was 31%, whereas in controls it was 15% ( $p = 0.013$ ). Bee venom immunotherapy has dual benefits: patients are protected from subsequent sting anaphylaxis and there is reduced psychological morbidity. However, to be effective, venom immunotherapy requires a prolonged period of carefully supervised treatment and each venom injection can cause local and systemic side effects. Genetic factors appear to be present in those patients who develop immediate hypersensitivity to be stings.
Lumley, M. A.; Melamed, B. G.	1992	Blood phobics and nonphobics: psychological differences and affect during exposure	Behaviour research and therapy	30	5	425–434	This study compared psychological dimensions of blood phobics and nonphobic controls, examined affect in response to phobic and neutral stimuli, and investigated the relationship between reported feelings of faintness and blood pressure. Blood phobics (24 adults with extreme Mutilation Questionnaire scores) and 24 nonphobics completed several psychological measures and viewed one of two 60 sec surgery scenes and a 60 sec neutral scene in counterbalanced order. Subjective, psychophysiological, and motoric measures of affect were assessed. On questionnaires, phobics reported greater anxiety sensitivity, empathic distress, fear and insecurity, and nightmares, but no difference in autonomic arousal, muscle tension, motion sickness, or other empathy domains. During surgery scenes, phobics had more negative affect than controls; however, phobics were more anxious during only one of the two surgeries, and often only when the surgery was presented prior to the neutral scene. Fainting did not occur, and self-reported feelings of faintness were unrelated to blood pressure changes. The findings highlight the lack of information on blood phobic stimulus properties, fainting's relationship to self-reports and blood pressure, and the specific emotion experienced in blood phobia.
Luyten, Tine; van de Heyning, Paul; Jacquemin, Laure; van Looveren, Nancy; Declau, Frank; Fransen, Erik; Gilles, Annick	2019	The value of Eye Movement Desensitization Reprocessing in the treatment of tinnitus: study protocol for a randomized controlled trial	Trials	20	1	32	BACKGROUND: Patients suffering from chronic, subjective tinnitus are on a quest to find a cure or any form of alleviation for their persistent complaint. Current recommended therapy forms provide psychotherapeutic interventions that are intended to train the patient how to deal with the tinnitus sound. Pharmaceutical managements are used to reduce secondary effects of the tinnitus sound such as sleep deprivation, emotional and concentration difficulties, but these treatments do not cure the tinnitus. Recent studies have shown that Tinnitus Retraining Therapy (TRT) significantly improves the quality of life for tinnitus patients. Furthermore, several studies have reported that cognitive behavioral therapy (CBT) relieves a substantial amount of distress by changing dysfunctional cognitions. However, when the

							<p>tinnitus causes great interference with daily functioning, these treatment methods are not always sufficiently effective. Recent insights show that Eye Movement Desensitization Reprocessing (EMDR) is a highly effective therapy for medically unexplained symptoms such as chronic pain and phantom pain. In scientific research, tinnitus is compared to phantom limb pain. Starting from tinnitus as a phantom percept we therefore aim to demonstrate that the operating mechanisms of EMDR may also be an effective treatment method for patients with subjective tinnitus. The aim of this randomized controlled study with blind evaluator is to examine the effect of EMDR compared to CBT in chronic tinnitus patients. To our knowledge, there are no other studies that evaluate both methods simultaneously. METHODS/DESIGN: A total of 166 patients with subjective, chronic, non-pulsatile tinnitus will be randomized in two treatment groups: TRT + CBT versus TRT + EMDR. The experimental group will receive the bimodal therapy TRT/EMDR and the active control group will receive the bimodal therapy TRT/CBT. Evaluations will take place at baseline before therapy, at the end of the treatment and 3 months after therapy. The score on the Tinnitus Functional Index (TFI) will be used as the primary outcome measurement. Secondary outcome measurements are the Visual Analogue Scale of Loudness (VAS), Tinnitus Questionnaire (TQ), Hospital Anxiety and Depression Scale (HADS), Hyperacusis Questionnaire (HQ), psychoacoustic measurements and event-related potentials (ERP). DISCUSSION: The objective is to evaluate whether the bimodal therapy TRT and EMDR can provide faster and/or more relief from the annoyance experienced in chronic tinnitus patients' daily lives compared to the bimodal therapy TRT and CBT. So far there has been no prospective, randomized controlled, clinical trial with blind evaluator that compares CBT and EMDR as a treatment for tinnitus. TRIAL REGISTRATION: ClinicalTrials.gov, ID: NCT03114878 . April 14, 2017.</p>
Mabey, Linda; van Servellen, Gwen	2014	Treatment of post-traumatic stress disorder in patients with severe mental illness: A review	International journal of mental health nursing	23	1	42-50	<p>Abstract Although the prevalence of post-traumatic stress disorder (PTSD) is high among those with severe mental illness, little is known about the use of interventions to lessen the burden of PTSD in this population. Currently, there are limited data about safe and effective interventions to treat these individuals. This systematic published work review presents the scientific published work reporting studies of psychological treatment approaches for individuals with comorbid PTSD and severe mental illness. A secondary aim of this study was to identify the specific models implemented and tested, and their impact upon patient outcomes. A review of the published work from January</p>



							2001 through January 2012 of English-language publications retrieved from the Cumulative Index of Nursing and Allied Health Literature (CINAHL), MEDLINE, and the American Psychological Association generated abstracts (PsycINFO) databases was conducted. Six studies met the inclusion criteria for the review. The treatment programs described were cognitive-behavioural therapy, psychoeducation, exposure-based cognitive-behavioural therapy, and eye movement desensitization and reprocessing. Evidence of the effectiveness of these programs is examined. Data to support the use of these interventions are limited, indicating the need for further research and efficacy trials. Future areas of research and implications for nursing are discussed.
Macdonald, Geraldine; Higgins, Julian P. T.; Ramchandani, Paul; Valentine, Jeffrey C.; Bronger, Latricia P.; Klein, Paul; O'Daniel, Roland; Pickering, Mark; Rademaker, Ben; Richardson, George; Taylor, Matthew	2012	Cognitive-behavioural interventions for children who have been sexually abused	The Cochrane database of systematic reviews	2012	5	CD001930	<p><b>BACKGROUND</b></p> <p>Despite differences in how it is defined, there is a general consensus amongst clinicians and researchers that the sexual abuse of children and adolescents ('child sexual abuse') is a substantial social problem worldwide. The effects of sexual abuse manifest in a wide range of symptoms, including fear, anxiety, post-traumatic stress disorder and various externalising and internalising behaviour problems, such as inappropriate sexual behaviours. Child sexual abuse is associated with increased risk of psychological problems in adulthood. Cognitive-behavioural approaches are used to help children and their non-offending or 'safe' parent to manage the sequelae of childhood sexual abuse. This review updates the first Cochrane review of cognitive-behavioural approaches interventions for children who have been sexually abused, which was first published in 2006.</p> <p><b>OBJECTIVES</b></p> <p>To assess the efficacy of cognitive-behavioural approaches (CBT) in addressing the immediate and longer-term sequelae of sexual abuse on children and young people up to 18 years of age.</p> <p><b>SEARCH METHODS</b></p> <p>We searched the Cochrane Central Register of Controlled Trials (CENTRAL) (2011 Issue 4); MEDLINE (1950 to November Week 3 2011); EMBASE (1980 to Week 47 2011); CINAHL (1937 to 2 December 2011); PsycINFO (1887 to November Week 5 2011); LILACS (1982 to 2 December 2011) and OpenGrey, previously OpenSIGLE (1980 to 2 December 2011). For this update we also searched ClinicalTrials.gov and the International Clinical Trials Registry Platform (ICTRP).</p> <p><b>SELECTION CRITERIA</b></p> <p>We included randomised or quasi-randomised controlled trials of CBT used with children and adolescents up to age 18 years who had</p>

						<p>experienced being sexually abused, compared with treatment as usual, with or without placebo control.</p> <p><b>DATA COLLECTION AND ANALYSIS</b></p> <p>At least two review authors independently assessed the eligibility of titles and abstracts identified in the search. Two review authors independently extracted data from included studies and entered these into Review Manager 5 software. We synthesised and presented data in both written and graphical form (forest plots).</p> <p><b>MAIN RESULTS</b></p> <p>We included 10 trials, involving 847 participants. All studies examined CBT programmes provided to children or children and a non-offending parent. Control groups included wait list controls (n = 1) or treatment as usual (n = 9). Treatment as usual was, for the most part, supportive, unstructured psychotherapy. Generally the reporting of studies was poor. Only four studies were judged 'low risk of bias' with regards to sequence generation and only one study was judged 'low risk of bias' in relation to allocation concealment. All studies were judged 'high risk of bias' in relation to the blinding of outcome assessors or personnel; most studies did not report on these, or other issues of bias. Most studies reported results for study completers rather than for those recruited. Depression, post-traumatic stress disorder (PTSD), anxiety and child behaviour problems were the primary outcomes. Data suggest that CBT may have a positive impact on the sequelae of child sexual abuse, but most results were not statistically significant. Strongest evidence for positive effects of CBT appears to be in reducing PTSD and anxiety symptoms, but even in these areas effects tend to be 'moderate' at best. Meta-analysis of data from five studies suggested an average decrease of 1.9 points on the Child Depression Inventory immediately after intervention (95% confidence interval (CI) decrease of 4.0 to increase of 0.4; I(2) = 53%; P value for heterogeneity = 0.08), representing a small to moderate effect size. Data from six studies yielded an average decrease of 0.44 standard deviations on a variety of child post-traumatic stress disorder scales (95% CI 0.16 to 0.73; I(2) = 46%; P value for heterogeneity = 0.10). Combined data from five studies yielded an average decrease of 0.23 standard deviations on various child anxiety scales (95% CI 0.3 to 0.4; I(2) = 0%; P value for heterogeneity = 0.84). No study reported adverse effects.</p> <p><b>AUTHORS' CONCLUSIONS</b></p> <p>The conclusions of this updated review remain the same as those when it was first published. The review confirms the potential of CBT to address the adverse consequences of child sexual abuse, but</p>
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							highlights the limitations of the evidence base and the need for more carefully conducted and better reported trials.
Machner, Björn; Dorr, Michael; Sprenger, Andreas; Gablentz, Janina von der; Heide, Wolfgang; Barth, Erhardt; Helmchen, Christoph	2012	Impact of dynamic bottom-up features and top-down control on the visual exploration of moving real-world scenes in hemispatial neglect	Neuropsychologia	50	10	2415–2425	Examined bottom-up features during free scanning and top-down influences on visual search of dynamic and static real-world scenes in hemispatial neglect. Participants included 19 patients with left hemispatial neglect (mean age 70 years), 14 patients with acute right-hemispheric brain damage but no signs of neglect (mean age 63 years), and 21 healthy controls (mean age 69 years). Patients completed the German version of the NIF Stroke Scale (NIHSS/D), as well as cancellation tasks, figure-copying tasks, and line bisection tasks. They also read a text out loud to assess neglect. Eye movements were recorded while participants viewed dynamic and static scenes as well as when they searched for predefined targets within dynamic scenes. Results showed that neglect patients displayed an ipsilesional fixation bias as well as a disengagement deficit. Moreover, while viewing dynamic scenes, patients' fixations were found to be attracted by regions with high dynamic contrast in the neglected hemifield. Patients also detected targets better when the target was moving. The results are argued to provide evidence for a strong impact of bottom-up features on scanning behavior in neglect.
Machner, Björn; Könemund, Inga; Gablentz, Janina von der; Bays, Paul M.; Sprenger, Andreas	2018	The ipsilesional attention bias in right-hemisphere stroke patients as revealed by a realistic visual search task: Neuroanatomical correlates and functional relevance	Neuropsychology	32	7	850–865	Objective: Right-hemisphere stroke may cause an ipsilesional attention bias and left hemispatial neglect. Computerized time-limited tasks are more sensitive than conventional paper-pencil tests in detecting these spatial attention deficits. However, their frequency in the acute stage of stroke, the neuroanatomical basis and functional relevance for patients' everyday life are unclear. Method: A realistic visual search task is introduced, in which eye movements are recorded while the patient searches for paperclips among different everyday objects on a computer display. The "desk task" performance of 34 acute right-hemisphere stroke patients was compared to established paper-pencil tests for neglect and the Posner reaction time task, and finally correlated to structural brain lesions. Results: Most of the patients, even those without clinical neglect signs and with normal paper-pencil test performance, exhibited a clear ipsilesional attention bias in the desk task. This bias was highly correlated to the left-right asymmetry in the Posner task and to neglect-related functional impairment scores. Lesion-symptom mapping revealed task-specific differences: deficits in the desk task were associated with lesions of the superior temporal gyrus, contralesional unawareness in the Posner task with ventral frontal cortex lesions and paper-pencil cancellation bias with damage to the inferior parietal

							lobe. Neglect behavior was further associated with distinct frontoparietal white matter tract disconnections (inferior longitudinal fasciculus, superior longitudinal fasciculus, arcuate). Conclusions: Results from the novel desk task indicate a functional relevance of spatial attention deficits in right-hemisphere stroke patients, even if they are "subclinical." This should be considered especially in patients without obvious clinical neglect signs.
Mackenberg, H.	1996	Case study of treatment of school phobia using a varied stress confrontation procedure	Praxis der Kinderpsychologie und Kinderpsychiatrie	45	2	57–63	Starting from one case for treatment, the phenomenon of school phobia (separation anxiety) is being discussed as to the definitional, diagnostic, and therapeutic aspects involved. The author attempts to classify school phobia within a behavioral framework. The development of separation anxiety is then being explained under a hypothesis model. For diagnostic and therapeutic purposes an orienting framework is being sketched out which takes into account practical experience as well as research evidence.
MacKinnon, Laurie	2014	Deactivating the Buttons: Integrating Radical Exposure Tapping with a Family Therapy Framework	British Journal of Psychotherapy (British Journal of Psychotherapy)	35	3	244–260	The purpose of this paper is to describe and illustrate with case examples a brief intervention termed Radical Exposure Tapping (RET). RET can be integrated with family therapy to address stuck points where the therapy is hindered by a family member's affective block, an intense and unchangeable emotional reactivity to a specific trigger. RET draws from the methodology of Eye Movement Desensitization and Reprocessing (EMDR) and combines it with the tapping sequence of the Emotional Freedom Technique (EFT) to produce an intervention that is more flexible than EMDR, provides greater rigor than using the EFT technique alone and can be effective in a single session within the context of family therapy. The paper puts this work into context by first over viewing definitions of trauma and Post-Traumatic Stress Disorder, arguing that family members' emotional reactivity may be a symptom of PTSD even when they would not qualify for the diagnosis because they had not experienced a life threatening event.
Macklin, M. L.; Metzger, L. J.; Lasko, N. B.; Berry, N. J.; Orr, S. P.; Pitman, R. K.	2000	Five-year follow-up study of eye movement desensitization and reprocessing therapy for combat-related posttraumatic stress disorder	Comprehensive psychiatry	41	1	24–27	This study reports the results of a 5-year follow-up evaluation of 13 Vietnam combat veterans with chronic posttraumatic stress disorder (PTSD) who participated in a study of eye movement desensitization and reprocessing (EMDR) therapy previously reported in this journal. Pretreatment and follow-up psychometric outcome measures were compared with those of a demographically matched control group of 14 combat veterans with chronic PTSD who did not receive EMDR. Analysis of variance showed that the modest to moderate therapeutic benefits that were manifest immediately following EMDR were lost at the 5-year follow-up evaluation, and there was an overall worsening of

							PTSD symptomatology over the 5-year period in both EMDR-treated and nontreated control subjects.
MacLean, W. E. [JR]; Perrin, J. M.; Gortmaker, S.; Pierre, C. B.	1992	Psychological adjustment of children with asthma: effects of illness severity and recent stressful life events	Journal of pediatric psychology	17	2	159–171	Although children with chronic illness are at greater risk for decreased psychological adjustment than physically healthy children, little is known about the factors that lead to increased risk. Eighty-one children with asthma between the ages of 6 and 14 years and their parents participated in a study to determine the relative contribution of background variables (age, gender, and socioeconomic status), recent stressful life events, and illness severity to psychological adaptation. Overall 11.5% of the children had CBCL Total Behavior Problems scores above the 98th percentile. Multiple regression revealed that lower SES, negative life change, and high illness severity were predictive of less optimal psychological adjustment. The results highlight the need for interventions to improve coping with both disease and nondisease issues.
MacLeavey, Christine	2013	The role of dental therapists in pharmacological and non-pharmacological treatment of anxious and phobic patients	SAAD digest	29		64–69	Dental Therapists are in a prime position to be involved with the management of anxious and phobic patients. They earn less than dentists and are therefore a more cost-effective way of providing specialised care for anxious patients. Dental Therapists can spend more time educating and acclimatising these patients, do most if not all of the patient's treatment, only referring back to the dentist for RCT, crown/bridgework/dentures and permanent extractions. Ultimately this means that the patient receives high quality continuity of care. Treating anxious and phobic patients is time-consuming but ultimately very rewarding. If handled correctly and sensitively the anxious and phobic patient will not always be anxious or phobic, in the same way that children won't always be children. Dental Therapists can now extend their duties to include Relative Analgesia. This should enhance their employability and role within the dental team especially in the management of anxious and phobic patients. Employing a therapist with a toolbox of techniques at their disposal can be seen as part of a long-term practice plan to ensure that anxious and phobic patients become rehabilitated, happy, compliant and loyal to the practice! In fact .... the sort of patients every dentist really wants to see.
Macleod, Ruth; Shepherd, Laura; Thompson, Andrew R.	2016	Posttraumatic stress symptomatology and appearance distress following burn injury: An interpretative phenomenological analysis	Health Psychology	35	11	1197–1204	Objectives: Although many traumatic incidents result in changes to appearance, little research has examined the experience of individuals distressed by such changes in connection with psychological processes involved in posttraumatic stress disorder (PTSD). This study aimed to examine how PTSD and appearance concern associated with burn injury are experienced when both difficulties co-occur. Method: The qualitative method of interpretative

							phenomenological analysis (IPA) was used to provide a framework for building nuanced accounts of individual experience. In-depth analysis was conducted with interview data obtained from 8 women, who were purposively selected on the basis of being distressed in relation to burn scarring, and having symptoms of PTSD. Results: Participants described how changes in appearance were experienced as maintaining a sense of threat through social stigma, and acting as a trigger for re-experiencing the traumatic incident that had caused the burn injury. As such, appearance concern and PTSD symptomatology appeared intertwined within the participants' accounts of their postburn injury recovery. Conclusions: This is the first study to consider some of the processes through which PTSD and appearance concern might be mutually maintained. The results suggest that psychosocial interventions need to be tailored to simultaneously address processes related to concerns about change in appearance and also with traumatic re-experiencing. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Madan, Anjana; Mrug, Sylvie; Wright, Rex A.	2014	The effects of media violence on anxiety in late adolescence	Journal of youth and adolescence	43	1	116–126	Exposure to media violence is related to anxiety in youth, but the causality of the effect has not been established. This experimental study examined the effects of media violence on anxiety, blood pressure, and heart rate in late adolescents. We also examined whether these responses varied by previous exposure to media and real-life violence. College students (N = 209; M age = 18.74; 75 % female; 50 % Caucasian, 34 % African American, 9 % Asian, 3 % Hispanic, and 3 % other racial minorities) were randomized to view either violent or nonviolent high-action movie clips. Participants reported on their anxiety before and after watching the clips, as well as their previous exposure to violence. Measures of blood pressure and heart rate were taken at baseline and during movie viewing. Participants watching violent movie clips showed a greater anxiety increase than those watching nonviolent clips. Both groups experienced increased blood pressure and reduced heart rate during movie watching compared to baseline. Prior exposure to media violence was associated with diminished heart rate response. Additionally, students previously exposed to high levels of real-life violence showed lower blood pressure increases when watching violent clips compared to nonviolent clips. Thus, relatively brief exposure to violent movie clips increased anxiety among late adolescents. Prior exposure to media and real-life violence were associated with lower physiological reactivity to high-action and violent movies, respectively, possibly indicating desensitization.

							Future studies should investigate long-term anxiety and physiological consequences of regular exposure to media violence in adolescence.
Maercker, Andreas	2013	Posttraumatische Belastungsstörungen					
Maercker, Andreas	2019	Traumafolgestörungen					
Maercker, Andreas; Barth, Jürgen	2004	Psychotherapie bei Belastungsstörungen					
Maercker, Andreas; Mehr, Astrid	2006	What if victims read a newspaper report about their victimization? A study on the relationship to PTSD symptoms in crime victims	European Psychologist	11	2	137–142	Trauma victims are often a focus of media attention. However, little is known about the psychological effects that media coverage of their cases can have on the victims themselves. Two contradictory hypotheses exist: One is that media reports lead to retraumatization of victims and may impede recovery, the other that media reports provide social recognition for victims and, thus, constitute a positive form of support that may facilitate recovery. We used a longitudinal group comparison design, and assessed a sample of crime victims at around 5 and 11 months after trauma. Participants were crime victims recruited through a legal aid organization. Data were gathered by checklists and standardized self-reports. Forty-seven percent of the participants had read, listened to or watched at least one media report on their case. Of these, almost two thirds stated that the reports were more or less accurate. Nonetheless, the dominant psychological reaction to the reports was negative (sad 66%, frightened 48%), and few participants expressed positive reactions. Reactions were significantly more negative when the content of the report was not considered to be accurate. Some evidence was found for the theoretical assumption of retraumatization by media reports: There was a moderate correlation ( $r = 0.48$ ) between negative reaction to the trauma reports and the level of posttraumatic stress disorder (PTSD) symptoms at baseline assessment. Coverage in a media report did not predict PTSD symptoms at follow-up. In conclusion, the association between the level of PTSD symptoms and negative psychological reactions to media coverage indicates that media representatives should take particular care when dealing with the most strongly traumatized survivors. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Maercker, Andreas; Povilonyte, Marija; Lianova, Raichat; Pöhlmann, Karin	2009	Is acknowledgment of trauma a protective factor?: The sample case of refugees from Chechnya	European Psychologist	14	3	249–254	We assessed victims' status and its relation to self-perceived "social acknowledgment as a victim or survivor" (Maercker & Müller, 2004) in a sample of Chechen refugees living in camps in Ingushetia. A total of 61 Chechen refugees were surveyed using a war-related trauma checklist, the Impact of Event Scale-Revised, and the Disclosure of

							<p>Trauma Questionnaire. Rates of potentially traumatic events and posttraumatic stress disorder (PTSD) appeared to be very high in this sample: 100% reported one or more potentially traumatic events and over 75% were estimated to have PTSD. As expected, social acknowledgment as a victim or survivor was negatively related to PTSD symptoms. We discuss the possible causal direction of this finding. Our cross-sectional study provides further evidence that social acknowledgment should be regarded as a protective or resource factor in the aftermath of trauma. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Mahkorn, Eva	2018	Behandlung einer depressiven Episode - Lisa, 17 Jahre					<p>Berichtet wird über die Behandlung einer 17-jährigen mit einer mittelgradigen depressiven Episode, die nach unregelmäßigen Gesprächen mit einem Facharzt motiviert war, in einer engermaschigen Psychotherapie ihre Problematik zu bearbeiten. Eingesetzt wurden unter anderem Biografie-Arbeit und EMDR. Im Rahmen der Behandlung wurde rasch deutlich, dass das Lebensmotto der Patientin, "Ich krieg das eh wieder nicht hin und werde alle enttäuschen" in jeder kleinsten Anforderungssituation wirksam wurde, wofür sie sich sofort selbst abwertete. Das misserfolgsorientierte Selbstbild beherrschte damit jegliche weitere Zukunftsplanung, die Lisa geschickt vermied, dies aber durch ihre Depression entschuldigte. Diese Sackgasse erkannte sie rasch. Im Rahmen der Psychoedukation zu Entstehung und Verlauf der depressiven Episode konnte die Patientin die eigene Problematik stimmig erläutern, doch fokussierte sie weiterhin stark auf ihr ausgeprägtes Selbstmitleid. Als übergeordnete Therapieziele benannte die Jugendliche die Verbesserung ihrer Stimmung, die Stärkung ihres Selbstbewusstseins, womit die Reduktion ihrer Ängste einhergehen sollte, um dann eine ausgeglichene Tagesstruktur schaffen zu können und den Wiedereinstieg in eine Ausbildung zu ermöglichen. Ebenso sah Lisa die Bedeutung der Elternarbeit, um die Dynamik in der Familie zu verändern ("Meine Eltern machen mich wahnsinnig und meinen es auch noch gut!").</p>
Maiorani, Chiara; Fernandez, Isabel; Tummino, Vito; Verdi, Daniela; Gallina, Eugenio; Pagani, Marco	2022	Adolescence and COVID-19: Traumatic Stress and Social Distancing in the Italian Epicenter of Pandemic	Journal of integrative neuroscience	21	5	143	<p>INTRODUCTION: The spread of the COVID-19 Pandemic led the Italian government to impose restrictive measures. Schools were closed and the organization of Distance Learning (DL) made adolescents face the psychological impact of the pandemic and the loss of their social life. OBJECTIVE: This research aimed to evaluate the psychological impact of the COVID-19 Pandemic and DL on students, attending two high schools in the Lodi area (Lombardy, Italy). METHOD: A questionnaire, composed of PSYCHO-COVID 19 and EMOTION THERMOMETER</p>



							applied to DL, was administered anonymously through the Google Drive School platform, from May 5th to June 5th 2020. RESULTS: Analysis of the protocols revealed stress reactions in 35% of students (12% High, 7% Moderate, 16% Mild). Principal Components Analysis also revealed the presence of a "distress entity" characterized by anxiety, depressive and somatic symptoms (comparable to those of post-traumatic stress syndrome), with a greater impact on females. The analysis of data on DL showed that online teaching was experienced negatively, in an almost linear correlation, by those subjects who had expressed distress. CONCLUSIONS: The results suggest that the pandemic had a traumatic impact on adolescents, especially on girls; psychological distress negatively influenced individual experiences with DL. Appropriate psychotherapeutic interventions are needed to prevent the chronicization of stress reactions and to facilitate the adaptation of adolescents to possible rapid changes in educational management.
Mandrek-Ewers, Dominika; Backmund, Markus; Lüdecke, Christel	2018	EMDR als Traumasyntheseverfahren bei Menschen mit Suchterkrankungen und Traumafolgestörungen	Suchtmedizin	20	4	255–260	Vorgelegt wird ein klinischer Erfahrungsbericht zur Anwendung von Traumaexpositionsverfahren (hier mit Fokus auf "Eye Movement Desensitization and Reprocessing" EMDR) auf einer spezialisierten Station mit Behandlungsfokus auf Sucht und Traumafolgestörungen. Eingegangen wird unter anderem auf EMDR und alkoholbezogene Störungen, EMDR und Substitutionsbehandlung, EMDR und Setting, Stabilisierung vor EMDR und Beendigung der EMDR-Sitzung.
Manfield, Philip	2000	Innovative EMDR-Ansätze. Die Anwendungsfelder von EMDR					Anhand von elf Falldarstellungen werden Anwendungsmöglichkeiten des Eye Movement Desensitization and Reprocessing (EMDR) bei komplexen posttraumatischen Belastungsstörungen demonstriert. - Inhalt: (A) Anvisieren klar abgrenzbarer traumatischer Erinnerungen. (1) P. Manfield: EMDR-Begriffe und -Verfahrensweisen - Auflösung einer unkomplizierten Depression. (2) L. Parnell: Depression nach einer Geburt - Wie einer Mutter nach der Geburt geholfen wurde, eine Beziehung zu ihrem Kind aufzubauen. (3) D. Grand: Auferstehung aus dem Sarg - Behandlung einer masochistischen Persönlichkeitsstörung. (4) E. Snyker: Der unsichtbare Vulkan - Überwindung des Leugnens von Zorn. (5) P. Manfield: Die Leere ausfüllen - Auflösung einer schweren Depression. (6) L. Engel: Imaginäre Verbrechen - Auflösung von Überlebens-Schuldgefühlen und einer kreativen Blockade einer Schriftstellerin. - (B) Die Behandlung Erwachsener, die als Kinder Traumata oder Missbrauch erlebt haben. (7) S. Vogelmann-Sine: Heilung von verborgenem Schmerz - Wie die Nachwirkungen von Missbrauch und Vernachlässigung in der Kindheit ausgelöst werden können. (8) J.

							<p>Lovett: Bin ich real? Mobilisieren innerer Kraft zur Entwicklung einer reifen Identität. (9) D. C. Manfield: Die Behandlung eines Klienten mit starken narzisstischen Abwehrmechanismen - Eine Revision traditioneller Ansätze. (10) J. Knipe: "Es war eine goldene Zeit...": Behandlung narzisstischer Verletzlichkeit. (11) A. M. Leeds: Erlösung von der Last der Scham - Wie die EMDR-Ressourcen-Installation zur Auflösung einer Blockade in der Therapie genutzt werden kann.</p>
<p>Mann, Frank D.; Atherton, Olivia E.; DeYoung, Colin G.; Krueger, Robert F.; Robins, Richard W.</p>	2020	<p>Big five personality traits and common mental disorders within a hierarchical taxonomy of psychopathology: A longitudinal study of Mexican-origin youth</p>	<p>Journal of abnormal psychology</p>		<p>19 39- 18 46( Ele ctr oni c), 00 21- 84 3X( Pri nt)</p>	<p>769- 787</p>	<p>The present study (a) tested whether a structure of common mental disorders within the hierarchical taxonomy of psychopathology was invariant from late childhood to adolescence in a sample of Mexican-origin youth, (b) examined the developmental course of psychopathology at different levels of the hierarchy, and (c) tested the degree to which changes in psychopathology were associated with changes in the Big Five personality domains. Results were consistent with the longitudinal hierarchical invariance of common mental disorders from age 12 to 17 (n = 674). Further, initial levels of conscientiousness, agreeableness, and emotional stability were positively associated with lower initial levels of a higher order factor of psychopathology, and increases in extraversion and decreases in neuroticism were associated with decreases in a higher order factor of psychopathology, which captured the general tendency for externalizing, internalizing, and attention-hyperactivity-related dimensions of psychopathology to correlate. Results of the present study indicate that a hierarchical model of common mental disorders extends to Mexican-origin youth and that developmental change in Big Five personality are related to developmental change in psychopathology. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>Mann, J. J.; Halper, J. P.; Wilner, P. J.; Sweeney, J. A.; Mieczkowski, T. A.; Chen, J. S.; Stokes, P. E.; Brown, R. P.</p>	1997	<p>Subsensitivity of adenylyl cyclase-coupled receptors on mononuclear leukocytes from drug-free inpatients with a major depressive episode</p>	<p>Biological psychiatry</p>	42	10	<p>859- 870</p>	<p>Previous studies have demonstrated blunted beta-adrenergic responsivity in leukocytes from depressed patients. We sought to determine if this blunted cyclic adenosine monophosphate (AMP) response is specific for beta-adrenergic receptors (homologous), or whether other adenylyl cyclase-coupled receptors are also involved (heterologous), in order to localize this effect at the level of the receptor versus the coupling protein or the transducer, adenylyl cyclase. We studied adenylyl cyclase-mediated responses in peripheral blood mononuclear cells from 95 drug-free patients with a major depressive episode and 69 healthy controls. We found a similar degree of decrease in the peak cyclic AMP response to activation of the beta-adrenergic receptor (28%) and the prostaglandin receptor (34%) in the depressed patients, which indicated heterologous</p>

							desensitization. Forskolin cyclic AMP responses were not blunted. Blunting of cyclic AMP responses to isoproterenol did not appear to correlate with levels of plasma norepinephrine and epinephrine or hypothalamic-pituitary-adrenocortical function. The absence of a decrease in the peak forskolin-generated cyclic AMP response, which involves direct activation of adenylyl cyclase, suggests an abnormality at the level of the coupling protein in these adenylyl-coupled receptors in depressed patients. Future studies need to determine whether this leukocyte signal transduction defect in depression also involves brain adenylyl cyclase-coupled receptors.
Manon, Marcelle	2014	EMDR Treatment of Family Abuse: Eye Movement to "I" Movement				95–110	Summary This chapter contains sections titled: Family Background Counseling and Therapy Background Emdr Experience Addendum
Manzoni, Martina; Fernandez, Isabel; Bertella, Silvana; Tizzoni, Federica; Gazzola, Erica; Molteni, Massimo; Nobile, Maria	2021	Eye movement desensitization and reprocessing: The state of the art of efficacy in children and adolescent with post traumatic stress disorder	Journal of affective disorders	282		340–347	BACKGROUND: PTSD in youth is more common and debilitating than it was previously thought. This untreated condition is highly correlated to critical mental health condition, such as depression, anxiety disruptive-behaviours, and substance use disorders. Despite the growing number of studies investigating Eye Movement Desensitization and Reprocessing (EMDR) treatment for posttraumatic stress disorder (PTSD) in childhood and adolescent, results have not been systematically revised since 2017. The aim of this work is to systematically reviewed all randomized controlled trials (RCTs) evaluating the effect of EMDR on PTSD symptoms in children and adolescent and asses whether EMDR therapy was effective to improve anxious and/or depressive symptoms. METHODS: In a short series of articles, we will review the efficacy of EMDR on children and adolescent with PTSD and comorbid symptoms. The present brief review will focus on randomized controlled trials with an EMDR group condition compared to a control group published until January 2020. RESULTS: eight studies (n = 150) met our inclusion criteria. Preliminary analyses showed that EMDR has a comparable efficacy to cognitive behavior therapy (CBT) in reducing PTSD, anxiety symptoms, depressive symptoms and was superior to waitlist/placebo condition. Moreover EMDR seems to be more effective in a shorter period of time. CONCLUSION: despite the small number of studies, the preliminary results suggest that EMDR therapy could be an effective treatment for children and adolescent with PTSD and anxious and/or depressive symptoms. Further research is needed to support these results.
Maratos, Jason	2005	Dynamic Consultations with Psychiatrists					

Marchand, A.; Germain, V.	2004	Effect of different variables on the outcome of various cognitive-behavioral treatment modalities for panic disorder with agoraphobia	L'Encephale	30	6	548–556	The efficacy of cognitive-behavioral therapy (CBT) is clearly demonstrated in the treatment of panic-disorder with agoraphobia (PDA). Between 70% and 90% of people with PDA obtain an higher global functioning level after CBT, yet symptoms remain in 10 to 30% of participants after treatment termination. The goal of the present study is to find which variables have an effect on different CBT modalities (individual, group, self-help) for persons with moderate and high PDA. Eighty-four persons were randomly assigned to one of three treatment modalities. Evaluations were made before treatment, immediately after and one year later. Results show that sex, number of years with agoraphobia and anxiety level significantly predict outcome at post-test for the individual modality. However, only the number of years with agoraphobia is a strong predictor one year later for this treatment modality. For the self-help modality, no predictor is significant neither at post-test nor one year later. For the group modality, the agoraphobic avoidance predicts outcome at post-test whereas symptoms severity predicts outcome one year later.
Marchand, Andre; Coutu, Marie-France; Dupuis, Gilles; Fleet, Richard; Borgeat, Francois; Todorov, Christo; Mainguy, Nicole	2008	Treatment of panic disorder with agoraphobia: randomized placebo-controlled trial of four psychosocial treatments combined with imipramine or placebo	Cognitive behaviour therapy	37	3	146–159	Few randomized controlled trials have included panic disorder patients with moderate to severe agoraphobia. Therefore, this population was studied using pharmacotherapy as well as psychotherapy. At the time of the study, imipramine was widely used as a pharmacological treatment. Also, current practice guidelines for patients with panic disorder find selective serotonin reuptake inhibitors and tricyclic antidepressants roughly comparable in terms of efficacy. Therefore, the main objective of this study is to compare four psychosocial treatments-cognitive and graded in vivo exposure treatments, graded in vivo exposure, cognitive treatment, and supportive therapy-to evaluate the benefits of combining cognitive therapy with exposure in vivo. These treatments were combined with imipramine or placebo for a total of eight experimental conditions. Participants presented moderate to severe agoraphobia. The method involved a randomized, double-blind, placebo-controlled trial with 137 participants who completed a 14-session protocol involving the treatments just mentioned. Measures were taken at baseline and posttreatment and at 3-, 6-, and 12-month follow-up. All treatment conditions were statistically and clinically effective in reducing self-reported panic-agoraphobia symptoms over the 1-year follow-up. No statistical differences were observed between imipramine and placebo conditions. This study found that all treatment modalities helped reduce panic and agoraphobic symptomatology over a 1-year follow-up period. These surprising results support the need to

							document the relations among the various components of an intervention. This would make it possible to assess the relative efficacy of the treatment components rather than of the intervention as a whole.
Margolin, Gayla; Vickerman, Katrina A.	2007	Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues	Professional Psychology: Research and Practice		19 39- 13 23( Ele ctr oni c), 07 35- 70 28( Pri nt)	613– 619	Exposure to child physical abuse and parents' domestic violence can subject youth to pervasive traumatic stress and can lead to posttraumatic stress disorder (PTSD). This article presents evolving conceptualizations in the burgeoning field of trauma related to family violence exposure and describes how the often repeating and ongoing nature of family violence exposure can complicate a PTSD diagnosis. In addition, recent literature indicates that children exposed to family violence may experience problems in multiple domains of functioning and may meet criteria for multiple disorders in addition to PTSD. Considerations salient to the recognition of traumatic stress in this population and that inform assessment and treatment planning are presented. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Margolin, Gayla; Vickerman, Katrina A.	2011	Posttraumatic stress in children and adolescents exposed to family violence: I. Overview and issues	Couple and Family Psychology: Research and Practice	1	S	63–73	Exposure to child physical abuse and parents' domestic violence can subject youth to pervasive traumatic stress and can lead to posttraumatic stress disorder (PTSD). This article presents evolving conceptualizations in the burgeoning field of trauma related to family violence exposure and describes how the often repeating and ongoing nature of family violence exposure can complicate a PTSD diagnosis. In addition, recent literature indicates that children exposed to family violence may experience problems in multiple domains of functioning and may meet criteria for multiple disorders in addition to PTSD. Considerations salient to the recognition of traumatic stress in this population and that inform assessment and treatment planning are presented. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Marks, I.	1997	Behaviour therapy for obsessive-compulsive disorder: a decade of progress	Canadian journal of psychiatry. Revue canadienne de psychiatrie	42	10	1021– 1027	OBJECTIVE: To review the last decade of behaviour therapy research in obsessive-compulsive disorder (OCD). METHOD: The most salient research was analyzed. RESULTS: Many studies confirmed that exposure and ritual prevention (ERP) effectively reduced compulsive rituals and obsessive thoughts in most patients in all age groups, although a minority of the patients did not complete treatment. Gains persisted to follow-up 2 to 6 years later in several countries. Improvement after ERP generalized to obsessive-compulsive beliefs, mood, work, and social adjustment, and was accompanied by reduction in cerebral blood flow in the right caudate nucleus. Teaching

							patients how to prevent relapse seems to reduce the risk of recurrence. ERP yields slightly more improvement than does appropriate antidepressant medication and is followed by far less relapse after treatment has stopped, so ERP may be more cost-effective in the long term. Antidepressant medication is a useful adjunct to ERP when OCD is accompanied by comorbid depression. The therapist now tends to teach patients how to carry out self-exposure and self-imposed ritual prevention, rather than to impose ERP on them. Self-help manuals help patients to do this, and computer aids to allow patients to learn how to do ERP at home have been valuable in pilot studies. Cognitive therapy without ERP was as useful as ERP. CONCLUSION: ERP is of lasting value for OCD. Long-term cost-effectiveness comparisons are needed of self-administered ERP versus cognitive therapy and versus medication. Studies are also needed of brief psychological treatment for depression comorbid with OCD.
Marks, I. M.; Swinson, R. P.; Başoğlu, M.; Kuch, K.; Noshirvani, H.; O'Sullivan, G.; Lelliott, P. T.; Kirby, M.; McNamee, G.; Sengun, S.	1993	Alprazolam and exposure alone and combined in panic disorder with agoraphobia. A controlled study in London and Toronto	The British journal of psychiatry : the journal of mental science	162		776–787	A cross-national randomised trial of alprazolam for chronic panic disorder with agoraphobia was run. Compared with previous trials it had three new features: an exposure therapy contrast group, a six-month treatment-free follow-up, and a low rate of early placebo drop-outs ('non-evaluables'). The dose of alprazolam was high (5 mg/day). The 154 patients had eight weeks of: alprazolam and exposure (combined treatment); or alprazolam and relaxation (a psychological placebo); or placebo and exposure; or placebo and relaxation (double placebo). Drug taper was from weeks 8 to 16. Follow-up was to week 43. Results were similar at both sites. Treatment integrity was good. All four treatment groups, including double placebo, improved well on panic throughout. On non-panic measures, by the end of treatment, both alprazolam and exposure were effective, but exposure had twice the effect size of alprazolam. During taper and follow-up, gains after alprazolam were lost, while gains after exposure were maintained. Combining alprazolam with exposure marginally enhanced gains during treatment, but impaired improvement thereafter. The new features put previous trails in a fresh light. By the end of treatment, though gains on alprazolam were largely as in previous studies, on phobias and disability they were half those with exposure. Relapse was usual after alprazolam was stopped, whereas gains persisted to six-month follow-up after exposure ceased. Panic improved as much with placebo as with alprazolam or exposure.
Marks, Renée Potgieter	2014	Alle müssen gerettet werden. Jason (7 Jahre). Zwei Wochen					Die zentralen Inhalte einer zehntägigen Intensivtherapie für ein siebenjähriges adoptiertes Kind (Jason), das wegen seines

		Intensivtherapie für ein adoptiertes Kind					<p>aggressiven, kontrollierenden und trotzigem Verhalten auffällig geworden war und bei dem eine pathologische und traumabedingte Dissoziation diagnostiziert worden war, werden beschrieben. Da in der Intensivtherapie mit Kind und Mutter gemeinsam gearbeitet wurde, wurde eine Co-Therapeutin hinzugezogen, die häufig EMDR (Eye Movement Desensitization and Reprocessing) einsetzte, während die Autorin Jason Teile seiner Geschichte erklärte, um das Trauma zu verarbeiten oder um positive Erfahrungen zu vertiefen. Die Therapie dauerte höchstens fünf Stunden pro Tag mit Pausen. Im Rahmen dieses therapeutischen Prozesses verglichen die beiden Therapeutinnen oft in den Pausen ihre Beobachtungen und stimmten sich über das weitere Vorgehen ab. Außerdem begann jeder Tag mit einer Einzelsitzung für die Mutter bei der Autorin und für Jason bei der Co-Therapeutin, um einzuschätzen, wie es beiden emotional und psychisch gerade erging. Am Ende der Therapie war eine größere Flexibilität in Jasons Reaktionen und in seiner Fähigkeit, sich an früher Erlebtes zu erinnern und zugleich stabil in der Gegenwart zu bleiben, erkennbar.</p>
Markus, Wiebren; de Weert-van Oene, Gerdien H; Becker, Eni S.; DeJong, Cor A. J.	2015	A multi-site randomized study to compare the effects of Eye Movement Desensitization and Reprocessing (EMDR) added to TAU versus TAU to reduce craving and drinking behavior in alcohol dependent outpatients: study protocol	BMC psychiatry	15		51	<p>BACKGROUND: Addiction constitutes a major public health problem, and despite treatment, relapse rates remain very high. Preliminary findings suggest that Eye Movement Desensitization and Reprocessing (EMDR), an evidence-based treatment for PTSD, may also reduce craving and relapse rates when applied in substance abuse. This study aims to determine the feasibility, efficacy and effectiveness of EMDR when added to treatment as usual (TAU) for addiction in alcohol dependent outpatients, compared to TAU only. METHODS/DESIGN: A single blinded study in which 100 adult patients with a primary DSM-IV-TR diagnosis of alcohol dependence or abuse receiving treatment in one of six Dutch outpatient addiction care facility sites, will be enrolled. After baseline assessment participants will be allocated to one of two treatment conditions (allocation ratio of 1:1) using a stratified (per site, per care pathway), blocked randomization procedure. The intervention consists of EMDR (seven weekly 90 minute sessions) + TAU or TAU only. Assessments are scheduled pre-treatment (t0), post-treatment (t0 + eight weeks), and one and six months post treatment. The effects of both treatment arms are compared on indices of (a) drinking behavior, (b) mediators, moderators and predictors of treatment outcome, (c) quality of life and d) safety, acceptability and feasibility of treatment. Repeated measures ANOVA's will be conducted using an intention-to-treat and per-protocol approach. Multiple imputation will be used to deal with</p>

							missing values when possible. DISCUSSION: This study adapts and extends the standard EMDR treatment for traumatized patients for use with patients with alcohol use disorders without psychological trauma. TRIAL REGISTRATION: ClinicalTrial.gov: NCT01828866.
Markus, Wiebren; de Weert-van Oene, Gerdien H.; Woud, Marcella L.; Becker, Eni S.; DeJong, Cornelis A. J.	2016	Are addiction-related memories malleable by working memory competition? Transient effects on memory vividness and nicotine craving in a randomized lab experiment	Journal of behavior therapy and experimental psychiatry	52		83–91	BACKGROUND AND OBJECTIVES: Experimental research suggests that working memory (WM) taxation reduces craving momentarily. Using a modified Eye Movement Desensitization and Reprocessing (EMDR) procedure, prolonged reductions in craving and relapse rates in alcohol dependence have been demonstrated. Modified EMDR-procedures may also hold promise in smoking cessation attempts. A proof-of-concept study was conducted to narrow the gap between WM-taxation experiments and clinical EMDR studies. To this end the clinical EMDR-procedure was modified for use in a laboratory experiment. METHODS: Daily smokers (n = 47), abstaining overnight, were allocated (by minimization randomization) to one of two groups using a parallel design. In both cases a modified EMDR-procedure was used. In the experimental group (n = 24) eye movements (EM) were induced while control group participants (n = 23) fixed their gaze (not taxing WM). During 6 min trials, craving-inducing memories were recalled. Craving, vividness of target memories, and smoking behavior were assessed at several variable-specific time-points between baseline (one week pre-intervention) and one week follow-up. RESULTS: The experimental group showed significant immediate reductions of craving and vividness of targeted memories. However, these effects were lost during a one-week follow-up period. CONCLUSIONS: A limited dose of WM-taxation, in the form of EM in a modified EMDR-procedure, resulted in transient effects on memory vividness and nicotine craving. EM provide a valuable way of coping with the acute effects of craving during smoking cessation attempts. Other aspects of the EMDR-procedure may provide additional effects. Component and dose-response studies are needed to establish the potential of EMDR-therapy in smoking cessation.
Markus, Wiebren; Hornsveld, Hellen K.; Burk, William J.; van Weert " Oene, Gerdien H. de; Becker, Eni S.; DeJong, Cornelis A.J.	2020	Addiction-Focused Eye Movement Desensitization and Reprocessing Therapy as an Adjunct to Regular Outpatient Treatment for Alcohol Use Disorder: Results From a Randomized Clinical Trial	Alcohol Clin Exp Res (Alcoholism: Clinical and Experimental Research)	44	1	272–283	Background This study examined the feasibility, safety, and efficacy of addiction-focused eye movement desensitization and reprocessing (AF-EMDR) treatment, as an add-on intervention to treatment as usual (TAU). Methods Adult outpatients with alcohol use disorder (AUD) (N = 109) who already received or had just started with TAU (Community Reinforcement Approach) were recruited at 6 outpatient addiction care facilities. They were randomly assigned to either TAU + 7 weekly 90-minute sessions of AF-EMDR (N = 55) or TAU-only (N = 54). Assessments were made at baseline, after AF-EMDR



							therapy (+ 8 weeks in the TAU-only group), and at 1- and 6-month follow-up. The primary outcomes were changes in drinking behavior as reported by the participant and biomarker indices. Results Data were analyzed as intent-to-treat with linear mixed models. Additionally, sensitivity analyses were performed. No group or interaction effects were found for any of the outcome variables. Only limited change over time was seen with regard to indices of personal and societal recovery and in some secondary indices of clinical recovery (craving, desire thinking, and rumination). Reliable Change Index calculations showed that more TAU-only participants showed clinical improvement with regard to alcohol consumption while a somewhat higher proportion of participants in the TAU + AF-EMDR group experienced less craving. The acceptability, safety, and feasibility of the treatments received in both groups were comparable. Conclusions There was no add-on effect of AF-EMDR on TAU with regard to drinking behavior in outpatients with an AUD. Possible explanations are discussed. Future studies should first establish proof of principle regarding the potential of AF-EMDR therapy to disrupt operant learning and habits relevant in addiction.
Marmouz, F.	2000	Childhood allergic rhinitis	Allergie et immunologie	32	10	381–387	Allergic rhinitis is the most common chronic disease in children. This frequency is in strong progress. According to ISAAC' study, it concerns a child (6/7 years) on four and a teenager on two. The seasonal rhinitises are generally well treated. Perennial allergic rhinitises are chronic and often neglected. They are more often complicated or associated to asthma which represents the major evolutionary risk. In a general way, allergic rhinitis are sub-diagnosed and untreated while we have more and more effective therapeutic means. Although allergic rhinitis is not considered as a severe disease, its echo on children's quality of life, physical and psychological well-being, and capacity to learn. It has also important socio-economic consequences. A better coverage is imperative itself as far as the diagnosis based on the symptoms and the allergy cutaneous tests which are easy. The options for treating allergic rhinitis in the child are not so different as those for adult. Complete avoidance of inhalant allergens is not always possible and medication are quite always possible. Intranasal corticosteroids are sometimes prescribed. In persistent disease, allergen immunotherapy may be considered according to the last OMS consensus statement.
Maroufi, Mohsen; Zamani, Shahla; Izadikhah, Zahra;	2016	Investigating the effect of Eye Movement Desensitization and Reprocessing (EMDR) on	Journal of advanced nursing	72	9	2207–2217	AIM: To investigate the efficacy of Eye Movement Desensitization and Reprocessing for postoperative pain management in adolescents. BACKGROUND: Eye Movement Desensitization and Reprocessing is

<p>Marofi, Maryam; O'Connor, Peter</p>		<p>postoperative pain intensity in adolescents undergoing surgery: a randomized controlled trial</p>					<p>an inexpensive, non-pharmacological intervention that has successfully been used to treat chronic pain. It holds promise in the treatment of acute, postsurgical pain based on its purported effects on the brain and nervous system. DESIGN: A randomized controlled trial was used. METHODS: Fifty-six adolescent surgical patients aged between 12-18 years were allocated to gender-balanced Eye Movement Desensitization and Reprocessing (treatment) or non-Eye Movement Desensitization and Reprocessing (control) groups. Pain was measured using the Wong-Baker FACES(®) Pain Rating Scale (WBFS) before and after the intervention (or non-intervention for the control group). FINDINGS: A Wilcoxon signed-rank test demonstrated that the Eye Movement Desensitization and Reprocessing group experienced a significant reduction in pain intensity after treatment intervention, whereas the control group did not. Additionally, a Mann-Whitney U-test showed that, while there was no significant difference between the two groups at time 1, there was a significant difference in pain intensity between the two groups at time 2, with the Eye Movement Desensitization and Reprocessing group experiencing lower levels of pain. CONCLUSION: These results suggest that Eye Movement Desensitization and Reprocessing may be an effective treatment modality for postoperative pain.</p>
<p>Marsac, Meghan L.; Ciesla, Jeffrey; Barakat, Lamia P.; Hildenbrand, Aimee K.; Delahanty, Douglas L.; Widaman, Keith; Winston, Flaura K.; Kassam-Adams, Nancy</p>	<p>2016</p>	<p>The role of appraisals and coping in predicting posttraumatic stress following pediatric injury</p>	<p>Psychological trauma : theory, research, practice and policy</p>	<p>8</p>	<p>4</p>	<p>495–503</p>	<p>Objective: Given the millions of children who experience potentially traumatic injuries each year and the need to maximize emotional and physical health outcomes following pediatric injury, the current study examined the individual and collective contributions of the malleable variables of appraisals and coping in predicting posttraumatic stress symptoms (PTSS) in children following injury. Method: This study combined data from 3 prospective investigations of recovery from pediatric injury (N = 688) in which children ages 8–17 years were recruited shortly after an injury (within 4 weeks). At baseline (T1), children completed measures of their threat appraisals of the injury event and PTSS. Six to twelve weeks later (T2), children completed a measure of coping and PTSS. Finally, PTSS was assessed again 6 months post-injury (T3). Results: Structural equation modeling analyses provide evidence that appraisals and coping contribute to PTSS. Furthermore, results suggest that escape coping mediates the relationship between threat appraisals and PTSS. Conclusions: Early interventions designed to prevent or reduce PTSS after pediatric injury may be more successful if they primarily target modifying escape coping behaviors. To best inform clinical practice, future research should examine factors influencing the development of children's</p>

							appraisals and coping behaviors in the context of potentially traumatic events. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Marsac, Meghan L.; Kassam-Adams, Nancy; Delahanty, Douglas L.; Ciesla, Jeffrey; Weiss, Danielle; Widaman, Keith F.; Barakat, Lamia P.	2017	An initial application of a biopsychosocial framework to predict posttraumatic stress following pediatric injury	Health Psychology	36	8	787–796	Objective: Each year millions of children suffer from unintentional injuries that result in poor emotional and physical health. This study examined selected biopsychosocial factors (i.e., child heart rate, peritrauma appraisals, early coping, trauma history) to elucidate their roles in promoting emotional recovery following injury. The study evaluated specific hypotheses that threat appraisals (global and trauma-specific) and coping would predict subsequent posttraumatic stress symptoms (PTSS), that coping would mediate the association between early and later PTSS, and that heart rate would predict PTSS and appraisals would mediate this association. Method: Participants were 96 children hospitalized for injury and assessed at 3 time points: T1 (within 2 weeks of injury), T2 (6-week follow-up), and T3 (12-week follow-up). Participants completed measures of trauma history and appraisals at T1, coping at T2, and PTSS at T1, T2, and T3. Heart rate was abstracted from medical records. Structural equation modeling was employed to evaluate study hypotheses. Results: Heart rate was not associated with PTSS or appraisals. Models including trauma history, appraisals, coping, and PTSS were constructed to test other study hypotheses and fit the data well. T1 global and trauma-specific threat appraisals were associated with T1 PTSS; T2 avoidant coping was a significant mediator of the relation between T1 and T3 PTSS. Conclusion: Findings confirm a role for appraisals and coping in the development of PTSS over the weeks following pediatric injury. Early appraisals and avoidant coping may be appropriate targets for prevention and early intervention. Future researchers should further explicate the utility of a biopsychosocial framework in predicting PTSS. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Marsden, Zoe; Lovell, Karina; Blore, David; Ali, Shehzad; Delgadoillo, Jaime	2018	A randomized controlled trial comparing EMDR and CBT for obsessive-compulsive disorder	American Journal of Orthopsychiatry	25	1	e10-e18	Background This study aimed to evaluate eye movement desensitization and reprocessing (EMDR) as a treatment for obsessive-compulsive disorder (OCD), by comparison to cognitive behavioural therapy (CBT) based on exposure and response prevention. Method This was a pragmatic, feasibility randomized controlled trial in which 55 participants with OCD were randomized to EMDR (n = 29) or CBT (n = 26). The Yale-Brown obsessive-compulsive scale was completed at baseline, after treatment and at 6 months follow-up. Treatment completion and response rates were compared using chi-square tests. Effect size was examined using Cohen's d and multilevel modelling. Results Overall, 61.8% completed treatment and 30.2% attained reliable and clinically

							significant improvement in OCD symptoms, with no significant differences between groups ( $p > .05$ ). There were no significant differences between groups in Yale-Brown obsessive-compulsive scale severity post-treatment ( $d = 0.24$ , $p = .38$ ) or at 6 months follow-up ( $d = 0.03$ , $p = .90$ ). Conclusions EMDR and CBT had comparable completion rates and clinical outcomes.
Marsden, Zoe; Teahan, Alexander; Lovell, Karina; Blore, David; Delgadillo, Jaime	2018	Patients' experiences of cognitive behavioural therapy and eye movement desensitisation and reprocessing as treatments for obsessive-compulsive disorder	Couns Psychother Res (Counselling and Psychotherapy Research)	18	3	251–261	Abstract Introduction Obsessive-compulsive disorder (OCD) is usually treated with cognitive behavioural therapy (CBT) based on exposure and response prevention principles; although eye movement desensitisation and reprocessing (EMDR) has also been proposed as a potentially helpful treatment. Aim To investigate patients' experiences of the process and outcome of CBT and EMDR. Method We conducted in-depth qualitative interviews with 24 (EMDR = 14; CBT = 10) patients who participated in a randomised controlled trial. Interviews were conducted after the end of therapy, transcribed verbatim and interpreted using thematic analysis. Results Three superordinate themes were identified, including (1) common experiences and specific experiences of (2) CBT and (3) EMDR. Common experiences of therapy included difficulties in disclosing OCD problems; perceptions about therapists as approachable and nonjudgemental; sudden symptomatic improvements; difficulties in engaging with treatment; general satisfaction with therapy; and viewing OCD as a long-term condition. Some differences between these interventions were also found in patients' understanding of the treatment rationale, their experiences and difficulties with specific treatment procedures. Conclusions Common process factors were especially prominent in patients' accounts, although it is possible that these interact with more specific change mechanisms such as desensitisation.
Marshall, Jeanne; Hill, Rebecca J.; Wallace, Meagan; Dodrill, Pamela	2018	Intervention for Feeding Difficulties in Children With a Complex Medical History: A Randomized Clinical Trial	Journal of pediatric gastroenterology and nutrition	66	1	152–158	OBJECTIVE: This study aimed to compare outcomes of different multidisciplinary feeding therapy approaches in children with feeding difficulties. METHODS: Children aged 2 to 6 years with feeding difficulties and a medically complex history (MC) were recruited. Children with feeding difficulties and a nonmedically complex history (NMC) were included as a comparison group. Participants attended a clinical assessment, and eligible participants were randomized to receive targeted feeding intervention incorporating either operant conditioning or systematic desensitization. Parents could elect to receive intervention in an intensive (10 sessions in a week) or weekly (10 sessions during 10 weeks) format. Both groups received immersive parent training. A review was completed 3 months post-intervention. RESULTS: In total, 98 participants were eligible to participate (MC, n =

							43; NMC, n = 55). Data from 20 children from the MC group (47%) and 41 children from the NMC group (75%) were included in the final analysis. Clinically significant improvements were observed following both arms of therapy, consistent with previous research. Parents of children in the MC arm were significantly more likely to elect for intensive intervention than weekly (MC = 12/20, 60%; 12/41, 29%; P = 0.02). CONCLUSIONS: Both therapy protocols were considered clinically effective. The difference in attrition rates between the etiological groups suggests primary differences in how service delivery should be managed. Progress for the medically complex child may be slower while medical issues are stabilized, or while the focus for parents shifts to other developmental areas. In planning services for a medically complex group, therefore, it is essential that consideration be given to medical and family needs.
Marshall, Jeanne; Hill, Rebecca J.; Ware, Robert S.; Ziviani, Jenny; Dodrill, Pamela	2015	Multidisciplinary intervention for childhood feeding difficulties	Journal of pediatric gastroenterology and nutrition	60	5	680–687	OBJECTIVE: The aim of the study was to determine whether operant conditioning (OC) or systematic desensitization (SysD) intervention resulted in more improvements in dietary variety/intake, and more reductions in difficult mealtime behaviors. METHODS: Children 2 to 6 years with autism spectrum disorder or with a nonmedically complex history were recruited. Feeding difficulties were confirmed based on clinical assessment. Participants were randomized to receive 10 OC or SysD sessions (parents could opt for intervention once per week, or intensively within a week). Immersive parent education was delivered across both arms. A 3-month review was provided to measure outcomes postintervention. RESULTS: In total, 68 participants (87%) completed the study. There were no significant differences in outcome measures between the OC and SysD intervention groups from baseline to 3-month review. When the data were combined across both groups, however, significant improvements in primary outcome measures were observed (P < 0.05). Although not statistically significant, it was considered clinically significant that participants in the OC arm demonstrated more increases in dietary variety (mean difference 3.3 foods, 95% confidence interval -0.1 to 6.8, P = 0.06) compared with the SysD arm. There were limited differences in response observed between the autism spectrum disorder and nonmedically complex history groups, and the intensive and weekly arms. CONCLUSIONS: Favorable results were observed regardless of intervention, intensity, or etiological group. Results suggest that, when delivered to a protocol by experienced therapists and coupled with parent education, these 2 intervention approaches are effective.

							Further research is required in exploring these interventions across other subgroups, and examining outcomes for longer periods.
Martel, Michelle M.; Pan, Pedro M.; Hoffmann, Maurício S.; Gadelha, Ary; do Rosário, Maria C.; Mari, Jair J.; Manfro, Gisele G.; Miguel, Eurípedes C.; Paus, Tomás; Bressan, Rodrigo A.; Rohde, Luis A.; Salum, Giovanni A.	2017	A general psychopathology factor (P factor) in children: Structural model analysis and external validation through familial risk and child global executive function	Journal of abnormal psychology		19-39-46( Electronic), 2021-843X(Print)	137-148	High rates of comorbidities and poor validity of disorder diagnostic criteria for mental disorders hamper advances in mental health research. Recent work has suggested the utility of continuous cross-cutting dimensions, including general psychopathology and specific factors of externalizing and internalizing (e.g., distress and fear) syndromes. The current study evaluated the reliability of competing structural models of psychopathology and examined external validity of the best fitting model on the basis of family risk and child global executive function (EF). A community sample of 8,012 families from Brazil with children ages 6–12 years completed structured interviews about the child and parental psychiatric syndromes, and a subsample of 2,395 children completed tasks assessing EF (i.e., working memory, inhibitory control, and time processing). Confirmatory factor analyses tested a series of structural models of psychopathology in both parents and children. The model with a general psychopathology factor (“P factor”) with 3 specific factors (fear, distress, and externalizing) exhibited the best fit. The general P factor accounted for most of the variance in all models, with little residual variance explained by each of the 3 specific factors. In addition, associations between child and parental factors were mainly significant for the P factors and nonsignificant for the specific factors from the respective models. Likewise, the child P factor—but not the specific factors—was significantly associated with global child EF. Overall, our results provide support for a latent overarching P factor characterizing child psychopathology, supported by familial associations and child EF. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Martin, Paul R.; Reece, John; Forsyth, Michael	2006	Noise as a trigger for headaches: relationship between exposure and sensitivity	Headache	46	6	962-972	OBJECTIVE: This study investigated how triggers acquire the capacity to precipitate headaches. BACKGROUND: Traditional clinical advice is that the best way to prevent headache/migraine is to avoid the triggers. Avoidance of anxiety-eliciting stimuli, however, results in sensitization to the stimuli, so is there a danger that avoidance of migraine/headache triggers results in decreased tolerance for the triggers? DESIGN: One hundred and fifty subjects, 60 of whom suffered from regular headaches, were randomly assigned to 5 experimental conditions, defined by length of exposure to the headache trigger of noise. METHODS: Subjects attended a laboratory session divided into 3 phases: preintervention test, intervention (1 of 5 levels of exposure to the trigger), and postintervention test. Response to the intervention was measured in terms of noise tolerance,

							sensitivity to noise, and nociceptive response to noise. RESULTS: A curvilinear relationship was found between length of exposure to the trigger and pain response for individuals who do not suffer from regular headaches, that is, short exposure was associated with sensitization and prolonged exposure with desensitization. The relationship for headache patients was less clear. CONCLUSIONS: The findings are consistent with the proposition that 1 etiological pathway to suffering from frequent headaches is via trying to avoid, or escape from, potential trigger factors. These results suggest that the traditional clinical advice to headache patients, that the best way to prevent migraine/headache is to avoid the triggers, runs the risk of establishing an insidious sensitization process thereby increasing headache frequency.
Martsenkovskyi, Dmytro; Karatzias, Thanos; Hyland, Philip; Shevlin, Mark; Ben-Ezra, Menachem; McElroy, Eoin; Redican, Enya; Vang, Maria Louison; Cloitre, Marylene; Ho, Grace W. K.; Lorberg, Boris; Martsenkovsky, Igor	2023	Parent-reported posttraumatic stress reactions in children and adolescents: Findings from the mental health of parents and children in Ukraine study	Psychological trauma : theory, research, practice and policy			No Paginati on Specifie d-No Paginati on Specifie d	Background: Despite the long-standing ongoing war in Ukraine, information regarding war-related negative mental health outcomes in children is limited. A nationwide sample of parents in Ukraine was surveyed to assess posttraumatic stress disorder (PTSD) symptoms in their children and to identify risk factors associated with child PTSD status. Method: A nationwide opportunistic sample of 1,238 parents reported on a single randomly chosen child within their household as part of The Mental Health of Parents and Children in Ukraine Study. Data were collected approximately 6 months after the war escalation in February 2022. The prevalence of PTSD was estimated using the parent-reported Child and Adolescent Trauma Screen (CATS). Results: Based on parental reports, 17.5% of preschoolers and 12.6% of school-age children met Diagnostic and Statistical Manual of Mental Disorders (5th ed.) criteria for PTSD. Delay in milestone development (AOR = 2.38, 95% confidence interval [CI] [1.38–4.08]), having a parent affiliated with the emergency services or army (AOR = 2.13, [1.28–3.53]), parental PTSD/complex PTSD status (AOR = 1.88, [1.22–2.89]), and mean changes in parental anxiety (AOR = 1.98, [1.44–2.72]) were among the strongest predictors of increased risk of pediatric PTSD. Conclusion: Russia’s war escalation in Ukraine resulted in an increased estimated prevalence of war-related PTSD in children of various ages. Urgent efforts to increase the capacity of national pediatric mental health services are critically needed to mitigate these challenges in an environment of limited financial and human resources. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Marx, Rudolf	2000	Posttraumatische Belastungsstörung					Es wird ein Überblick über Symptomatik, Epidemiologie, Risikofaktoren, ätiologische Modelle, Diagnostik und klinisch-

						psychologische Behandlung von posttraumatischen Belastungsstörungen gegeben. Im Anschluss an eine Beschreibung der historischen Entwicklung des Störungsbildes und der diagnostischen Kriterien in der ICD-9 und 10 sowie dem DSM-IV wird auf Epidemiologie, Risikofaktoren und ätiologische Modelle (dysfunktionale kognitive Schemata, behaviorale Modelle, Netzwerkmodelle, psychobiologische Modelle) eingegangen. Anschließend werden Diagnoseinstrumente sowie die klinisch-psychologische Behandlung und ihre Wirkfaktoren näher beschrieben. Angesprochen werden die emotional-imaginative Umstrukturierung traumatischer Episoden, "Eye Movement Desensitization and Reprocessing", Debriefing, Stressimpfungstraining und Psychopharmakotherapie. Symptomatik und Behandlung werden anhand des Fallbeispiels einer 29-jährigen Frau veranschaulicht.	
Mattheß, Helga; Wöller, Wolfgang	2018	Therapie der Traumafolgestörungen				Die psychodynamische Psychotherapie der Traumafolgestörungen wird erläutert. Die üblichen Systematisierungen im Rahmen der psychodynamischen Behandlungstheorie, die ein konflikt- oder strukturbezogenes therapeutisches Vorgehen unterscheiden, greifen für die notwendigen therapeutischen Interventionen bei traumatisierten Menschen in vielen Fällen zu kurz, da die charakteristische Erinnerungs-, Affekt- und Verhaltensfragmentierung bei Traumafolgestörungen in den psychodynamischen Modellen nicht ausreichend berücksichtigt wird. Die spezifischen therapeutischen Besonderheiten bei Traumafolgestörungen werden dargestellt. Dabei werden folgende Phasen der Traumatherapie unterschieden: Stabilisierung; Förderung des Traumaverarbeitungsprozesses; Unterstützen weiterer Entwicklungsschritte, Konfliktbearbeitung. In den Richtlinienverfahren wird seit 2014 EMDR (Eye Movement Desensitization and Reprocessing) als evidenzbasierte Behandlungsmethode sowohl bei verhaltenstherapeutischen Behandlungen als auch bei psychodynamischen Behandlungen für die posttraumatische Belastungsstörung empfohlen. Zudem ist es oft sinnvoll, aus der Hypnotherapie übernommene Imaginationsverfahren zur Reduktion von Übererregung, Flashbacks, negativem Selbstbild, Bindungsproblemen oder schwieriger Affektregulation einzusetzen.	
Matthijssen, Suzy J M A; van Beerschoten, Lucinda M.; Jongh, Ad de; Klugkist, Irene G.; van den Hout, Marcel A	2019	Effects of "Visual Schema Displacement Therapy" (VSDT), an abbreviated EMDR protocol and a control condition on emotionality and vividness of	Journal of behavior therapy and experimental psychiatry	63		48-56	BACKGROUND AND OBJECTIVES: Visual Schema Displacement Therapy (VSDT) is a novel therapy which has been described as a treatment for stress and dysfunction caused by a traumatic event. Although its developers claim this therapy is quicker and more beneficial than other forms of trauma therapy, its effectiveness has not been tested. METHODS: We compared the efficacy of VSDT to an



		aversive memories: Two critical analogue studies					abbreviated EMDR protocol and a non-active control condition (CC) in two studies. In Study 1 participants (N = 30) were asked to recall three negative emotional memories under three conditions: VSDT, EMDR, and a CC, each lasting 8 min. Emotional disturbance and vividness of the memories were rated before and after the (within group) conditions. The experiment was replicated using a between group study. In Study 2 participants (N = 75) were assigned to one of the three conditions, and a follow-up after 6-8 days was added. RESULTS: In both studies VSDT and EMDR were superior to the CC in reducing emotional disturbance, and VSDT was superior to EMDR. VSDT and EMDR outperformed the CC in terms of reducing vividness. LIMITATION: Results need to be replicated in clinical samples. CONCLUSIONS: It is unclear how VSDT yields positive effects, but irrespective of its causal mechanisms, VSDT warrants clinical exploration.
Matthijssen, Suzy J M A; van Schie, Kevin; van den Hout, Marcel A	2019	The Effect of modality specific interference on working memory in recalling aversive auditory and visual memories()	Cognition & emotion	33	6	1169–1180	Both auditory and visual emotional memories can be made less emotional by loading working memory (WM) during memory recall. Taxing WM during recall can be modality specific (giving an auditory [visuospatial] load during recall of an auditory [visual] memory) or cross modal (an auditory load during visual recall or vice versa). We tested whether modality specific loading taxes WM to a larger extent than cross modal loading. Ninety-six participants undertook a visual and auditory baseline Random Interval Repetition task (i.e. responding as fast as possible to a visual or auditory stimulus by pressing a button). Then, participants recalled a distressing visual and auditory memory, while performing the same visual and auditory Random Interval Repetition task. Increased reaction times (compared to baseline) were indicative of WM loading. Using Bayesian statistics, we compared five models in terms of general and modality specific taxation. There was support for the model describing the effect on WM of dual tasking in general, irrespective of modality specificity, and for the model describing the effect of modality specific loading. Both models combined gained the most support. The results suggest a general effect of dual tasking on taxing WM and a superimposed effect of taxing in matched modality.
Matthijssen, Suzy J. M. A.; Verhoeven, Liselotte C. M.; van den Hout, Marcel A.; Heitland, Ivo	2017	Auditory and visual memories in PTSD patients targeted with eye movements and counting: The effect of modality-specific loading of working memory	Frontiers in Psychology, 2017				Introduction: Eye movement desensitization and reprocessing (EMDR) therapy is an evidence-based treatment for post-traumatic stress disorder (PTSD). A key element of this therapy is simultaneously recalling an emotionally disturbing memory and performing a dual task that loads working memory. Memories targeted with this therapy are mainly visual, though there is some evidence that auditory memories

						<p>can also be targeted. Objective: The present study tested whether auditory memories can be targeted with EMDR in PTSD patients. A second objective was to test whether taxing the patient (performing a dual task while recalling a memory) in a modality-specific way (auditorily demanding for auditory memories and visually demanding for visual memories) was more effective in reducing the emotionality experienced than taxing in cross-modality. Methods: Thirty-six patients diagnosed with PTSD were asked to recall two disturbing memories, one mainly visual, the other one mainly auditory. They rated the emotionality of the memories before being exposed to any condition. Both memories were then recalled under three alternating conditions [visual taxation, auditory taxation, and a control condition (CC), which comprised staring a non-moving dot]-counterbalanced in order-and patients rereated emotionality after each condition. Results: All three conditions were equally effective in reducing the emotionality of the auditory memory. Auditory loading was more effective in reducing the emotionality in the visual intrusion than the CC, but did not differ from the visual load. Conclusion: Auditory and visual aversive memories were less emotional after working memory taxation (WMT). This has some clinical implications for EMDR therapy, where mainly visual intrusions are targeted. In this study there was no benefit of modality specificity. Further fundamental research should be conducted to specify the best protocol for WMT.</p>
Matthijssen, Suzy Johanna Martina Adriana; Heitland, Ivo; Verhoeven, Liselotte C. M.; van den Hout, Marcel A.	2019	Reducing the emotionality of auditory hallucination memories in patients suffering from auditory hallucinations	Frontiers in Psychiatry, 2019			<p>Eye movement desensitization and reprocessing (EMDR) therapy targets emotionally disturbing visual memories of traumatic life events, and may be deployed as an efficacious treatment for posttraumatic stress disorder. A key element of EMDR therapy is recalling an emotionally disturbing visual memory while simultaneously performing a dual task. Previous studies have shown that auditory emotional memories may also become less emotional as a consequence of dual tasking. This is potentially beneficial for psychotic patients suffering from disturbing emotional auditory memories of auditory hallucinations. The present study examined whether and to what extent emotionality of auditory hallucination memories could be reduced by dual tasking. The study also assessed whether a modality matching dual task (recall + auditory taxation) could be more effective than a cross modal dual task (recall + visual taxation). Thirty-six patients suffering from auditory hallucinations were asked to recall an emotionally disturbing auditory memory related to an auditory hallucination, to rate emotionality of the memory, and to recall it under three conditions: two active conditions,</p>

							i.e., visual taxation (making eye-movements) or auditory taxation (counting aloud), and one control condition (staring at a non-moving dot) counterbalanced in order. Patients re-rated emotionality of the memory after each condition. Results show the memory emotionality of auditory hallucinations was reduced and the active conditions showed stronger effects than the control condition. No modality-specific effect was found: the active conditions had an equal effect.
Matzke, Dora; Nieuwenhuis, Sander; van Rijn, Hedderik; Slagter, Heleen A.; van der Molen, Maurits W; Wagenmakers, Eric- Jan	2015	The effect of horizontal eye movements on free recall: a preregistered adversarial collaboration	Journal of experimental psychology. General	144	1	e1-15	A growing body of research has suggested that horizontal saccadic eye movements facilitate the retrieval of episodic memories in free recall and recognition memory tasks. Nevertheless, a minority of studies have failed to replicate this effect. This article attempts to resolve the inconsistent results by introducing a novel variant of proponent-skeptic collaboration. The proposed approach combines the features of adversarial collaboration and purely confirmatory preregistered research. Prior to data collection, the adversaries reached consensus on an optimal research design, formulated their expectations, and agreed to submit the findings to an academic journal regardless of the outcome. To increase transparency and secure the purely confirmatory nature of the investigation, the 2 parties set up a publicly available adversarial collaboration agreement that detailed the proposed design and all foreseeable aspects of the data analysis. As anticipated by the skeptics, a series of Bayesian hypothesis tests indicated that horizontal eye movements did not improve free recall performance. The skeptics suggested that the nonreplication may partly reflect the use of suboptimal and questionable research practices in earlier eye movement studies. The proponents countered this suggestion and used a p curve analysis to argue that the effect of horizontal eye movements on explicit memory did not merely reflect selective reporting.
Mavranouzouli, I., Megnin-Viggars, O., Daly, C., Dias, S., Meiser-Stedman, R., Trickey, D., Pilling, S.	2019	Research Review: Psychological and psychosocial treatments for children and young people with post-traumatic stress disorder: a network meta-analysis	J Child Psychol Psychiatry	61	1	18-29	Background: Post-traumatic stress disorder (PTSD) is a potentially chronic and disabling disorder that affects a significant minority of youth exposed to trauma. Previous studies have concluded that trauma-focused cognitive behavioural therapy (TF-CBT) is an effective treatment for PTSD in youth, but the relative strengths of different psychological therapies are poorly understood. Methods: We undertook a systematic review and network meta-analyses of psychological and psychosocial interventions for children and young people with PTSD. Outcomes included PTSD symptom change scores post-treatment and at 1-4-month follow-up, and remission post-treatment. Results: We included 32 trials of 17 interventions and 2,260

							<p>participants. Overall, the evidence was of moderate-to-low quality. No inconsistency was detected between direct and indirect evidence. Individual forms of TF-CBT showed consistently large effects in reducing PTSD symptoms post-treatment compared with waitlist. The order of interventions by descending magnitude of effect versus waitlist was as follows: cognitive therapy for PTSD (SMD -2.94, 95%CrI -3.94 to -1.95), combined somatic/cognitive therapies, child-parent psychotherapy, combined TF-CBT/parent training, meditation, narrative exposure, exposure/prolonged exposure, play therapy, Cohen TF-CBT/cognitive processing therapy (CPT), eye movement desensitisation and reprocessing (EMDR), parent training, group TF-CBT, supportive counselling and family therapy (SMD -0.37, 95%CrI -1.60 to 0.84). Results for parent training, supportive counselling and family therapy were inconclusive. Cohen TF-CBT/CPT, group TF-CBT and supportive counselling had the largest evidence base. Results regarding changes in PTSD symptoms at follow-up and remission post-treatment were uncertain due to limited evidence. Conclusions: Trauma-focused cognitive behavioural therapy, in particular individual forms, appears to be most effective in the management of PTSD in youth. EMDR is effective but to a lesser extent. Supportive counselling does not appear to be effective. Results suggest a large positive effect for emotional freedom technique, child-parent psychotherapy, combined TF-CBT/parent training, and meditation, but further research is needed to confirm these findings as they were based on very limited evidence.</p>
<p>Mavranezouli, Ifigeneia; Megnin-Viggars, Odette; Daly, Caitlin; Dias, Sofia; Welton, Nicky J.; Stockton, Sarah; Bhutani, Gita; Grey, Nick; Leach, Jonathan; Greenberg, Neil; Katona, Cornelius; El-Leithy, Sharif; Pilling, Stephen</p>	2020	Psychological treatments for post-traumatic stress disorder in adults: a network meta-analysis	Psychol. Med. (Psychological Medicine)	50	4	542–555	<p><b>BACKGROUND</b> Post-traumatic stress disorder (PTSD) is a potentially chronic and disabling disorder affecting a significant minority of people exposed to trauma. Various psychological treatments have been shown to be effective, but their relative effects are not well established.</p> <p><b>METHODS</b> We undertook a systematic review and network meta-analyses of psychological interventions for adults with PTSD. Outcomes included PTSD symptom change scores post-treatment and at 1-4-month follow-up, and remission post-treatment.</p> <p><b>RESULTS</b> We included 90 trials, 6560 individuals and 22 interventions. Evidence was of moderate-to-low quality. Eye movement desensitisation and reprocessing (EMDR) [standardised mean difference (SMD) -2.07; 95% credible interval (CrI) -2.70 to -1.44], combined somatic/cognitive therapies (SMD -1.69; 95% CrI -2.66 to -0.73), trauma-focused</p>

							<p>cognitive behavioural therapy (TF-CBT) (SMD -1.46; 95% CrI -1.87 to -1.05) and self-help with support (SMD -1.46; 95% CrI -2.33 to -0.59) appeared to be most effective at reducing PTSD symptoms post-treatment v. waitlist, followed by non-TF-CBT, TF-CBT combined with a selective serotonin reuptake inhibitor (SSRI), SSRIs, self-help without support and counselling. EMDR and TF-CBT showed sustained effects at 1-4-month follow-up. EMDR, TF-CBT, self-help with support and counselling improved remission rates post-treatment. Results for other interventions were either inconclusive or based on limited evidence.</p> <p><b>CONCLUSIONS</b></p> <p>EMDR and TF-CBT appear to be most effective at reducing symptoms and improving remission rates in adults with PTSD. They are also effective at sustaining symptom improvements beyond treatment endpoint. Further research needs to explore the long-term comparative effectiveness of psychological therapies for adults with PTSD and also the impact of severity and complexity of PTSD on treatment outcomes.</p>
<p>Mavranouzouli, Ifigeneia; Megnin-Viggars, Odette; Grey, Nick; Bhutani, Gita; Leach, Jonathan; Daly, Caitlin; Dias, Sofia; Welton, Nicky J.; Katona, Cornelius; El-Leithy, Sharif; Greenberg, Neil; Stockton, Sarah; Pilling, Stephen</p>	2020	<p>Cost-effectiveness of psychological treatments for post-traumatic stress disorder in adults</p>	PloS one	15	4	e0232245	<p><b>BACKGROUND</b></p> <p>Post-traumatic stress disorder (PTSD) is a severe and disabling condition that may lead to functional impairment and reduced productivity. Psychological interventions have been shown to be effective in its management. The objective of this study was to assess the cost-effectiveness of a range of interventions for adults with PTSD.</p> <p><b>METHODS</b></p> <p>A decision-analytic model was constructed to compare costs and quality-adjusted life-years (QALYs) of 10 interventions and no treatment for adults with PTSD, from the perspective of the National Health Service and personal social services in England. Effectiveness data were derived from a systematic review and network meta-analysis. Other model input parameters were based on published sources, supplemented by expert opinion.</p> <p><b>RESULTS</b></p> <p>Eye movement desensitisation and reprocessing (EMDR) appeared to be the most cost-effective intervention for adults with PTSD (with a probability of 0.34 amongst the 11 evaluated options at a cost-effectiveness threshold of £20,000/QALY), followed by combined somatic/cognitive therapies, self-help with support, psychoeducation, selective serotonin reuptake inhibitors (SSRIs), trauma-focused cognitive behavioural therapy (TF-CBT), self-help without support, non-TF-CBT and combined TF-CBT/SSRIs. Counselling appeared to be</p>

							<p>less cost-effective than no treatment. TF-CBT had the largest evidence base.</p> <p><b>CONCLUSIONS</b></p> <p>A number of interventions appear to be cost-effective for the management of PTSD in adults. EMDR appears to be the most cost-effective amongst them. TF-CBT has the largest evidence base. There remains a need for well-conducted studies that examine the long-term clinical and cost-effectiveness of a range of treatments for adults with PTSD.</p>
<p>Mavranezouli, Ifigeneia; Megnin-Viggars, Odette; Trickey, David; Meiser-Stedman, Richard; Daly, Caitlin; Dias, Sofia; Stockton, Sarah; Pilling, Stephen</p>	2020	<p>Cost-effectiveness of psychological interventions for children and young people with post-traumatic stress disorder</p>	<p>J Child Psychol Psychiatry</p>	61	6	699–710	<p><b>BACKGROUND:</b> PTSD in youth may lead to long-lasting psychological implications, educational difficulties and increased healthcare costs. Psychological interventions have been shown to be effective in its management. The objective of this study was to assess the cost-effectiveness of a range of psychological interventions for children and young people with PTSD. <b>METHODS:</b> A decision-analytic model was constructed to compare costs and quality-adjusted life years (QALYs) of 10 psychological interventions and no treatment for children and young people with PTSD, from the perspective of the National Health Service and personal social services in England. Effectiveness data were derived from a systematic review and network meta-analysis. Other model input parameters were based on published sources, supplemented by expert opinion. <b>RESULTS:</b> Cognitive therapy for PTSD, a form of individual trauma-focused cognitive behavioural therapy (TF-CBT), appeared to be the most cost-effective intervention for children and young people with PTSD (with a probability of .78 amongst the 11 evaluated options at a cost-effectiveness threshold of £20,000/QALY), followed by narrative exposure (another form of individual TF-CBT), play therapy, and other forms of individual TF-CBT. After excluding cognitive therapy from the analysis, narrative exposure appeared to be the most cost-effective option with a .40 probability of being cost-effective amongst the remaining 10 options. EMDR, parent training and group TF-CBT occupied middle cost-effectiveness rankings. Family therapy and supportive counselling were less cost-effective than other active interventions. There was limited evidence for some interventions, in particular cognitive therapy for PTSD and parent training. <b>CONCLUSIONS:</b> Individual forms of TF-CBT and, to a lesser degree, play therapy appear to be cost-effective in the treatment of children and young people with PTSD. Family therapy and supportive counselling are unlikely to be cost-effective relative to other interventions. There is a need for well-conducted studies that</p>

							examine the long-term clinical and cost-effectiveness of a range of psychological treatments for children and young people with PTSD.
Maxfield, Louise; Hyer, Lee	2002	The relationship between efficacy and methodology in studies investigating EMDR treatment of PTSD	American Journal of Orthopsychiatry	58	1	23–41	Abstract The controlled treatment outcome studies that examined the efficacy of EMDR in the treatment of posttraumatic stress disorder have yielded a range of results, with the efficacy of EMDR varying across studies. The current study sought to determine if differences in outcome were related to methodological differences. The research was reviewed to identify methodological strengths, weaknesses, and empirical findings. The relationships between effect size and methodology ratings were examined, using the Gold Standard (GS) Scale (adapted from Foa & Meadows, 1997). Results indicated a significant relationship between scores on the GS Scale and effect size, with more rigorous studies according to the GS Scale reporting larger effect sizes. There was also a significant correlation between effect size and treatment fidelity. Additional methodological components not detected by the GS Scale were identified, and suggestions were made for a Revised GS Scale. We conclude by noting that methodological rigor removes noise and thereby decreases error measurement, allowing for the more accurate detection of true treatment effects in EMDR studies. ? 2002 John Wiley & Sons, Inc. J Clin Psychol 58: 23?41, 2002.
Maxfield, Louise; Kaslow, Florence W.; Shapiro, Francine	2007	The Integration of EMDR and Family Systems Therapies				405–422	Summary This chapter contains sections titled: EMDR and Family Systems Therapies Family Systems Therapies Used in the Integrative Approaches Case Examples Applications of Various Integrative Approaches An Information Processing Framework: Synergy in Interaction Conclusions
McCabe, Susan	2004	EMDR: Implications of the Use of Reprocessing Therapy in Nursing Practice	Perspectives in psychiatric care	40	3	104–113	TOPIC. Eye movement desensitization and reprocessing (EMDR). PURPOSE. To examine the available evidence base for EMDR treatment in psychiatric nursing practice. SOURCES. Evidenced-based research findings, published case and anecdotal reports, and primary source documents on the development of the treatment method. CONCLUSIONS. EMDR use remains controversial. Although it is safe, little is known regarding the mechanism of action of any therapeutic effect; more rigorous empirical establishment of efficacy is needed.
McCann, David L.	1997	Die Überwindung einer Posttraumatischen Belastungsstörung nach schweren Verbrennungen in einer einzigen Sitzung mit					Es wird über einen Fall berichtet, bei dem eine einzige EMDR-(Eye Movement Desensitization and Reprocessing-)Sitzung ausreichte, um Symptome einer posttraumatischen Belastungsstörung nach einem schweren Arbeitsunfall (schwere Verbrennungen) zum Verschwinden zu bringen. Dabei wird besonders herausgearbeitet, wie der 41-jährige Patient danach wieder Zugang zu eigenen Stärken und Fähigkeiten

		Augenbewegungs-Desensibilisierung					fand und begann, sein Leben neu zu gestalten. Bei einer Nachuntersuchung ein Jahr später war der Patient immer noch symptomfrei.
McCart, Michael R.; Smith, Daniel W.; Saunders, Benjamin E.; Kilpatrick, Dean G.; Resnick, Heidi; Ruggiero, Kenneth J.	2007	Do urban adolescents become desensitized to community violence? Data from a national survey	American Journal of Orthopsychiatry	77	3	434–442	This study explored whether the response of urban adolescents to community violence exposure differs from their response to family violence and sexual assault. More specifically, the authors explored whether desensitization to community violence exposure was more common compared with desensitization to other violence-related stressors. Participants included 1,245 urban adolescents drawn from a national probability sample of 4,023 youth (aged 12-17 years) who were interviewed about their history of interpersonal violence exposure, symptoms of posttraumatic stress disorder (PTSD), and delinquency. A negative curvilinear effect of community violence exposure on PTSD combined with a positive linear effect of exposure on delinquency was considered evidence for desensitization. Results provided minimal support for the desensitization hypothesis and revealed increasing levels of PTSD symptoms and delinquent behaviors among boys and girls exposed to higher levels of all three violence types. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
McCullough, Leigh	2002	Exploring change mechanisms in EMDR applied to "small-t trauma" in Short-Term Dynamic Psychotherapy: Research questions and speculations	J. Clin. Psychol. (Journal of clinical psychology)	58	12	1531–1544	Abstract This article represents a process of preliminary search and discovery regarding the active mechanisms in Eye Movement Desensitization and Reprocessing (EMDR) when used in Short-Term Dynamic Psychotherapy (STDP). Patients' (N = 7) responses to EMDR interventions were categorized as either "trauma" or "resolution" responses and examined in relationship to (a) the number of EMDR sets, (b) patient Global Assessment of Functioning Rating (GAF) scores, and (c) raw change in Subjective Units of Distress (SUD) ratings of severity of traumatic memory and Validity of Cognition (VoC) ratings of positive cognitions before and after EMDR sessions. Further subcategorization and development of the broad categories of trauma and resolution were recommended and may be useful in shedding light on how change happens in EMDR. This study was exploratory and attempted only to identify possible variables for further study. However, the results show potential relationships among variables that merit further refinement and study. Research questions generated from this study are discussed. © 2002 Wiley Periodicals, Inc. J Clin Psychol 58: 1531-1544, 2002.
McDonald, Kristina L.; Vernberg, Eric M.; Lochman, John E.;	2019	Trajectories of tornado-related posttraumatic stress symptoms	Journal of consulting and clinical psychology	87	11	1003–1018	Objective: The current study examined how severity of disaster exposure and predisaster individual and family characteristics predicted trajectories of disaster-related posttraumatic stress



<p>Abel, Madelaine R.; Jarrett, Matthew A.; Kassing, Francesca; Powell, Nicole; Qu, Lixin</p>		<p>and pre-exposure predictors in a sample of at-risk youth</p>					<p>symptoms (PTSS) in children over 4 years following a devastating EF-4 tornado. Method: Participants (n = 346; 65% male; 77.5% African American) were 4th–6th-graders and their caregivers, from predominantly low-income households, who were already participating in a longitudinal study of indicated prevention effects for externalizing outcomes when the tornado occurred in 2011. Latent class trajectory analyses were used to identify disaster-related PTSS trajectory groups across the 4-year postdisaster period. Results: Three groups were identified: (1) a group that declined (recovery) in PTSS over time (15.90%); (2) a group that was stable and low in PTSS over time (76.87%); and (3) a group that was stable and high (chronic) in PTSS over time (7.23%). Multinomial logistic regression analyses revealed that greater tornado exposure predicted membership in the declining trajectory group relative to the low-stable group. Positive parenting and pretornado caregiver trauma exposure also moderated how disaster exposure, particularly perceived life threat, predicted PTSS trajectories. Conclusions: Some youth reported elevated disaster-related PTSS repeatedly for 4 years following a devastating tornado. Consistent with the concept of equifinality, results suggest that there are several pre-exposure risk factors that may increase risk for a chronic PTSS trajectory following disaster exposure. (PsycINFO Database Record (c) 2019 APA, all rights reserved)</p>
<p>McDonald, Shelby E.; Im, Hyojin; Green, Kathy E.; Luce, Claire O'Connor; Burnette, Denise</p>	<p>2019</p>	<p>Comparing factor models of posttraumatic stress disorder (PTSD) with Somali refugee youth in Kenya: An item response theory analysis of the PTSD Checklist–Civilian Version</p>	<p>Traumatology</p>	<p>25</p>	<p>2</p>	<p>104–114</p>	<p>Refugees often experience high levels of trauma and overall stress that contribute to disproportionate risk for mental health problems. Despite a 136% increase in the number of Somali refugees over the past quarter century, culturally appropriate mental health screening and assessment instruments for use with this population remain limited. This study applies multidimensional item response theory to compare structural models and validity of the Posttraumatic Stress Disorder (PTSD) Checklist–Civilian Version. Data are from a purposive sample of 250 Somali youth living in Nairobi’s Eastleigh Estate in Kenya. Using ConQuest software, we used a multidimensional extension of the Rasch model to test 7 competing models of PTSD in this sample. The four-factor emotional numbing model of PTSD provided the best fit for the data; there was no differential item functioning by sex or birth country. We found support for convergent validity, and canonical correlations generally supported theoretically expected relationships between PTSD Checklist–Civilian Version subscales and mental health and trauma-related measures. Identification of numbing, as a dimension distinct from effortful avoidance, permits a more refined determination of PTSD in this</p>

							population. This finding can guide the development and implementation of targeted interventions. We also discuss the implications for advancing sound measurement of PTSD among Somali refugee youth. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
McDonnell-Boudra, Dee; Martin, Amy; Hussein, Iyad	2014	In vivo exposure therapy for the treatment of an adult needle phobic	Dental update	41	6	533-6, 539-40	Dental anxiety is a widespread problem. Behavioural interventions are effective in reducing dental anxiety and dentists are well placed to carry out these interventions. This article aims to familiarize dentists with simple behavioural techniques that can be used to treat patients presenting with dental anxiety. A case study detailing the assessment and treatment of an uncomplicated needle phobia using in vivo graded exposure is included in order to demonstrate the use of these techniques. CLINICAL RELEVANCE: Familiarity with simple, behavioural interventions for dental anxiety will enable dentists to respond appropriately to patients who present with mild fear and anxiety. Early intervention may play a role in the reduction of phobic anxiety in the dental setting. Dentists with an interest in behavioural management may also wish to treat patients with uncomplicated dental phobia.
McEwen, Cassandra; Alisic, Eva; Jobson, Laura	2023	Moral injury appraisals in young people from refugee backgrounds in Melbourne, Australia	Psychological trauma : theory, research, practice and policy	15	1	153–162	Objective: While moral injury can influence psychological outcomes experienced by adult refugees, no research to date has examined moral injury among young refugees. This study aimed to investigate the associations between moral injury and mental health in young people with refugee backgrounds. Method: Participants were 85 young refugees (58.80% female), aged on average 20.78 years (SD = 2.29, range = 16–25 years), living in Melbourne Australia. This community sample completed measures of moral injury appraisals, traumatic stress, resilience, and mental health using an online survey. Results: Moral injury appraisals significantly correlated with poorer mental health. Regression analyses demonstrated that moral injury predicted differences on externalizing symptoms but not internalizing or PTSD symptoms. Further, the relationship between traumatic stress and externalizing symptoms was mediated by moral injury appraisals. Similarly, the relationship between postmigration living difficulties and internalizing symptoms was mediated by moral injury appraisals. Conclusions: Findings indicated young people with refugee backgrounds also experience moral injury appraisals and these are associated with poor mental health. Further research is needed to understand the factors associated with psychological outcomes experienced by young refugees and to guide clinical assessments and

							novel interventions for this population. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
McFarlane, Judith; Pennings, Jacquelyn; Symes, Lene; Maddoux, John; Paulson, Rene	2014	Predicting abused women with children who return to the abuser: Development of a risk assessment tool	Journal of Threat Assessment and Management	1	4		Violence against women is a global epidemic with potential consequences of injury, illness, and death. Once abused women leave the abuser, little is known about what factors differentiate women who do and do not return to the abuser. WHO clinical guidelines for responding to partner violence emphasize the need to ensure the safety of women and their children. Three hundred abused women with children accessing a shelter (n = 150) or a protection order (n = 150) and therefore separated from the abuser were evaluated every 4 months for 24 months to determine risk factors for the women returning to live with the abuser. For the 294 women, for whom data was available at 24 month, 35.6% of women who accessed a shelter and 16.0% of women who accessed a protection order reported returning to their abuser within 24 months. Model testing revealed 8 risk factors predicting return to the abuser for shelter women with 83% accuracy: younger age, lower education levels, longer time in relationship with abuser, sexual abuse, low community agency use, PTSD, worse physical health, and less emotional support. Six risk factors predicted return to the abuser for protection order women with 84% accuracy: higher education levels, worse physical health, less community agency use, more marginalization, less emotional support, and physical abuse. When risk was categorized for each group of women, predicted return was within 5% of actual return for most cases and within 8% for all categorizations. Cross-validation and bootstrapping provide initial evidence for model validation. The Risk Assessment Tool offers an evidence-based, high predictability method for assessment of risk for abused women with children most likely to return to the abuser. Abused women, service providers, and policymakers can use the tool to maximize safety and wellbeing. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
McGaw, Violette E.; Reupert, Andrea E.	2022	“Do not talk about that stuff”: Experiences of Australian youth living with a veteran parent with PTSD	Traumatology	28	1	24–30	Numerous studies have highlighted the often adverse impact of parental posttraumatic stress disorder (PTSD) on children of veteran parents. However, there have been very few studies exploring the interpreted perspectives of these children regarding growing up with their parent’s illness. This study sought to explore the real-time experiences of Australian youth who have a veteran parent diagnosed with PTSD with the intent to inform clinicians, services, and policymakers. Within a qualitative research design, 8 young people aged 12 to 17 years participated in individual, semistructured interviews. Transcripts were analyzed using interpretive

							phenomenological analysis. One superordinate theme, “Growing in Silence,” overarched 4 subordinate themes: “taking care”; “self-reliance”; “a family disconnected”; and “our family”. An intergenerational transference of silence or avoidance around mental illness and help-seeking was identified. Youth described being mindful of parents’ stress, rarely turning to others when times were stressful, and being protective of their family while at the same time describing a family disengaged. Though motivated to support their parents, these young people were ambivalent about seeking support for themselves. Implications of findings suggest some youth may not seek the support of parents, family, or peers. To break the intergenerational silence, clinicians might support parents to foster open communication. This might provide a means of identifying long-term potential mental health issues in these youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
McGowan, Iain W.; Fisher, Naomi; Havens, Justin; Proudlock, Simon	2021	An evaluation of eye movement desensitization and reprocessing therapy delivered remotely during the Covid-19 pandemic	BMC psychiatry	21	1	560	BACKGROUND: In addition to having a negative impact on the physical and emotional health of the population, the global Covid-19 pandemic has necessitated psychotherapists moving their practice to online environments. This service evaluation examines the efficacy of Eye Movement Desensitization and Reprocessing (EMDR) Therapy delivered via the internet. METHODS: A real-world service evaluation was conducted from a self-selecting group of EMDR therapists that subscribe to either a JISCMail discussion list or either the UK or All Ireland National EMDR Associations. Author designed questionnaires were used to gather information on the efficacy of EMDR delivered online as well as client and therapist characteristics. RESULTS: Thirty-three therapists provided efficacy data on a total of 93 patients. Statistically significant and clinically meaningful reductions were found in all four-psychometrics used both in adult and children and young people populations. Client outcome was not related to therapist experience. CONCLUSIONS: EMDR delivered via the internet can be an effective treatment for clients experiencing mental health issues.
McGregor, Lucy S.; Melvin, Glenn A.; Newman, Louise K.	2015	Differential accounts of refugee and resettlement experiences in youth with high and low levels of posttraumatic stress disorder (PTSD) symptomatology: A mixed-methods investigation	American Journal of Orthopsychiatry		19 39- 00 25(	371– 381	In recent years there has been increased debate and critique of the focus on psychopathology in general, and posttraumatic stress disorder (PTSD) in particular, as a predominant consequence of the refugee experience. This study was conducted to broaden the conceptualization and examination of the outcomes of the refugee experience by jointly examining how adaptive processes, psychosocial factors, and psychopathology are implicated. A mixed-methods approach was used to specifically examine whether adolescents’ (N =

					00 02- 94 32( Pri nt)		10) accounts of their refugee and resettlement experiences differed according to their level, “high” or “low,” of PTSD symptomatology. The superordinate themes of cultural belongingness and identification, psychological functioning, family unit functioning and relationships, and friendships and interpersonal processes, were identified as having particular relevance for the study’s participants and in distinguishing between participants with high and low levels of PTSD symptomatology. Findings were characterized by marked differences between adolescents’ accounts according to their symptomatology levels, and may thereby inform important avenues for future research as well as clinical prevention and intervention programs with refugee youth. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
McGuinness, Victoria A.	2002	Integrating Play Therapy and EMDR With Children				195– 206	Summary Both Play therapy and EMDR are powerful methods of therapy for children independent of each other and are helpful in assisting children who have experienced traumatic events in their lives. Some important considerations are involved when working with traumatized children. Targets in EMDR and themes generated through the play therapy illustrate the specific emotional experience of each child and can be especially helpful for even the youngest child. There are many similarities and differences if one compares and contrasts the dynamics of play therapy with EMDR. EMDR is a more cognitive approach while play therapy tends to be more experiential in nature although both appear to positively and directly affect a child's negative cognitions, beliefs, and themes.
McGuire, Austen; Beebe, Rebecca; Stover, Carla; Clough, Meghan; DiVietro, Susan; Grasso, Damion J.	2023	Structured Trauma-Related Experiences and Symptoms Screener for Adults (STRESS-A): Validation in a child welfare sample of mothers and fathers with active domestic violence	Psychological Trauma: Theory, Research, Practice, and Policy	15	1		Objective: Posttraumatic stress disorder (PTSD) is associated with impaired parenting, child mental health problems, and family dysfunction. Public service agencies, such as child welfare, may serve as critical points of entry to services for families impacted by caregiver PTSD; however, assessment of trauma and PTSD among caregivers is not always systematically incorporated into service planning. The Structured Trauma-Related Experiences and Symptoms Screener for Adults (STRESS-A) was developed to address barriers to screening and assessment by providing an easy-to-administer tool for use by clinically and nonclinically trained professionals. The current study evaluated the reliability and validity of the STRESS-A among fathers and mothers (N = 1245) referred by child protective services (CPS) to receive an intervention to reduce domestic violence. Methods: Caregivers enrolled in the intervention completed the STRESS-A, along with measures of co-occurring mental health concerns. Results: The STRESS-A demonstrated satisfactory internal reliability across the full sample and within maternal and paternal subsamples. Construct

							validity was supported by well-fitting models of the DSM–5 symptom structure. Convergent validity was supported by strong correlations with scores on measures of commonly occurring comorbid symptoms (e.g., depression, anxiety). Measurement invariance testing revealed that PTSD symptom factor loadings may not be equivalent between mothers and fathers when using the DSM–5 four-factor, DSM–IV three-factor, or one-factor models. Conclusion: The study supports the STRESS-A as a reliable and valid tool for measuring PTSD symptoms in caregivers with current domestic violence and CPS involvement. Findings indicate further research investigating symptom structure differences between mothers and fathers. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
McKillop, Eleanor; Spencer, Alison; Marrington, Cathryn	2024	Clinicians' experiences of learning to use eye movement desensitisation and reprocessing therapy with people with intellectual disabilities: A qualitative study	Journal of applied research in intellectual disabilities : JARID	37	2	e13206	Abstract Background Eye Movement Desensitisation and Reprocessing therapy (EMDR) is a NICE recommended treatment for post-traumatic stress disorder within the general population. Ongoing research is now investigating the use of EMDR for individuals with intellectual disability. Alongside quantitative research efforts, it is beneficial to explore the qualitative experience of clinicians adopting EMDR in their practice. The current study interviewed newly trained EMDR therapists working in intellectual disability services. Method Participants (six Clinical Psychologists from an NHS learning disability service) had recently undertaken EMDR training as part of a wider randomised control trial (Trauma-AID). Interviews were qualitatively analysed using thematic analysis. Results Three themes emerged; learning EMDR, conducting EMDR and external factors, with respect to clinicians' experiences. Conclusions Further research is needed to provide guidance and reassurance for clinicians currently using or hoping to use this therapy with people with intellectual disabilities.
McLay, Robert N.; Webb-Murphy, Jennifer A.; Fesperman, Susan F.; Delaney, Eileen M.; Gerard, Steven K.; Roesch, Scott C.; Nebeker, Bonnie J.; Pandzic, Ines; Vishnyak, Elizabeth A.; Johnston, Scott L.	2016	Outcomes from eye movement desensitization and reprocessing in active-duty service members with posttraumatic stress disorder	Psychological trauma : theory, research, practice and policy	8	6	702–708	OBJECTIVE: Eye movement desensitization and reprocessing (EMDR) is one of the therapy interventions recommended by the Veterans Affairs and Department of Defense Clinical Practice Guidelines. However, the literature concerning the effectiveness of this treatment modality in military service members is sparse. This study investigated the efficacy of EMDR in active-duty service members. METHOD: We conducted an effectiveness study with a record review from active-duty military mental health clinics where clinical outcomes had been monitored over a 10-week period using self-report measures of posttraumatic stress and disability. Symptom scores were examined over time in 331 service members who met presumptive criteria for the disorder on the PTSD Checklist-Military Version (PCL-M), who were in psychotherapy, and who received (n = 46) or didn't receive (n = 285)

							EMDR. RESULTS: Results indicated that patients receiving EMDR had significantly fewer therapy sessions over 10 weeks but had significantly greater gains in their PCL-M scores than did individuals not receiving EMDR. CONCLUSIONS: Randomized, controlled trials are still needed, but these findings provide further support for the use of EMDR in service members with PTSD. (PsycINFO Database Record
McLean, P. D.; Whittal, M. L.; Thordarson, D. S.; Taylor, S.; Söchting, I.; Koch, W. J.; Paterson, R.; Anderson, K. W.	2001	Cognitive versus behavior therapy in the group treatment of obsessive-compulsive disorder	Journal of consulting and clinical psychology	69	2	205–214	This study examined the effects of cognitive-behavior therapy (CBT) compared with traditional behavior therapy (exposure and response prevention [ERP]) in the group treatment of obsessive-compulsive disorder. Of the 76 participants who started treatment, 38 were wait-listed for 3 months before treatment to assess possible course effects. Both treatments were superior to the control condition in symptom reduction, with ERP being marginally more effective than CBT by end of treatment and again at 3-month follow-up. In terms of clinically significant improvement, treatment groups were equivalent on the conclusion of treatment, but 3 months later significantly more ERP participants met criteria for recovered status. Only 1 of 7 belief measures changed with treatment improvement, and the extent of this cognitive change was similar between CBT and ERP groups. Discussion includes consideration of optimal formats for the delivery of different types of treatment.
McNally, Richard J.	1991	Assessment of posttraumatic stress disorder in children	Psychological Assessment: A Journal of Consulting and Clinical Psychology	3	4	531–537	Although most studies of posttraumatic stress disorder (PTSD) concern traumatized adults, increasing attention is being paid to the assessment and treatment of children with PTSD. In this article, the research on methods used to assess childhood PTSD is reviewed, and suggestions for further investigation are provided. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
McRae, Elizabeth M.; Stoppelbein, Laura; O'Kelley, Sarah E.; Fite, Paula K.; Smith, Shana B.	2022	Pathways from child maltreatment to proactive and reactive aggression: The role of posttraumatic stress symptom clusters	Psychological trauma : theory, research, practice and policy	14	3	357–366	Objective: Childhood aggression is related to a myriad of negative concurrent and long-term outcomes. To mitigate the risks associated with childhood aggression, it is important to understand risk factors that might predispose 1 to aggressive behaviors. One risk factor commonly associated with aggression is the experience of child maltreatment. A common outcome associated with child maltreatment is the development of posttraumatic stress symptoms (PTSS). Several prevailing theoretical models of both posttraumatic stress and aggression indicate that these constructs have similar underlying cognitive, behavioral, and emotional mechanisms. Therefore, the present study examined the relations between and among child maltreatment, PTSS clusters, and proactive and reactive aggression in children. Method: Children between the ages of 6 and 14 who were enrolled in a residential treatment program completed self-

							report measures to evaluate variables of interest. These variables were included as multiple outcomes in a path analysis model in which individual PTSS clusters were examined as potential multiple mediators of the relations between child maltreatment and proactive and reactive aggression. Results: Direct effects of child maltreatment and PTSS clusters on aggression were observed. Significant indirect effects of the intrusion PTSS cluster on the relation between child maltreatment and reactive aggression was found. Conclusions: Findings suggest that symptoms associated with these specific PTSS clusters might help explain the relation between child maltreatment and reactive aggression and therefore present important implications for clinical practice and future research. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Meentken, Maya G.; van Beynum, Ingrid M.; Aendekerk, Elisabeth W. C.; Legerstee, Jeroen S.; El Marroun, Hanan; van der Ende, Jan; Lindauer, Ramón J. L.; Hillegers, Manon H. J.; Moll, Henriette A.; Helbing, Wim A.; Utens, Elisabeth M. W. J.	2018	Eye movement desensitization and reprocessing (EMDR) in children and adolescents with subthreshold PTSD after medically related trauma: design of a randomized controlled trial	European journal of psychotraumatology	9	1	1536287	Background: Three in every 10 children and adolescents admitted to a hospital or undergoing medical treatment develop subthreshold symptoms of posttraumatic stress disorder (PTSD). When untreated, subthreshold PTSD can have a serious impact on psychosocial functioning, quality of life and long-term psychopathology. However, research investigating subthreshold PTSD and its treatment following paediatric medical interventions and/or hospitalization is scarce. Eye Movement Desensitization and Reprocessing (EMDR) is a fast and non-invasive psychosocial treatment for posttraumatic stress complaints. However, the effectiveness of EMDR in paediatric patients with subthreshold PTSD has not previously been systematically investigated. Objective: Describing the design of a randomized controlled trial (RCT) set up to evaluate the effectiveness of EMDR in children with subthreshold PTSD after hospitalization. Method: Children aged 4-15 years who have undergone a one-time (trauma type I) or repeated (trauma type II) hospitalization up to five years ago will be included. Participating children will be first screened with a standardized questionnaire for PTSD-symptoms. Subsequently, children with subthreshold PTSD will be randomly assigned to (1) approximately six sessions of standardized EMDR or (2) care as usual (CAU). Children with full diagnostic PTSD do not participate in the RCT, but are referred for direct treatment. Follow-up measurements will take place after eight weeks and eight months. Discussion: Considering the scarce evidence for the effectiveness of EMDR in children with medically related trauma, clinicians, researchers and children treated in hospitals can benefit from this study. Potential strengths and limitations of this study are discussed. Trial Registration: Netherlands Trial Register NTR5801.



						<p>Antecedentes: Alrededor de 3 de cada 10 niños y adolescentes ingresados en un hospital o sometidos a tratamiento médico desarrollan síntomas subumbrales de trastorno de estrés postraumático (TEPT). Cuando no se trata, el TEPT subumbral puede tener un impacto grave en el funcionamiento psicosocial, la calidad de vida, y la psicopatología a largo plazo. Sin embargo, la investigación sobre el TEPT subumbral y su tratamiento después de las intervenciones médicas pediátricas y/o la hospitalización es escasa. La desensibilización y reprocesamiento por movimientos oculares (EMDR) es un tratamiento psicosocial rápido y no invasivo para las quejas de estrés postraumático. Sin embargo, la efectividad del EMDR en pacientes pediátricos con TEPT subumbral no ha sido previamente investigada de manera sistemática. Objetivo: Describir el diseño de un ensayo controlado aleatorizado (RCT, en sus siglas en inglés) establecido para evaluar la efectividad de EMDR en niños con TEPT subumbral después de una hospitalización. Método: Se incluirán niños de 4 a 15 años que hayan sido sometidos a una hospitalización única (trauma tipo I) o repetida (trauma tipo II) hasta en los 5 años previos. Los niños participantes serán evaluados inicialmente con un cuestionario estandarizado para síntomas de TEPT. Posteriormente, los niños con TEPT subumbral serán asignados aleatoriamente a (1) seis sesiones de EMDR estandarizado o (2) cuidados usuales (CAU, por sus siglas en inglés). Los niños con diagnóstico completo de TEPT no participan en el RCT, pero serán derivados para tratamiento directo. Las mediciones de seguimiento se llevarán a cabo después de ocho semanas y ocho meses. Discusión: Teniendo en cuenta la escasa evidencia de la efectividad de EMDR en niños con trauma médico, los clínicos, los investigadores y los niños tratados en hospitales pueden beneficiarse de este estudio. Se discuten las fortalezas y limitaciones potenciales de este estudio.</p> <p>背景：每10名儿童和青少年中约有3名住院或正在接受治疗，由此出现创伤后应激障碍（PTSD）的阈下症状。如果不加以治疗，阈下PTSD可能对心理社会功能、生活质量和长期精神病理产生严重影响。然而，对阈下PTSD及其在儿科医疗干预和/或入院后对其治疗的研究很少。眼动运动脱敏和再处理（EMDR）是一种快速且无创的针对创伤后应激问题的心理社会疗法。然而，EMDR在患有亚阈值PTSD的儿科病人中的有效性过去没有被系统地研究过。目的：本论文描述了</p>
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							<p>一项随机对照试验 (RCT) 的设计· 该试验旨在评估EMDR对住院后出现阈下PTSD的患儿的有效性。方法：研究包括4—15岁的儿童· 他们在5年内接受过一次 (I型创伤) 或重复 (II型创伤) 住院治疗· 参与的儿童被试将首先接受PTSD症状的标准化问卷调查· 随后· 具有阈下PTSD的儿童将被随机分配到：1) 大约6次标准化EMDR；或者2) 照常照顾 (CAU)。完全符合创伤后应激障碍诊断的儿童不参加RCT, 但可转诊接受直接治疗· 追踪测量将在8周和8个月后进行· 讨论：考虑到关于EMDR对患有医学相关创伤的儿童的有效性的证据还很少· 临床医生、研究人员和患儿都可以从这项研究中受益· 本研究的潜在优势和局限性也在文中进行了讨论· 试验注册：荷兰试验注册号 NTR5801.</p>
<p>Meentken, Maya G.; van der Mheen, Malindi; van Beynum, Ingrid M.; Aenderkerk, Elisabeth W. C.; Legerstee, Jeroen S.; van der Ende, Jan; Del Canho, Riwka; Lindauer, Ramón J. L.; Hillegers, Manon H. J.; Helbing, Willem A.; Moll, Henriette A.; Utens, Elisabeth M W J</p>	2021	<p>Long-term effectiveness of eye movement desensitization and reprocessing in children and adolescents with medically related subthreshold post-traumatic stress disorder: a randomized controlled trial</p>	<p>European journal of cardiovascular nursing</p>	20	4	348–357	<p>AIMS: Medical procedures and hospitalizations can be experienced as traumatic and can lead to post-traumatic stress reactions. Eye movement desensitization and reprocessing (EMDR) shows promising results but very few long-term studies have been published. Therefore, our aim was to test the long-term (8 months post-treatment) effectiveness of EMDR in children and adolescents with medically related subthreshold post-traumatic stress disorder (PTSD). METHODS AND RESULTS: Seventy-four children (including 39 with congenital or acquired heart disease) aged 4-15 (M = 9.6 years) with subthreshold PTSD after previous hospitalization were included into a parallel group randomized controlled trial. Participants were randomized to EMDR (n = 37) or care-as-usual (CAU) (n = 37; medical care only). The primary outcome was PTSD symptoms of the child. Secondary outcomes were symptoms of depression and blood-injection-injury (BII) phobia, sleep problems, and health-related quality of life (HrQoL) of the child. Assessments of all outcomes were planned at baseline and 8 weeks and 8 months after the start of EMDR/CAU. We hypothesized that the EMDR group would show significantly more improvements on all outcomes over time. Both groups showed improvements over time on child's symptoms of PTSD (only parent report), depression, BII phobia, sleep problems, and most HrQoL subscales. GEE analyses showed no significant differences between the EMDR group (nT2 = 33, nT3 = 30) and the CAU group (nT2 = 35, nT3 = 32) on the primary outcome. One superior effect of EMDR over time was found for reducing parent-reported BII phobia of the</p>

							child. CONCLUSION: EMDR did not perform better than CAU in reducing subthreshold PTSD up to 8 months post-treatment in previously hospitalized children. Possible explanations and clinical implications are discussed.
Meiser-Stedman, Richard; Dalgleish, Tim; Glucksman, Ed; Yule, William; Smith, Patrick	2009	Maladaptive cognitive appraisals mediate the evolution of posttraumatic stress reactions: A 6-month follow-up of child and adolescent assault and motor vehicle accident survivors	Journal of abnormal psychology	118	4	778–787	A prospective longitudinal follow-up study (n = 59) of child and adolescent survivors of physical assaults and motor vehicle accidents assessed whether cognitive processes predicted posttraumatic stress symptomatology (PTSS) at 6 months posttrauma in this age group. In particular, the study assessed whether maladaptive posttraumatic appraisals mediated the relationship between initial and later posttraumatic stress. Self-report measures of PTSS, maladaptive appraisals, and other cognitive processes, as well as structured interviews assessing for acute stress disorder and posttraumatic stress disorder (PTSD), were completed at 2–4 weeks and 6 months posttrauma. PTSS and PTSD at 6 months were associated with maladaptive appraisals and other cognitive processes but not demographic or objective trauma severity variables. Only maladaptive appraisals were found to associate with PTSS/PTSD after partialing out initial symptoms/diagnosis and to mediate between initial and later PTSS. It was argued that, on this basis, maladaptive appraisals are involved in the development and maintenance of PTSS over time, whereas other cognitive processes (e.g., subjective threat, memory processes) may have an effect only in the acute phase. The implications of this study for the treatment of PTSS in youths are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Meiser-Stedman, Richard; Dalgleish, Tim; Smith, Patrick; Yule, William; Glucksman, Edward	2007	Diagnostic, demographic, memory quality, and cognitive variables associated with acute stress disorder in children and adolescents	Journal of abnormal psychology	116	1	65–79	To date, no studies have investigated factors associated with acute stress disorder (ASD) in children and adolescents. Relationships between ASD and a number of demographic, trauma, cognitive, and trauma memory variables were therefore investigated in a sample (N=93) of children and adolescents involved in assaults and motor vehicle accidents. Several cognitive variables and the quality of trauma memories, but not demographic or trauma variables, were correlated with ASD and also mediated the relationship between peritraumatic threat and ASD. Finally, nosological analyses comparing ASD with indexes of posttraumatic stress disorder in the month posttrauma revealed little support for the dissociation mandate that uniquely characterizes ASD. The results are discussed with respect to assessment and treatment for the acute traumatic stress responses of children and young people. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Melbeck, Hans-Henning	2004	Posttraumatische Belastungsstörung, Stressphysiologie und Psychotherapie. Stationäre und ambulante Behandlungsansätze	Analytische Psychologie	35	2	144–181	Es wird im Überblick informiert über die psychischen Folgen seelischer Belastungen durch aktuelle oder alte Traumata. Nach einem historischen Abriss werden die posttraumatische Belastungsstörung und andere Traumafolgestörungen in Symptomatik und Diagnostik besprochen. Dabei findet auch die Stress- und Neurophysiologie Berücksichtigung. Es folgt die Darstellung eines integrativen Behandlungskonzeptes, in dem analytische Aspekte, körpertherapeutische und gestaltungstherapeutische Behandlungsansätze sowie neuere Entwicklungen wie EMDR verknüpft sind. Zum Schluss wird versucht, den Bogen von den modernen neurophysiologischen Vorstellungen zum Traumabegriff bei C. G. Jung und zu seiner Komplextheorie zu schlagen.
Melbeck, Hans-Henning; Hase, Michael; Hofmann, Arne	2003	EMDR in der Behandlung schwerer psychischer Traumatisierungen	PsychotherapeutenFORUM	10	2	5–24	
Mendez, Lucybel; Modrowski, Crosby A.; Mozley, Michaela M.; Kerig, Patricia K.	2023	Trauma exposure and adolescent gang involvement: Distinguishing the roles of specific posttraumatic stress symptoms	Psychological trauma : theory, research, practice and policy	15	Suppl 1	S92-S101	Objective: Trauma-informed perspectives and empirical research point to childhood trauma exposure as a risk factor for adolescent gang involvement. However, the mechanisms that help to explain this link are not well-understood. Recent theory has suggested the potential influence of posttraumatic stress symptoms, and specifically reckless or self-destructive behavior (RSDB), in explaining the association between trauma exposure and adolescent gang involvement. Method: To test this proposition, the current study assessed both individual and sequential indirect effects linking trauma exposure, DSM-5 posttraumatic stress symptom clusters, RSDB, and gang membership using self-report measures collected from 319 justice-involved youth. Results: Findings demonstrated that trauma exposure was associated with gang involvement through a probable diagnosis of posttraumatic stress disorder and through symptoms of alterations in arousal and reactivity, including RSDB. Furthermore, the results demonstrated a significant sequential indirect effect linking trauma exposure to gang involvement through negative alterations in cognition and mood and RSDB. Conclusions: The present findings have potential clinical implications for programming aimed at deterring gang involvement among trauma-exposed adolescents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Menzies, R. G.; Clarke, J. C.	1993	A comparison of in vivo and vicarious exposure in the	Behaviour research and therapy	31	1	9–15	The effectiveness of in vivo exposure and vicarious exposure in reducing children's phobic anxiety and avoidance of water was investigated. Forty-eight water phobic children between the ages of 3

		treatment of childhood water phobia					and 8 yr were randomly assigned to one of four groups: (1) in vivo exposure plus vicarious exposure (IVVE); (2) vicarious exposure (VE); (3) in vivo exposure (IVE); and (4) assessment only control. All subjects in the treatment groups received three individually administered treatment sessions. At the conclusion of treatment it was found that the IVE condition had produced statistically and clinically significant gains that had generalized to another situation involving water, and were largely maintained over a period of 3 months. In contrast, the VE condition did not lead to statistically greater treatment benefits than those observed in the control subjects. Furthermore, there was no significant difference between the IVVE condition and the IVE condition in their level of improvement from pre- to post-treatment. Hence, by post-treatment, vicarious exposure had not only failed to produce benefits when used on its own, but had also failed to enhance the benefits achieved through in vivo exposure. However, a tendency for the vicarious component to enhance the maintenance of treatment benefits was found at follow-up. The implications of these findings are discussed.
Merckelbach, H.; Arntz, A.; Jong, P. de	1991	Conditioning experiences in spider phobics	Behaviour research and therapy	29	4	333–335	Using the Phobic Origin Questionnaire (Ost, L. G. & Hugdahl, K. Behaviour Research and Therapy, 19, 439-477, 1981), the present study examined the extent to which severe spider phobics (N = 42) attributed their phobia to conditioning experiences, modeling experiences and/or informational learning experiences. Modeling was most often reported (71%), followed by conditioning (57%), and informational learning experiences (45%). It was also found that patients with a conditioning background reported less extreme cognitive symptoms when confronted with the phobic stimulus than patients with an indirect mode of acquisition (modeling and/or informational learning).
Merricks, Katie; Nadeau, Joshua; Ramos, Amaya; Storch, Eric	2016	A Case Report of Intensive Exposure-Based Cognitive-Behavioral Therapy for an Adolescent With Paraphilia	Journal of sex & marital therapy	42	7	576–578	
Mertens, Gaëtan; Bouwman, Vera; Asmervik, Jonas Fonn; Engelhard, Iris M.	2020	Changing emotional visual and auditory memories: are modality-matched dual-tasks more effective?	Cognition & emotion	34	4	656–669	Clinical and laboratory studies have demonstrated that executing a demanding dual-task while recollecting emotional memories weakens the emotional intensity and vividness of these memories. While this approach is generally effective, there is room for improvement. According to multi-component working memory theories, the effectiveness of dual-tasks may be improved by loading specifically the same sensory modality of the emotional memories. So far, however, the evidence for this idea is mixed. In the current report, this

							idea was tested in a pilot study (N = 36) and a pre-registered experiment (N = 60) by exposing participants to pictures of the International Affective Picture System database and to sounds of the International Affective Digital Sounds database, thus creating single-modality emotional memories. Using a within-subjects design, participants had to recollect their memories of the sounds and pictures while executing a visually-demanding task (i.e. identifying visual letters), an auditory-demanding task (i.e. identifying auditory letters), or no task. Across both studies, we only found limited evidence for modality-specific effects of dual-tasks on single-modality emotional memories. We discuss the relevance of our findings for working memory theories of memory change and therapeutic practices.
Mertens, Gaëtan; Kryptos, Angelos-Miltiadis; van Logtestijn, Arlaine; Landkroon, Elze; van Veen, Suzanne C.; Engelhard, Iris M.	2019	Changing negative autobiographical memories in the lab: a comparison of three eye-movement tasks	Memory (Hove, England)	27	3	295–305	There is strong evidence that executing eye-movement (EM) tasks that load working memory (WM) while thinking of an emotional memory reduces the emotionality and vividness of this memory. According to WM theory, EM tasks that load WM more should be more effective to devalue emotional memories. In this study, we compared three EM tasks: dot tracking, letter identification, and a combination of dot tracking and letter identification. First, participants completed a reaction time (RT) task to assess the WM load of the three EM tasks relative to a control task (viewing a black screen). Then, participants were asked to think of a negative autobiographical memory while executing one of these EM tasks and asked to recall another negative memory while executing the control task. Before and after each task, participants rated emotionality and vividness of the memory. All EM tasks slowed down RTs relative to the control task, and the letter identification task induced the largest RTs. Reductions of vividness relative to the control task, however, were comparable across the EM tasks, and there were no reliable reductions of emotionality. We discuss these findings in light of the WM theory and alternative theories for the effects of dual-task interventions.
Messman-Moore, Terri L.; Bhuptani, Prachi H.	2017	A review of the long-term impact of child maltreatment on posttraumatic stress disorder and its comorbidities: An emotion dysregulation perspective	Clinical Psychology: Science and Practice	24	2	154–169	This review examines posttraumatic stress disorder (PTSD) related to child maltreatment in adults, PTSD comorbidities, and complex PTSD, with a focus on emotion dysregulation. Adults maltreated as children report high rates of PTSD. Although all forms of child maltreatment are associated with increased PTSD risk, effects are stronger for child sexual and emotional abuse, abuse in the context of other adverse childhood experiences, and cumulative abuse. PTSD comorbidities that involve emotion dysregulation are examined, including substance use disorders, eating disorders, and borderline personality disorder.

							Emotion dysregulation appears to be a coalescent factor in the nexus of child maltreatment, PTSD, and other comorbidities. Treatment recommendations are made for adults with child maltreatment-related PTSD and comorbidities. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Metzner, Franka; Dahm, Kristina; Richter-Appelt, Hertha; Pawils, Silke; Moulaa-Edmondson, Miriam Juliane; Stellermann-Strehlow, Kerstin	2019	Entwicklungsstraumastörung (ETS) bei Kindern und Jugendlichen - Ergebnisse einer Patientenpopulation der kinder- und jugend-psychiatrischen Spezialsprechstunde "Gewalt und Trauma"	Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie	47	4	300–312	Fragestellung: Kinder und Jugendliche entwickeln nach interpersonellen Typ-2-Traumata häufig Symptome, die über die Posttraumatische Belastungsstörung (PTBS) hinausreichen. Zur Umschreibung der Symptomatik wurde die bisher wenig untersuchte Entwicklungsstraumastörung (ETS; van der Kolk et al., 2009) vorgeschlagen. Folgende Fragen wurden untersucht: (1) Wie viele Kinder und Jugendliche, die traumatische Erlebnisse erfahren haben, entwickeln eine ETS bzw. die ETS-Kriterien? (2) Entwickeln Kinder und Jugendliche je nach Geschlecht, Alter oder erlebtem Trauma eine ETS bzw. ETS-Kriterien unterschiedlich häufig? Methodik: Die Arztbriefe von 161 Patienten (1 bis 18 Jahre, 61 % weiblich) einer Spezialsprechstunde für traumatisierte Kinder und Jugendliche einer Kinder- und Jugendpsychiatrie wurden anhand eines strukturierten Codierungsbogens geratet und über einen adaptierten ETS-Algorithmus analysiert. Ergebnisse: 77 % der Patientinnen und Patienten erlebten interpersonelle Typ-2-Traumata; 6 % erfüllten die adaptierte ETS-Diagnose. Alle ETS-Kriterien lagen bei Kindern und Jugendlichen mit interpersonellen Typ-2-Traumata (langanhaltend oder wiederholt auftretend) häufiger vor als bei Patientinnen und Patienten mit akzidentiellem bzw. Typ-1-Trauma (kurzzeitig oder einmalig auftretend), wobei die Unterschiede für die ETS-Kriterien B (Affektive und physiologische Dysregulation) und G (Teilhabeeinträchtigungen) statistische Signifikanz auf dem angepassten Signifikanzniveau von 0.2 % erreichten. Signifikante Alters- oder Geschlechtsunterschiede wurden nicht gefunden. Die Gruppe der Kinder unter sieben Jahren wurde hinsichtlich ihrer posttraumatischen Symptomatik deskriptiv analysiert. Schlussfolgerungen: Die Ergebnisse zeigen, dass zwar viele der untersuchten Kinder und Jugendlichen über die PTBS hinausreichende Symptome entwickelt haben, dass aber nur ein geringer Teil die Kriterien einer ETS-Diagnose erfüllt. Angesichts der teilweise unspezifischen und publizierten Ergebnissen widersprechenden Befunde werden weitere Studien mit größeren Stichproben, den vollständigen ETS-Kriterien und diagnosespezifischen Instrumenten zu der bisher wenig empirisch erforschten ETS als sinnvoll und notwendig betrachtet.

<p>Meuldijk, Denise;          Cartier, Ingrid V. E.;          van Vliet, Irene M.; van          Hemert, Albert M.;          Zitman, Frans G.; van          den Akker-van Marle,          M Elske</p>	<p>2015</p>	<p>Economic Evaluation of Concise          Cognitive Behavioural Therapy          and/or Pharmacotherapy for          Depressive and Anxiety Disorders</p>	<p>The journal of          mental health          policy and          economics</p>	<p>18</p>	<p>4</p>	<p>175–          183</p>	<p>BACKGROUND: Depressive and anxiety disorders cause great suffering and disability and are associated with high health care costs. In a previous conducted pragmatic randomised controlled trial, we have shown that a concise format of cognitive behavioural- and/or pharmacotherapy is as effective as standard care in reducing depressive and anxiety symptoms and in improving subdomains of general health and quality of life in secondary care psychiatric outpatients. AIMS OF THE STUDY: In this economic evaluation, we examined whether a favourable cost-utility of concise care compared to standard care was attained. METHODS: The economic evaluation was performed alongside a pragmatic randomised controlled trial. Health-related quality of life was measured using the Short-Form (SF-36) questionnaire. Cost of healthcare utilization and productivity loss (absenteeism and presenteeism) were assessed using the Trimbos/iMTA questionnaire for Costs associated with Psychiatric Illness (TiC-P). A cost-utility analysis, using cost-effectiveness acceptability curves, comparing differences in societal costs and Quality-Adjusted Life Years (QALYs) at 1 year was performed. RESULTS: One year after study entry, the difference in mean cost per patient of the two primary treatments was not significant between both groups. No significant differences in other healthcare and non-healthcare costs could be detected between patients receiving concise care and standard care. Also, QALYs were not statistically different between the groups during the study period. From both the societal and healthcare perspective, the probability that concise care is more cost-effective compared to standard care remains below the turning point of 0.5 for all acceptable values of the willingness to pay for a QALY. The economic evaluation suggests that concise care is unlikely to be cost-effective compared to standard care in the treatment for depressive- and anxiety disorders in secondary mental health care during a one year follow up period. DISCUSSION: Total costs and QALYs were not significantly different between standard and concise care, with no evidence for cost-effectiveness of concise care in the first year. The longer impact of concise care for patients with mild to moderate symptoms of depressive and/or anxiety disorders compared to standard care in secondary care needs to be further studied. IMPLICATIONS: This economic evaluation failed to find significant differences in cost between concise and standard care over the study period of one year. Replication of our economic evaluation might benefit from an extended follow-up period and strict adherence to the study protocol. If concise care will be found to be</p>
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							cost-effective in the long term, this would have major implications for recommendations how to optimize secondary mental health care in the treatment of depressive -- and anxiety disorders.
Meuleman, Eline M.; van der Veld, William M.; van Ee, Elisa	2024	On the relationship between emotion regulation difficulties and posttraumatic stress symptoms during treatment: A test of reciprocity	Journal of affective disorders	350		197–202	Positive associations between difficulties in emotion regulation and PTSD symptom severity have been consistently found in the literature. Little is known whether these associations are the result of reciprocal effects between the two constructs. This study investigated the reciprocal relationship between post-traumatic stress symptoms and emotion regulation difficulties. The study used a longitudinal design with two time points. The sample consisted of 293 patients who were all in treatment for PTSD. We estimated the cross-lagged panel model with latent variables. The results showed a significant cross-lagged effect of emotion regulation difficulties on post-traumatic stress symptoms. This finding highlights that emotion regulation difficulties play a pivotal role in the development and maintenance of post-traumatic stress. Therefore, exploring emotion regulation difficulties early on in treatment may support the effectiveness of trauma-focused interventions.
Meuwissen, P. R.; Hosli, E. J.; Brand, A. N.; Winnubst, J. A.	1992	Methods and suitability of treatment for dental anxiety	Nederlands tijdschrift voor tandheelkunde	99	12	489–492	211 Patients followed a special dental fear programme. The Tell-Show-Do Method was the method most often used. Half a year after having finished the programme all patients received a questionnaire. A majority (74%) of the 158 patients that returned the questionnaire reported a good contact with their home dentist.
Mevissen, L.; Lievegoed, R.; Jongh, A. de	2011	EMDR treatment in people with mild ID and PTSD: 4 cases	The Psychiatric quarterly	82	1	43–57	Although there is evidence to suggest that people with intellectual disabilities (ID) are likely to be more susceptible to the development of posttraumatic stress disorder (PTSD) than persons in the general population, until now only eight case reports on the treatment of people with ID suffering from PTSD symptoms have been published. In an effort to enrich the literature on this subject, the aim was to investigate the applicability of an evidence-based treatment for PTSD (i.e., EMDR) in four people with mild ID, suffering from PTSD following various kinds of trauma. In all cases PTSD symptoms decreased and the gains were maintained at 3 months to 2.5 year follow-up. In addition, depressive symptoms and physical complaints subsided, and social and adaptive skills improved. It is concluded that clients' improvements converge to suggest the applicability of EMDR in people with mild ID. Difficulties involved in arriving at an accurate PTSD diagnosis in ID clients are discussed.
Mevissen, L.; Lievegoed, R.;	2012	Treatment of PTSD in people with severe intellectual disabilities: a case series	Developmental neurorehabilitation	15	3	223–232	OBJECTIVE: There is a dearth of information regarding the treatment of PTSD in people with severe intellectual disabilities (ID). The purpose of the present case studies was to assess the applicability and effects of

Seubert, A.; Jongh, A. de							an evidence-based treatment method for psychological trauma with this population. METHODS: The treatment of four single cases with Eye Movement Desensitization and Reprocessing (EMDR) was evaluated. Participants included adults and children with a variety of symptoms, as well as different histories of negative life events. RESULTS: In all cases PTSD symptoms decreased. In all but one case, the gains were maintained at 15.5 months to 2.5 years following treatment. Depressive symptoms and physical complaints diminished and social and adaptive skills improved. CONCLUSION: EMDR seems to be an applicable treatment method for clients with severe ID. Reduction and maintenance of PTSD symptoms in individuals with severe ID appears to be both desirable and obtainable.
Mevisen, Liesbeth; Didden, Robert; Korzilius, Hubert; Jongh, Ad de	2017	Eye movement desensitisation and reprocessing therapy for posttraumatic stress disorder in a child and an adolescent with mild to borderline intellectual disability: A multiple baseline across subjects study	Journal of applied research in intellectual disabilities : JARID	30 Suppl 1		34-41	BACKGROUND: This study explored the effectiveness of eye movement desensitisation and reprocessing (EMDR) therapy for post-traumatic stress disorder (PTSD) in persons with mild to borderline intellectual disability (MBID) using a multiple baseline across subjects design. METHODS: One child and one adolescent with MBID, who met diagnostic criteria for PTSD according to a PTSD clinical interview (i.e., ADIS-C PTSD section), adapted and validated for this target group, were offered four sessions of EMDR. PTSD symptoms were measured before, during and after EMDR, and at six weeks follow-up. RESULTS: For both participants, number of PTSD symptoms decreased in response to treatment and both no longer met PTSD criteria at post-treatment. This result was maintained at 6-week follow-up. CONCLUSIONS: The results of this study add further support to the notion that EMDR can be an effective treatment for PTSD in children and adolescents with MBID. Replication of this study in larger samples and using a randomized controlled design is warranted.
Mevisen, Liesbeth; Lievegoed, Reinout; Seubert, Andrew; Jongh, Ad de	2011	Do persons with intellectual disability and limited verbal capacities respond to trauma treatment?	Journal of intellectual & developmental disability	36	4	274-279	BACKGROUND: There is not one case report of successful trauma treatment with the use of an evidence-based treatment method in people with substantially limited verbal capacities. This paper assessed the applicability of eye movement desensitisation and reprocessing (EMDR) in two clients with moderate ID, serious behavioural problems, and histories of negative life events. METHOD: The 8-phase protocol of EMDR, a first-line treatment for psychological trauma, was applied. RESULTS: In both cases, posttraumatic stress disorder (PTSD)-like symptoms decreased in a total of only 6 and 5 sessions, respectively. Gains were maintained at 32 and 10 months' follow-up. CONCLUSIONS: EMDR seems to be an applicable psychological trauma treatment for persons with limited verbal

							capacities. Considering the importance of these findings, further and more rigorous research is required.
Mevisen, Liesbeth; Ooms-Evers, Marjolein; Serra, Marike; Jongh, Ad de; Didden, Robert	2020	Feasibility and potential effectiveness of an intensive trauma-focused treatment programme for families with PTSD and mild intellectual disability	European journal of psychotraumatology	11	1		
Michael, Tanja; Schanz, Christian G.; Mattheus, Hannah K.; Issler, Tobias; Frommberger, Ulrich; Köllner, Volker; Equit, Monika	2019	Do adjuvant interventions improve treatment outcome in adult patients with posttraumatic stress disorder receiving trauma-focused psychotherapy? A systematic review	European Journal of Psychotraumatology, 2019				Background: According to clinical guidelines, trauma-focused psychotherapies (TF-PT) such as trauma-focused cognitive behavioural therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR) are recommended as first-line treatments for posttraumatic stress disorder (PTSD). TF-CBT and EMDR are equally effective and have large effect sizes. However, many patients fail to respond or have comorbid symptoms or disorders that only partially decline with TF-PT. Thus, there is growing interest in augmenting TF-PT through adjuvant interventions. Objective: The current systematic review aims to assess whether adjuvant interventions improve outcome among adult PTSD patients receiving TF-PT. Methods: We searched the databases PubMed, PILOTS, Web of Science and the Cochrane Library for controlled clinical trials examining whether adjuvant interventions lead to more symptom reduction in adult PTSD patients receiving TF-PT. Thirteen randomized controlled trials fitted the inclusion criteria. These were evaluated for internal risk of bias using the Cochrane Handbook for Systematic Review of Interventions. Results: Most studies have a substantial risk for internal bias, mainly due to small sample sizes. Thus, no strong conclusion can be drawn from the current empirical evidence. Preliminary evidence suggests that exercise and cortisol administration may have an adjuvant effect on PTSD symptom reduction. Breathing biofeedback showed a trend for an adjuvant effect and an effect for accelerated symptom reduction. Conclusions: Currently, it is not possible to formulate evidence-based clinical recommendations regarding adjuvant interventions. While several adjuvant interventions hold the potential to boost the effectiveness of TF-PT, the realization of sufficiently powered studies is crucial to separate plausible ideas from interventions proven to work in practice.
Michael, Tanja; Sopp, Roxanne; Maercker, Andreas	2018	Posttraumatische Belastungsstörungen					

Milan, Stephanie; Carlone, Christina	2018	A two-way street: Mothers' and adolescent daughters' depression and PTSD symptoms jointly predict dyadic behaviors	Journal of Family Psychology	32	8		<p>Dyadic interactions may be affected by the mental health of either partner; however, both partners' symptoms are typically not considered simultaneously in observational studies of parent-child relationships. Using the actor-partner interdependence model (APIM), we examine how depression and posttraumatic stress disorder (PTSD) symptoms in mothers and adolescent daughters predict their own and each other's relational behaviors (warmth, hostility, communication) during interactions, and whether partners' relational behaviors predict changes in symptoms 1 month later. Participants include 150 mother (mean age = 41.6) and daughter (mean age = 15.1) dyads from diverse (57% Latina; 23% Black, 20% White), low-income families. Mothers and daughters reported on their symptoms and participated in a videotaped interaction task. A subset completed a follow-up interview 1 month later. For both depression and PTSD, mothers' and daughters' symptoms predicted their own relational behaviors (actor effects). In contrast, partner effects varied by symptom type and family role. Adolescents' depressive symptoms predicted how their mothers acted toward them, beyond maternal symptoms (an additive partner effect); the converse was not true. Mother and daughter PTSD symptoms interactively predicted daughters' relational behaviors (an Actor × Partner interaction), with buffering or exacerbating effects based on dyad symptom similarity. PTSD symptoms had unique effects beyond depression. In longitudinal analysis, mothers' relational behaviors predicted changes in adolescents' depressive symptoms, but adolescent behaviors were unrelated to subsequent maternal symptoms. Findings suggest that depression and PTSD symptoms may affect family relationships differently, and highlight the importance of considering both members' symptoms during interactions. Implications for dyadic interventions are discussed. (PsycINFO Database Record (c) 2018 APA, all rights reserved)</p>
Miller, Gregory E.; Chen, Edith	2010	Harsh family climate in early life presages the emergence of a proinflammatory phenotype in adolescence	Psychological science	21	6	848–856	<p>A growing body of evidence indicates that children reared in harsh families are prone to chronic diseases and premature death later in life. To shed light on the mechanisms potentially underlying this phenomenon, we evaluated the hypothesis that harsh families engender a proinflammatory phenotype in children that is marked by exaggerated cytokine responses to bacterial stimuli and resistance to the anti-inflammatory properties of cortisol. We repeatedly measured psychological stress and inflammatory activity in 135 female adolescents on four occasions over 1.5 years. To the extent that they were reared in harsh families, participants displayed an increasingly proinflammatory phenotype during the follow-up analyses. This</p>

							phenotype was marked by increasingly pronounced cytokine responses to in vitro bacterial challenge and a progressive desensitization of the glucocorticoid receptor, which hampered cortisol's ability to properly regulate inflammatory responses. If sustained, these tendencies may place children from harsh families on a developmental trajectory toward the chronic diseases of aging.
Miller, Olivia; Shakespeare-Finch, Jane; Bruenig, Dagmar; Mehta, Divya	2020	DNA methylation of NR3C1 and FKBP5 is associated with posttraumatic stress disorder, posttraumatic growth, and resilience	Psychological Trauma: Theory, Research, Practice, and Policy	12	7		Objective: Understandings of the biological mechanisms underpinning posttrauma responses are limited. This pilot study aimed to expand research in this area by examining the relationship between DNA methylation of stress genes nuclear receptor subfamily 3 group C member 1 (NR3C1) and FK06 binding protein 5 (FKBP5) with an array of posttrauma responses of posttraumatic stress disorder (PTSD) symptom severity, posttraumatic growth (PTG), and resilience. Method: First-year paramedicine students (N = 47) completed self-report measures of PTSD symptom severity, PTG, and resilience and provided a saliva sample for methylation analysis. Surrogate variable analyses identified covariates after which generalized regression models were performed to identify genomic sites significantly associated with PTSD symptom severity, PTG, or resilience. Results: Methylation of different FKBP5 and NR3C1 sites was significantly associated with PTSD symptom severity, PTG, and resilience. Methylation in FKBP5 site cg07485685 was a predictor of both PTSD symptom severity and resilience in opposite directions. Conclusions: This is the first study investigating methylation changes in PTG, and overall the results suggest that NR3C1 and FKBP5 methylation is associated with both positive and negative posttrauma responses. (Psycho Database Record (c) 2022 APA, all rights reserved)
Miller, Reagan L.; Moran, Megan; Shomaker, Lauren B.; Seiter, Natasha; Sanchez, Natalia; Verros, Megan; Rayburn, Stephanie; Johnson, Sarah; Lucas-Thompson, Rachel	2021	Health effects of COVID-19 for vulnerable adolescents in a randomized controlled trial	School Psychology	36	5	293–302	Emerging evidence suggests the coronavirus disease 2019 (COVID-19) pandemic is adversely affecting adolescents' mental health and health behaviors, particularly among those with preexisting mental health conditions and from lower socioeconomic backgrounds. However, direct tests of changes in health outcomes among vulnerable adolescents from before to during COVID-19 are limited. In addition, little is known about how to buffer adolescents, particularly those who are most vulnerable, against stress-related decrements in health. This randomized controlled trial begins to fill these gaps in the literature by exploring changes in mental health, health behaviors, executive function, emotion regulation, and mindfulness among vulnerable adolescents involved in a mentoring program during the COVID-19 pandemic. It also examined to what extent there were protective benefits of incorporating mindfulness training within a

						mentoring program for buffering adolescents from negative pandemic health effects. Thirty-five adolescents (Mage = 12.9, 37% female) and 32 parents (Mage = 44.75, 80% female) completed questionnaires at baseline (February 2020) and follow-up (July 2020). There were few significant reductions in health; instead, on average, youth reported improvements in sleep, emotion regulation, executive function, and mindfulness over time. Adolescents randomized to mentoring + mindfulness displayed significantly less posttraumatic stress disorder (PTSD) symptomatology and emotional impulsivity at follow-up, compared to the mentoring-as-usual condition. These pilot findings suggest that mentoring with a mindfulness training component may offer an effective strategy for protecting adolescents from deteriorations in health outcomes during COVID-19. Further, there may be unique benefits of mindfulness training for vulnerable youth as a way to adapt to stressful events. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Miller-Graff, Laura E.	2016	Frameworks for childhood PTSD treatment in conflict-affected settings		22	3	Over the past decade, the number and quality of studies on treating child posttraumatic stress disorder (PTSD) has grown exponentially. For the most part, however, these treatments have been validated in resource-rich settings and with individuals whose traumatic experiences are not ongoing. Many children living in conflict-affected settings experience symptoms of PTSD, and there are emerging data to support the effective generalization of evidence-based paradigms across contexts. Yet there remains a need for a deeper examination of the adaptation and implementation of evidence-based care in conflict-affected settings given the unique characteristics of providing care in these contexts. The aim of the current review is to provide an integrative social-ecological framework for the adaptation and implementation of child PTSD treatment in conflict-affected settings that synthesizes basic research and treatment evaluations. In summary, there is strong evidence to suggest the utility of evidence-based treatments for child PTSD in conflict-affected settings, but several recommendations regarding adaptation and implementation are evident. Because children in these contexts are likely to have ongoing exposure to violence and adversity, treatment adaptations should deeply consider how to deliver individual-level treatment for child PTSD with multisystemic supports. Identifying culturally relevant ways of delivering care within a multisystemic framework that maintains core effective mechanisms of treatment will necessarily involve emic investigations and should draw on the expertise of local

						professionals and paraprofessionals. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Miller-Graff, Laura E.; Paulson, Julia L.; Hasselle, Amanda J.; Cummings, E. Mark; Howell, Kathryn H.	2022	Examining the efficacy of prenatal intervention in reducing IPV revictimization and improving maternal mental health: A quasirandomized controlled trial of the Pregnant Moms' Empowerment Program (PMEP)	Journal of consulting and clinical psychology	90	11	Objective: The present study was a quasirandomized trial of the Pregnant Moms' Empowerment Program (PMEP) that examined the effects of the program on women's intimate partner violence (IPV) revictimization, depression, posttraumatic stress, and resilience. It was hypothesized that treatment would be associated with improvements across all of the indicated dimensions and that those women completing the module on violence and mental health would have particularly strong improvements. Method: Women who were currently pregnant, IPV-exposed, and at least 16 years of age were recruited and assigned to either a treatment or control condition. Participants (N = 137) completed four assessments (pretest [T1], posttest [T2], 3-months postpartum [T3], and 12-months postpartum [T4]). The key outcomes assessed included IPV (Revised Conflict Tactics Scales), depressed mood (Center for Epidemiological Studies Depression Scale), posttraumatic stress (PTSD Checklist for DSM-5), and resilience (Connor-Davidson Resilience Scale). Results: Results of multilevel models examining IPV revictimization indicated that treatment was associated with significantly fewer experiences of physical assault and sexual coercion at all follow-up interviews (T2, T3, and T4) and fewer IPV-related injuries at T3 and T4. In addition, treatment exposure was associated with statistically and clinically significant improvement in depression at T2 and T4. The intervention had limited efficacy in increasing women's self-reported resilience or in reducing symptoms of posttraumatic stress. Conclusions: Together, these data suggest that PMEP is a promising evidence-based intervention for pregnant, IPV-exposed women, and that the effects—particularly for IPV and depression—are likely to be sustained over time. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Milne, Lise; Collin-Vézina, Delphine	2015	Assessment of children and youth in child protective services out-of-home care: An overview of trauma measures	Psychology of Violence	5	2	Objective: Research confirms that many children and youth in child protective services (CPS) out-of-home care (OHC) have experienced multiple and often traumatic events that can lead to a variety of detrimental outcomes. Few CPS agencies have adopted standardized, trauma-focused assessment procedures, resulting in a gap in the provision of trauma-focused mental health services. The objective of this article is to propose a compendium of trauma-focused, evidence-based measures geared toward children and youth in OHC that can feasibly be incorporated into routine CPS practice. Method: Using a 4-stage search strategy, 9 measures designed to collect information on trauma exposure, trauma-related symptoms, and related behaviors

							were recommended based on desirable psychometric properties and practical considerations. Results: Although a plethora of measures exist to assess children and youth, a variety of measures geared toward the trauma-specific needs of children and youth in OHC are presented that demonstrate satisfactory psychometric properties and are considered feasible for implementation by CPS. Conclusion: This article fills a gap for children and youth in CPS OHC by proposing a compendium of measures suitable for a standardized, trauma-focused assessment procedure specifically aimed at this vulnerable population, which can serve as a catalyst for the development of specialized, trauma-focused services. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Mineka, S.; Mystkowski, J. L.; Hladek, D.; Rodriguez, B. I.	1999	The effects of changing contexts on return of fear following exposure therapy for spider fear	Journal of consulting and clinical psychology	67	4	599–604	Treatment of specific fears and phobias is sometimes followed by a return of fear. Work with rats has provided evidence that a greater return of fear occurs when a conditioned stimulus extinguished in 1 context is later presented in a different context than if presented in the same context in which it was originally extinguished. In the present study, 36 human participants who were highly afraid of spiders received 1 session of exposure therapy (with participant modeling) and were then tested for return of fear 1 week later in either the same or a different context. It was hypothesized that there would be a greater return of fear in those participants treated and followed up in different contexts than in those treated and followed up in the same context. Participants tested in a novel context at follow-up showed a greater return of fear than participants tested in the same context. Limitations and areas for future study are discussed.
Minelli, Alessandra; Zampieri, Elisa; Sacco, Chiara; Bazzanella, Roberta; Mezzetti, Nicoletta; Tessari, Elisabetta; Barlatti, Stefano; Bortolomasi, Marco	2019	Clinical efficacy of trauma-focused psychotherapies in treatment-resistant depression (TRD) in-patients: A randomized, controlled pilot-study	Psychiatry research	273		567–574	In major depressive disorder (MDD) patients, life stress events represent a risk factor for a severe, early-onset, treatment-resistant and chronic endophenotype. Treatment-resistant depression (TRD) patients who have experienced traumatic events could benefit from evidence-based trauma-focused psychotherapies. Because this topic has never been investigated, the aim of this pilot trial was to evaluate whether trauma-focused cognitive-behavioural therapy (TF-CBT) and/or eye movement desensitization and reprocessing (EMDR) can help achieve depressive symptom remission in TRD patients. We carried out a single-blind randomized controlled trial with TRD patients and we compared EMDR (N = 12) with TF-CBT (N = 10). Patients received 3 individual sessions per week over a period of 8 weeks. The symptomatological assessments were performed at 4 timepoints: baseline (T0), 4 (T4), 8 (T8) and 12 (T12) weeks. After 24 weeks, a clinical interview was carried out by phone. All TRD patients



							showed a significant improvement in depressive symptomatology; however, post hoc comparisons showed a significant difference between the two treatment groups, with lower depressive symptom scores in the EMDR than in the TF-CBT group at the follow-up (T12). This effect was partly maintained at 24 weeks. This pilot study suggests that evidence-based trauma-focused psychotherapies, particularly EMDR, can represent effective interventions to treat TRD patients.
Mirabolfathi, Vida; Schweizer, Susanne; Moradi, Alireza; Jobson, Laura	2022	Affective working memory capacity in refugee adolescents	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele ctr oni c), 19 42- 96 81( Pri nt)	983– 988	Objective: High numbers of adolescents today are exposed to conflict-related trauma, with trauma-exposure being associated with adverse biopsychosocial outcomes. Here we investigated the influence of trauma-exposure and high levels of posttraumatic stress disorder (PTSD) symptoms on cognitive functioning in trauma-related compared to neutral contexts. Method: Afghan adolescent refugees with high levels of PTSD symptomatology and non-trauma-exposed Afghan adolescent refugee controls (N = 47; 43% female; aged 13–19 years, M = 15.49, SD = 1.40) completed a visual working memory task including affective (trauma-related) and neutral distractors. Results: Working memory capacity in the context of trauma-related distractors (and not neutral distractors) was significantly poorer in trauma-exposed refugees with high levels of PTSD when compared to non-trauma-exposed controls. Conclusions: The findings highlight the importance of investigating posttraumatic cognitive functioning within affective contexts and suggest that affective working memory capacity may constitute a promising target for intervention. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Miron, Devi; Scheeringa, Michael S.	2019	A statewide training of community clinicians to treat traumatized youths involved with child welfare	Psychological Services	16	1		Despite considerable investment in efforts to disseminate evidence-based treatments (EBTs), few data are available on how frequently clinicians achieve competence in delivering the treatments or on whether clinical outcomes actually improve. The Louisiana Child Welfare Trauma Project (LCTP) was a 5-year demonstration project funded by the Children’s Bureau. One of the aims of the LCTP was to train community clinicians statewide in an EBT for posttraumatic stress disorder (PTSD). A training model was designed to reach any willing community practitioner, with minimal travel, cost, and time involved for trainees and trainer. Of the 335 clinicians who attended a 1-day training in youth PTSD treatment (YPT; Scheeringa & Weems, 2014), a manualized treatment for youths with PTSD, 117 began consultation calls. Forty-five (38%) clinicians who began calls achieved “Advanced” training, completing at least 1 case using YPT and attending weekly calls. Of the 102 clients discussed during calls,

							64 (63%) completed YPT. Pre- and posttreatment measures were available for 17 (27%) of the completers. All 17 clients showed decreases in their PTSD symptoms by youth or caregiver report, with 12 (71%) showing a decrease in symptom count by at least half of the pretreatment score. This is the first known report of the proportion of community clinicians who voluntarily completed consultation calls to achieve competence following initial training in an EBT. The results suggest that effectiveness of an EBT is possible in community settings but is likely constrained by clinicians' being willing and/or able to complete training requirements geared toward achieving competency in and fidelity to the protocol. Because the majority of clinicians did not complete training requirements, this suggests major limitations in the current models of dissemination. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Mischel, Emily R.; Bynion, Teah-Marie; Leen-Feldner, Ellen W.; Feldner, Matthew T.	2019	An evaluation of the validity of a script-driven imagery procedure among traumatic event-exposed adolescents	Psychological trauma : theory, research, practice and policy	11	7	784–792	Objective: Adult research employing script-driven imagery procedures has shown the method to be a valuable tool for studying the nature, correlates, and consequences of trauma and posttraumatic stress symptoms (PTSS). The purpose of the current study was to examine the validity of a trauma-focused script-driven imagery procedure among youth. Method: Responding to script-driven imagery was examined in relation to PTSS among 60 traumatic event-exposed adolescents, ages 10 to 17 years. Results: In support of concurrent validity, PTSS was associated with self-reported anxiety, fear, disgust, and distress responses to the script. Script-elicited reexperiencing, dissociation, and total state-symptoms were associated with interview-measured severity of PTSS. However, neither script-elicited avoidance symptoms nor physiological reactivity to the script were related to PTSS. In support of discriminant validity, adolescents' self-reported thought problems were not related to script-elicited affective, physiological, or state-symptom outcomes. Conclusion: Research is needed to understand why certain variables, such as physiological reactivity to the script, did not relate to PTSS. However, results suggest the traumatic event-focused script driven imagery procedure is a useful method for activating a trauma-related emotion network and measuring psychological reactivity to reminders of traumatic event cues among adolescents. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Mischler, Corinna; Hofmann, Arne; Behnke, Alexander; Matits, Lynn; Lehnung,	2021	Therapists' experiences with the effectiveness and feasibility of videoconference-based eye	Frontiers in Psychology, 2021				Research on the effectiveness and applicability of eye movement desensitization and reprocessing (EMDR) via videoconference is sparse. Considering the emerging use of internet-based psychotherapy during the COVID-19 pandemic, information on

Maria; Varadarajan, Suchithra; Rojas, Roberto; Kolassa, Iris-Tatjana; Tumani, Visal		movement desensitization and reprocessing					videoconference-based EMDR (eEMDR) would be beneficial for many therapists. In this study, 23 therapists from the EMDR-Institute in Germany provided information about their experiences with eEMDR in a questionnaire-based survey. Information on the effectiveness and the course of 102 eEMDR sessions was recorded. Results showed the potential of eEMDR as an effective and viable method. The decrease in the subjective unit of disturbance (SUD), which is an important indicator of treatment outcome, was found to be at a similar level compared to that of previous EMDR studies that were not administered in eEMDR format. The most important predictor of the SUD decrease was the type of bilateral stimulation used in eEMDR sessions. Eye movements resulted in significantly greater SUD reductions than tapping. Perceived disadvantages and impediments for the implementation of eEMDR were mainly of bureaucratic and technical concerns. In addition, about one-third of the therapists stated that some patients were not willing to engage in eEMDR. In our study, eEMDR proved to be a practically applicable therapy method and therefore, therapists can consider using eEMDR. These findings will hopefully encourage EMDR therapists and their patients to use eEMDR due to its effectiveness and viability as an online treatment approach.
Mistry, Divya; Zhu, Jenney; Tremblay, Paul; Wekerle, Christine; Lanius, Ruth; Jetly, Rakesh; Frewen, Paul	2020	Meditating in virtual reality: Proof-of-concept intervention for posttraumatic stress	Psychological trauma : theory, research, practice and policy	12	8	847–858	Objective: We investigate the potential therapeutic application of virtual reality (VR) technology as an aid to meditation practice among persons varying in posttraumatic stress disorder (PTSD) symptoms. Method: In this within-group mixed-methods study, 96 young adults practiced both VR- and non-VR-guided meditations and reported on their experience of positive affect (PA), negative affect (NA), other meditative experiences and perceived satisfaction-credibility of each meditation. Results: Participants reported more PA and greater perceived satisfaction-credibility following the VR as compared to non-VR-guided meditations primarily when the VR meditation was practiced first, before the non-VR meditation, as opposed to vice versa. The experience of NA during meditation practice was infrequent, although persons with increased PTSD symptoms reported increased distress during both VR and non-VR meditation. Conclusions: Further study of therapeutic applications of VR as an aid to meditation practice among people with PTSD symptoms is warranted. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Modrowski, Crosby A.; Bennett, Diana C.;	2017	Screening for PTSD among detained adolescents:	Psychological trauma : theory,	9	1	10–17	Objective: Screening for posttraumatic stress disorder (PTSD) is highly relevant for youth involved in the juvenile justice system given their

Chaplo, Shannon D.; Kerig, Patricia K.		Implications of the changes in the DSM-5	research, practice and policy			high rates of trauma exposure and posttraumatic stress symptoms. However, to date, no studies have investigated the implications of the recent revisions to the Diagnostic and Statistical Manual for Mental Disorders (5th ed., DSM-5; American Psychiatric Association [APA], 2013) diagnostic criteria for PTSD for screening in this population. To this end, the present study compared PTSD screening rates using the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev., DSM-IV-TR; APA, 2013) versus DSM-5 criteria in a group of detained adolescents. Method: Participants included 209 youth (60 girls) aged 13-19 (M = 15.97, SD = 1.24). Youth completed measures of lifetime trauma exposure and past-month posttraumatic stress symptoms. Results: Over 95% of youth in the sample reported exposure to at least 1 type of traumatic event. Approximately 19.60% of the sample screened positive for PTSD according to the DSM-5 compared to 17.70% according to the DSM-IV-TR. Girls were more likely than boys to screen positive for PTSD according to the DSM-IV-TR compared to the DSM-5. Conclusion: The main factors accounting for the differences in screening rates across the versions of PTSD criteria involved the removal of Criterion A2 from the DSM-5, the separation of avoidance symptoms (Criterion C) into their own cluster, the addition of a cluster involving negative alterations in cognitions and mood (Criterion D), and revisions to the cluster of arousal symptoms (Criterion E). Future research should continue to investigate gender differences in PTSD symptoms in youth and consider the implications of these diagnostic changes for the accurate diagnosis and referral to treatment of adolescents who demonstrate posttraumatic stress reactions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Modrowski, Crosby A.; Miller, Laura E.; Howell, Kathryn H.; Graham-Bermann, Sandra A.	2013	Consistency of trauma symptoms at home and in therapy for preschool children exposed to intimate partner violence	Psychological Trauma: Theory, Research, Practice, and Policy	5	3	The expression of posttraumatic stress symptoms during group therapy and how this might differ from the expression of those symptoms at home was evaluated in a group of preschool children exposed to intimate partner violence (IPV). The sample included 55 mother-child dyads. Reports of posttraumatic stress symptoms were collected from mothers and child therapists and compared in terms of the symptom subtypes that the child expressed at home and in therapy. The total number of posttraumatic stress symptoms that young children expressed at home and in group therapy did not differ. There was, however, a significant difference in mothers' and therapists' reports of physiological arousal symptoms, with mothers reporting more arousal symptoms than did the therapists. Additionally, higher levels of IPV exposure predicted higher levels of

							total posttraumatic stress symptoms. This study has important implications for researchers and clinicians, especially when considering the range of posttraumatic stress symptoms preschool children may present after exposure to IPV. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Molero-Zafra, Milagros; Mitjans-Lafont, María Teresa; Hernández-Jiménez, María Jesús; Pérez-Marín, Marián	2022	Psychological Intervention in Women Victims of Childhood Sexual Abuse: An Open Study- Protocol of a Randomized Controlled Clinical Trial Comparing EMDR Psychotherapy and Trauma-Based Cognitive Therapy	International journal of environmental research and public health	19	12		INTRODUCTION: Most victims of sexual abuse have symptoms that may lead to post-traumatic stress disorder. This study aims to offer evidence-based psychological treatment to women who have been sexually abused earlier in life and currently have sequelae from that trauma. With this treatment, each of the women in the study will hopefully improve their overall quality of life and, more specifically, it is expected that post-traumatic stress symptoms will decrease, as found in recent studies, as well as strengthening their security, confidence, and coping with the situations they have experienced. METHODS AND ANALYSIS: The effect of two therapeutic approaches focused on the improvement of trauma will be evaluated in a sample of 30-50 women victims of childhood sexual abuse, with a randomized clinical trial comparing EMDR psychotherapy and trauma-focused cognitive behavioral therapy. According to the literature reviewed, both approaches will considerably improve self-esteem when the appropriate number of sessions are conducted, significantly reducing general psychiatric symptoms and depression. Furthermore, the effects are sustained over time. It should be noted that this study will be carried out comparing both therapies, analyzing both the differential benefit of each and the cumulative effect of receiving both treatments and in which order. It is also intended to demonstrate that implementing the protocols presented in this study will help improve the quality of life of the women who benefit from them, and after this study, it will be possible to replicate this program in other people with the same problems. Each of the therapeutic benefits of each of them will be analyzed, and clinical and logistical guidance will be provided to implement both, including a session-by-session protocol.
Monson, Eva; Caron, Jean; McCloskey, Kiran; Brunet, Alain	2017	Longitudinal analysis of quality of life across the trauma spectrum	Psychological trauma : theory, research, practice and policy	9	5	605–612	Objective: Few longitudinal studies have examined the relationship between trauma exposure and posttraumatic stress disorder (PTSD) in relation to quality of life or have been designed to consider the relationships between trauma, PTSD diagnosis, and quality of life in terms of both global scores and specific domains. This article aims to provide an essential longitudinal examination of the effects of trauma and PTSD diagnosis on global as well as specific domains of quality of life in a Canadian sample to better understand the diagnosis and unveil possible routes of research and successful treatment methods

							for the future. Method: Data were drawn from the initial two waves of the Zone d'étude en épidémiologie sociale et psychiatrique du sud-ouest de Montréal (ZEPSOM), an epidemiological catchment area study based in southwest Montréal (N = 2,433 at Wave 1 and N = 1,823 at Wave 2). PTSD diagnosis and global and subscale scores of quality of life outcomes were established by face-to-face structured interviews using standardized instruments. Outcomes were compared among 3 trauma/PTSD categories and healthy controls. Results: This study extends previous cross-sectional findings within the catchment area by demonstrating that the effects of current PTSD diagnosis on quality of life endure with time. Specifically, the negative impact of current diagnosis of PTSD on Wave 2 quality of life is expressed through its influence on Wave 1 quality of life. Subscale findings are discussed. Conclusion: Research needs to focus on understanding more than just global indices of quality of life when it comes to the trauma spectrum. Additional research remains necessary to fully understand these complex relationships over time. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Monteiro, André Mauricio	2019	Transgenerationale Weitergabe der Angst vor Hungererleben. Bearbeitung mit EMDR - eine Falldarstellung	Trauma & Gewalt	13	3	224–231	Trauma und Gewalt können weitreichende Konsequenzen haben, die sich oft nicht nur auf die unmittelbar Beteiligten erstrecken, die extremen Situationen ausgesetzt waren wie z. B. Kampfhandlungen. Abgesehen von offenkundiger Traumatisierung bei posttraumatischer Belastungsstörung kann es subtile Intrusionen geben wie z. B. die Angst vorm Verhungern, die das Leben von Nachfahren in fernen Ländern begleiten kann. Die Beschreibung einer Psychotherapiesitzung beleuchtet, wie EMDR-Therapie die notwendige Verarbeitung bieten kann, um Erinnerungen hinter sich zu lassen, die in Verbindung stehen mit einem allgegenwärtigen traumatischen Erbe.
Montgomery, R. W.; Ayllon, T.	1994	Eye movement desensitization across images: a single case design	Journal of behavior therapy and experimental psychiatry	25	1	23–28	The use of Eye Movement Desensitization (EMD) was investigated in a multiple baseline across two images. The subject was diagnosed as suffering from Post Traumatic Stress Disorder (PTSD) and had suffered from two distinct traumas which continued to generate intrusive disturbing images. Dependent variables included self-report information (Subjective Units of Distress, behavioral symptoms reports) and physiological data (heart rate and systolic blood pressure). Subjective and physiological data both demonstrated significant changes during the course of treatment which were maintained at a 2-month follow-up. This study represents the first investigation of EMD with multiple images within a single subject experimental design. Findings suggest that generalization across the

							images under investigation was not demonstrated. EMD treatment gains were clinically significant. However, the immediate and profound effects often cited in the literature were not demonstrated.
Montirosso, Rosario; Mascheroni, Eleonora; Guida, Elena; Piazza, Caterina; Sali, Maria Enrica; Molteni, Massimo; Reni, Gianluigi	2021	Stress symptoms and resilience factors in children with neurodevelopmental disabilities and their parents during the COVID-19 pandemic	Health Psychology	40	7	428–438	Objective: This study examined the impact of the coronavirus disease 2019 (COVID-19) pandemic in Italy by specifically looking at the psychosocial response of children/adolescents with neurodevelopmental disabilities (NDD) and their parents, and explored which factors could potentially contribute to increasing or mitigating stress-related behaviors in children/adolescents as well as their parents' stress. Method: An online anonymous survey was designed to investigate family demographic characteristics, COVID-19 outbreak and restriction-related variables, children/adolescents' behavioral regulation problems, parental stress, and resilience. Data were collected from 1,472 parents (83.1% mothers) of 1632 NDD children/adolescents (33.7% females). Results: Compared to pre-emergency, parents reported a significant increase in their children's behavioral regulation problems: Anxious/depressed behavior, Attention problems, and Aggressive behavior ( $p < .001$ ), and they reported feeling more Overwhelmed and Burdened ( $p < .001$ ) as parents but less Unfulfilled, Numbness, Devastated, and Angry ( $p < .001$ ). A hierarchical stepwise regression analysis revealed that both behavioral regulation problems in NDD children/adolescents and parental stress are—at least partially—buffered by resilience factors in parents (Perception of self, Planned future, Family cohesion). Conclusions: Results showed that behavioral regulation problems in children/adolescents with NDD and parental stress increased. However, parental resilience can act as a protective factor, counterbalancing parental difficulties in the care of their NDD children during the emergency. Identifying risk and protective factors impacting the psychosocial response of children/adolescents with NDD and their parents is essential to implement appropriate support interventions both for parents and children/adolescents with NDD during the COVID-19 pandemic. (PsychoInfo Database Record (c) 2024 APA, all rights reserved)
Moon, Jiyoung; Lee, Jang-Han	2009	Cue exposure treatment in a virtual environment to reduce nicotine craving: a functional MRI study	Cyberpsychology & behavior : the impact of the Internet, multimedia and virtual reality on	12	1	43–45	Smokers show an increase in cue reactivity during exposure to smoking-related cues. CET aims at extinguishing cue reactivity by repeated presentation of substance-related cues and has been claimed a potentially effective method of treating addictive behaviors, including cigarette smoking. We applied CET to eight late-adolescent smokers in virtual environments (VEs). When comparing pre-CET regions to those of post-CET, the inferior frontal gyrus and superior

			behavior and society				frontal gyrus were detected. These regions are consistent with previous studies of activated brain regions related to nicotine craving, and VE-CET seems to be an effective method of treating nicotine craving.
Moore, R.; Berggren, U.; Carlsson, S. G.	1991	Reliability and clinical usefulness of psychometric measures in a self-referred population of odontophobics	Community dentistry and oral epidemiology	19	6	347–351	Questionnaire responses of 155 self-referred subjects with extreme dental fear were used to evaluate the reliability and clinical usefulness of some psychometric tests used in diagnosis and treatment. The Corah Dental Anxiety Scale (DAS), State-Trait Anxiety Inventory (STAI), and a general Geer Fear Scale (GFS) were filled out by all subjects, while 80 patients with highest dental fear scores were also tested before and after dental fear treatment with the following scales; a Getz Dental Belief Survey (DBS), Dental Fear Survey (DFS), and a Mood Adjective Checklist (MACL). Cronbach's alpha measured internal consistency reliability. SPSS data analyses calculated item-remainder and test-retest correlations. Clinical usefulness of scales was judged by Spearman correlations of initial scores and test score changes after dental fear treatment. All total test scores showed high internal consistency and test-retest reliability. DFS was judged the preferred clinical measure of threatening perceptions of pain or unpleasantness specific to dental procedures. DBS and STAI-State measured confidence in relating with the dentist and situational fear associated with that relationship. GFS, STAI-Trait, and MACL discriminated levels of general fearfulness, anxiety and mood fluctuations that can impact on dental fear.
Moradi, Alireza; Tahmasebi, Elahe; Parhoon, Hadi; Jobson, Laura	2024	Distinguishing between Iranian adolescents with posttraumatic stress disorder and high and low depressive symptoms: The role of cognitive and emotional variables	Psychological Trauma: Theory, Research, Practice, and Policy				Objective: This study aimed to investigate the role of cognitive and emotional variables in distinguishing between adolescents with posttraumatic stress disorder (PTSD) and either low or high symptoms of depression. Method: Adolescents (N = 90) aged between 13 and 17 years (Mage = 15.53, SD = 1.13) who had been exposed to an earthquake in Iran and had (a) not developed PTSD (n = 30), (b) developed PTSD with low symptoms of depression (n = 30), and (c) developed PTSD with high symptoms of depression (n = 30) completed a clinical interview, cognitive tasks, and the Cognitive Emotion Regulation Questionnaire. Results: We found that those with PTSD had poorer performance on executive functioning (inhibition, cognitive flexibility, and working memory), episodic future thinking, and attention bias and had greater maladaptive emotion regulation strategies than healthy controls. Among those with PTSD, adolescents with high symptoms of depression performed worse on measures of executive function, attention bias, episodic future thinking, and the emotion regulation strategies of rumination and catastrophizing than



							adolescents with low depressive symptoms. Conclusion: Exploring these cognitive and emotion difficulties can assist in further understanding PTSD and depression and improve targeted interventions among adolescents. This is of particular relevance in Iran where the need for policies and interventions targeting PTSD has been identified. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Moran, Daniel J.; O'Brien, Richard M.	2005	Competence imagery: a case study treating emetophobia	Psychological reports	96	3 Pt 1	635–636	An emetophobic child is nonresponsive to conventional systematic desensitization and has her anxiety responses counterconditioned by using Competence Imagery instead of physical relaxation responses while progressing through her fear hierarchy.
Moran-Santa Maria, Megan M.; McRae-Clark, Aimee L.; Back, Sudie E.; DeSantis, Stacia M.; Baker, Nathaniel L.; Spratt, Eve G.; Simpson, Annie N.; Brady, Kathleen T.	2010	Influence of cocaine dependence and early life stress on pituitary-adrenal axis responses to CRH and the Trier social stressor	Psychoneuroendocrinology	35	10	1492–1500	Long-term changes in the hypothalamic-pituitary-adrenal (HPA) axis as a result of early life stress could be related to the development of substance use disorders during adulthood. In this study, the neuroendocrine, physiologic (HR), and subjective responses to corticotropin releasing hormone (CRH) and the Trier Social Stress Task (TSST) in individuals with cocaine dependence, with (n=21)/without early life stress (n=21), non-dependent individuals with early life stress (n=22), and a control group were examined (n=21). CRH increased cortisol and ACTH levels in all groups. However, a significant effect of early life stress on ACTH was observed indicating that the increase in ACTH was greatest in subjects with a history of childhood stress. Post hoc analysis indicated the early life stress/non-cocaine dependent individuals exhibited significantly higher levels of ACTH as compared to the early life stress/cocaine-dependent group. Despite the elevated ACTH response there was no difference between the groups in the cortisol response to CRH. The TSST produced a significant elevation in ACTH and cortisol all study groups. No significant group differences were observed. The subjective stress and peak heart rate responses to the TSST were greatest in cocaine-dependent subjects without early life stress. In response to CRH, subjective stress and craving were positively correlated in cocaine-dependent subjects regardless of early life stress history, while stress and craving following the TSST were correlated only in cocaine-dependent subjects without a history of early life stress. Findings support previous studies demonstrating that subjects with a history of childhood adversity exhibit elevated ACTH and blunted cortisol levels in response to stress. In contrast, HR and subjective stress in response to the TSST were greatest in cocaine-dependent subjects without a history of early life stress, suggesting that childhood adversity may desensitize autonomic and

							subjective responding to social stress in adults with cocaine dependence.
Moreno-Alcázar, Ana; Amann, Benedikt L.; Dios-Felis, Mariona de; Pérez-Solà, Víctor; Valiente-Gómez, Alicia	2018	Clinical improvement of somatic and affective symptoms in a patient with complex trauma through the use of EMDR. Report of a clinical case					
Moreno-Alcázar, Ana; Rada, Joaquim; Landín-Romero, Ramon; Blanco, Laura; Madre, Mercè; Reinales, Maria; Comes, Mercè; Jiménez, Esther; Crespo, Jose Manuel; Vieta, Eduard; Pérez, Víctor; Novo, Patricia; Doñate, Marta; Cortizo, Romina; Valiente-Gómez, Alicia; Lupo, Walter; McKenna, Peter J.; Pomarol-Clotet, Edith; Amann, Benedikt L.	2017	Eye movement desensitization and reprocessing therapy versus supportive therapy in affective relapse prevention in bipolar patients with a history of trauma: study protocol for a randomized controlled trial	Trials	18	1	160	BACKGROUND: Up to 60% of patients with bipolar disorder (BD) have a history of traumatic events, which is associated with greater episode severity, higher risk of comorbidity and higher relapse rates. Trauma-focused treatment strategies for BD are thus necessary but studies are currently scarce. The aim of this study is to examine whether Eye Movement Desensitization and Reprocessing (EMDR) therapy focusing on adherence, insight, de-idealisation of manic symptoms, prodromal symptoms and mood stabilization can reduce episode severity and relapse rates and increase cognitive performance and functioning in patients with BD. METHODS/DESIGN: This is a single-blind, randomized controlled, multicentre trial in which 82 patients with BD and a history of traumatic events will be recruited and randomly allocated to one of two treatment arms: EMDR therapy or supportive therapy. Patients in both groups will receive 20 psychotherapeutic sessions, 60 min each, during 6 months. The primary outcome is a reduction of affective episodes after 12 and 24 months in favour of the EMDR group. As secondary outcome we postulate a greater reduction in affective symptoms in the EMDR group (as measured by the Bipolar Depression Rating Scale, the Young Mania Rating Scale and the Clinical Global Impression Scale modified for BD), and a better performance in cognitive state, social cognition and functioning (as measured by the Screen for Cognitive Impairment in Psychiatry, The Mayer-Salovey-Caruso Emotional Intelligence Test and the Functioning Assessment Short Test, respectively). Traumatic events will be evaluated by The Holmes-Rahe Life Stress Inventory, the Clinician-administered PTSD Scale and the Impact of Event Scale. DISCUSSION: The results of this study will provide evidence whether a specific EMDR protocol for patients with BD is effective in reducing affective episodes, affective symptoms and functional, cognitive and trauma symptoms. TRIAL REGISTRATION: The trial is registered at ClinicalTrials.gov, identifier: NCT02634372 . Registered on 3 December 2015.

Moreno-Alcázar, Ana; Treen, Devi; Valiente-Gómez, Alicia; Sio-Eroles, Albert; Pérez, Víctor; Amann, Benedikt L.; Radua, Joaquim	2017	Efficacy of Eye Movement Desensitization and Reprocessing in Children and Adolescent with Post-traumatic Stress Disorder: A Meta-Analysis of Randomized Controlled Trials	Front. Psychol. (Frontiers in Psychology)	8			
Morris, Adam; Lee, Timothy; Delahanty, Douglas	2013	Interactive relationship between parent and child event appraisals and child PTSD symptoms after an injury	Psychological trauma : theory, research, practice and policy	5	6	554–561	The current study investigated the relationships between child and parent event-related appraisals and child posttraumatic stress disorder (PTSD) symptoms (PTSS) soon after the child's traumatic injury. Cross-sectional data were collected from 40 child emergency department (ED) patients and their caregivers following an unintentional injury. Hierarchical regression models were used to determine whether child event appraisals were related to child PTSS and the extent to which parent event appraisals moderated this relationship. Significant main effects were found for child event-related appraisals (i.e., of stressor severity, of whether their life had been permanently changed/destroyed, of heightened future danger, and of alienation) predicting child PTSD symptoms. Parent appraisal of alienation and of permanent change were the only parent appraisal variables that were significantly associated with child PTSS. Parent and child appraisals were not significantly correlated. Subsequent analyses revealed that parent appraisal of permanent change ( $\beta = -.1.64, p < .01$ ) moderated the relationship between child appraisal of permanent change and child PTSS. A similar significant interaction effect was found with child and parent appraisals of future danger ( $\beta = -.30, p < .05$ ). The current results support the role of parent event-related appraisals in the development of initial child PTSS and suggest that family-based interventions following injury should include components that address both parent symptoms and event-related appraisals. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Morris, Heather; Hatzikiriakidis, Kostas; Savaglio, Melissa; Dwyer, Jenny; Lewis, Catrin; Miller, Robyn; Skouteris, Helen	2022	Eye movement desensitization and reprocessing for the treatment and early intervention of trauma among first responders: A systematic review	J. Trauma. Stress. (Journal of traumatic stress)	35	3	778–790	Abstract First responders are exposed to repetitive work-related trauma and, thus, are at risk of developing posttraumatic stress disorder (PTSD). Eye-movement desensitization and reprocessing (EMDR) is a psychotherapy intervention designed to treat symptoms of posttraumatic stress. We conducted a systematic review to examine the viability of EMDR among first responders. The primary aim of this review was to identify studies that have trialed EMDR among first responders and evaluate its effectiveness in reducing trauma-related symptoms; a secondary aim was to identify whether EMDR has been

							used as an early intervention for this cohort and determine its effectiveness as such. Four databases were searched. Studies were included if they evaluated the extent to which EMDR was effective in alleviating symptoms stemming from work-related trauma exposure among first responders. The findings from each study were reported descriptively, and eight studies that evaluated the efficacy of EMDR in this population were included. There was substantial variation in how EMDR was implemented, particularly in the type, duration, frequency, and timing. The findings suggest that EMDR can alleviate symptoms of work-related trauma exposure among first responders; however, findings regarding early intervention were inconclusive, and a methodological quality assessment revealed that all studies were classified as being of either weak or medium quality. Although this review provides preliminary insights into the effectiveness of EMDR for first responders, the conclusions that can be drawn from the literature are limited, and the findings highlight several gaps in the literature.
Moskowitz, Andrew; Dorahy, Martin J.; Schäfer, Ingo	2019	Psychosis, Trauma and Dissociation					
Moss, Katrina M.; Simcock, Gabrielle; Cobham, Vanessa; Kildea, Sue; Elgbeili, Guillaume; Laplante, David P.; King, Suzanne	2017	A potential psychological mechanism linking disaster-related prenatal maternal stress with child cognitive and motor development at 16 months: The QF2011 Queensland Flood Study	Developmental psychology	53	4	629–641	Fetal exposure to prenatal maternal stress can have lifelong consequences, with different types of maternal stress associated with different areas of child development. Fewer studies have focused on motor skills, even though they are strongly predictive of later development across a range of domains. Research on mechanisms of transmission has identified biological cascades of stress reactions, yet links between psychological stress reactions are rarely studied. This study investigates the relationship between different aspects of disaster-related prenatal maternal stress and child cognitive and motor development, and proposes a cascade of stress reactions as a potential mechanism of transmission. Mothers in the Queensland Flood Study (QF2011) exposed to a major flood during pregnancy completed questionnaires assessing flood exposure, symptoms of peritraumatic distress, dissociation, and posttraumatic stress (PTSD), and cognitive appraisal of the overall flood consequences. At 16 months post-partum, children's (N = 145) cognitive and motor development was assessed using the Bayley-III. Flood exposure predicted child cognitive development and maternal PTSD symptoms and negative cognitive appraisal were significantly negatively related to child motor development, with all relationships moderated by timing of exposure. Together, a cascade of stress reactions linked maternal flood exposure to poorer fine motor development. These

							findings suggest that the way stress reactions operate together is as important as the way they operate in isolation, and identifies a potential psychological mechanism of transmission for the effects of prenatal stress. Results have implications for conceptualizing prenatal stress research and optimizing child development in the wake of natural disasters. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Moss, M.; Frank, E.; Anderson, B.	1990	The effects of marital status and partner support on rape trauma	The American journal of orthopsychiatry	60	3	379–391	Psychological functioning within the first four weeks after rape was compared for married and single victims. Marital status did not significantly affect psychological symptoms following the assault. For married women, lack of support by the partner--particularly when it was unexpected--was significantly related to poor psychological functioning after the rape.
Mrug, Sylvie; Madan, Anjana; Cook, Edwin W. 3rd; Wright, Rex A.	2015	Emotional and physiological desensitization to real-life and movie violence	Journal of youth and adolescence	44	5	1092–1108	Youth are exposed to large amounts of violence in real life and media, which may lead to desensitization. Given evidence of curvilinear associations between exposure to violence and emotional distress, we examined linear and curvilinear associations of exposure to real-life and movie violence with PTSD symptoms, empathy, and physiological arousal, as well emotional and physiological reactivity to movie violence. College students (N = 209; mean age = 18.74) reported on their exposure to real-life and televised violence, PTSD symptoms, and empathy. Then, students were randomly assigned to view a series of violent or nonviolent high-action movie scenes, providing ratings of emotional distress after each clip. Blood pressure was measured at rest and during video viewing. Results showed that with increasing exposure to real-life violence, youth reported more PTSD symptoms and greater identification with fictional characters. Cognitive and emotional empathy increased from low to medium levels of exposure to violence, but declined at higher levels. For males, exposure to higher levels of real-life violence was associated with diminishing (vs. increasing) emotional distress when viewing violent videos. Exposure to televised violence was generally unrelated to emotional functioning. However, those with medium levels of exposure to TV/movie violence experienced lower elevations of blood pressure when viewing violent videos compared to those with low exposure, and those with higher levels of exposure evidenced rapid increase in blood pressure that quickly declined over time. The results point to diminished empathy and reduced emotional reactivity to violence as key aspects of desensitization to real-life violence, and more limited evidence of physiological desensitization to movie violence among those exposed to high levels of televised violence.

Mrug, Sylvie; Madan, Anjana; Windle, Michael	2016	Emotional Desensitization to Violence Contributes to Adolescents' Violent Behavior	Journal of abnormal child psychology	44	1	75–86	Many adolescents are exposed to violence in their schools, communities and homes. Exposure to violence at high levels or across multiple contexts has been linked with emotional desensitization, indicated by low levels of internalizing symptoms. However, the long-term consequences of such desensitization are unknown. This study examined emotional desensitization to violence, together with externalizing problems, as mediators of the relationship between exposure to violence in pre-adolescence and violent behavior in late adolescence. A community sample of youth (N = 704; 48% female; 76% African American, 22% Caucasian) reported on their exposure to violence in multiple settings at ages 11, 13 and 18. Internalizing and externalizing problems were assessed at ages 11 and 13; violent behavior was measured at age 18. Structural Equation Modeling showed that exposure to high levels of violence at age 11 was associated with lower levels of internalizing problems (quadratic effect) at age 13, as was exposure to violence across multiple contexts (linear effect). In turn, fewer internalizing problems and more externalizing problems at age 13 predicted more violent behavior at age 18. The results suggest that emotional desensitization to violence in early adolescence contributes to serious violence in late adolescence.
Mrug, Sylvie; Windle, Michael	2010	Prospective effects of violence exposure across multiple contexts on early adolescents' internalizing and externalizing problems	J Child Psychol Psychiatry	51	8	953–961	<b>BACKGROUND:</b> Violence exposure within each setting of community, school, or home has been linked with internalizing and externalizing problems. Although many children experience violence in multiple contexts, the effects of such cross-contextual exposure have not been studied. This study addresses this gap by examining independent and interactive effects of witnessing violence and victimization in the community, home, and school on subsequent internalizing and externalizing problems in early adolescence. <b>METHODS:</b> A community sample of 603 boys and girls (78% African American, 20% Caucasian) participated in a longitudinal study of youth violence. During two assessments 16 months apart, adolescents reported on witnessing violence and victimization in the community, school, and home, and their internalizing and externalizing problems. <b>RESULTS:</b> Multiple regressions tested the independent and interactive effects of witnessing violence or victimization across contexts on subsequent adjustment, after controlling for initial levels of internalizing and externalizing problems and demographic covariates. Witnessing violence at school predicted anxiety and depression; witnessing at home was related to anxiety and aggression; and witnessing community violence predicted delinquency. Victimization at home

							was related to subsequent anxiety, depression, and aggression; victimization at school predicted anxiety; and victimization in the community was not independently related to any outcomes. Finally, witnessing violence at home was associated with more anxiety, delinquency, and aggression only if adolescents reported no exposure to community violence. CONCLUSIONS: Violence exposure at home and school had the strongest independent effects on internalizing and externalizing outcomes. Witnessing community violence attenuated the effects of witnessing home violence on anxiety and externalizing problems, perhaps due to desensitization or different norms or expectations regarding violence. However, no comparable attenuation effects were observed for victimization across contexts.
Msall, Kyle A.	2019	Psychological effects of being enslaved by ISIS	Peace and Conflict: Journal of Peace Psychology	25	2		The Yezidi minority population, which faced attempted genocide by the Islamic State of Iraq and al-Sham (ISIS), are currently residing in Iraqi Kurdistan Region as internally displaced persons (IDPs). The study aimed to explore the psychological effects of traumatic ISIS experiences on the Yezidi population. A qualitative research design was used to interview participants (n = 7) who had been in ISIS captivity and had since escaped. The interview questions were open-ended and were developed based on several posttraumatic stress disorder (PTSD) and depression measurement tools. The findings indicated that all participants reported having moderate to severe PTSD and depression symptoms according to the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). These symptoms include reliving the traumatic event, disruptive sleep, self-harm, and suicidal thoughts and attempts. The results also indicated that although the participants wanted to speak to a mental health professional, the mental health services for the Yezidi population are severely lacking and no such possibility of prolonged mental health services existed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Muhtz, Christoph	2013	Kognitiv-verhaltenstherapeutische Behandlungsansätze					Theoretische Grundlagen sowie verschiedene Therapieansätze der kognitiven Verhaltenstherapie für die Behandlung von traumatisierten Patienten werden mit einem Schwerpunkt auf Kindesmisshandlung und -vernachlässigung besprochen. Ätiologiemodelle (multifaktorielles Ätiologiemodell, Furchtstrukturmodell, kognitives Störungsmodell und Social-Faciliation-Modell) werden skizziert und allgemeine Grundlagen zum therapeutischen Vorgehen (Aufbau einer therapeutischen Beziehung, Diagnostik, Erstellung eines Störungsmodells und Psychoedukation sowie Zielanalyse und Therapieplanung) werden erläutert. Anschließend werden kognitive

							Behandlungsverfahren (kognitive Umstrukturierung, kognitive Therapie nach A. Ehlers und D. M. Clark, kognitive Verarbeitungstherapie) sowie traumafokussierte und traumakonfrontative Verfahren (Narrative Konfrontation, Imagery Rescripting and Reprocessing Therapy nach M. R. Smucker, Eye Movement Desensitization and Reprocessing (EMDR)) sowie (7) stabilisierende Verfahren und ergänzende Verfahren aufgeführt.
Müller, Julia; Ruf-Leuschner, Martina; Grimmer, Bernhard; Knaevelsrud, Christine; Dammann, Gerhard	2022	Traumafolgen. Forschung und therapeutische Praxis					
Müller, Jürgen L.; Briken, Peer; Rösler, Michael; Fromberger, Peter; Jordan, Kirsten	2016	EFPPP Jahrbuch 2016		5			
Müller, Jürgen L.; Briken, Peer; Rösler, Michael; Müller, Marcus; Turner, Daniel; Retz, Wolfgang	2017	EFPPP Jahrbuch 2017. Empirische Forschung in der forensischen Psychiatrie, Psychologie und Psychotherapie					
Müller, Jürgen L.; Briken, Peer; Rösler, Michael; Müller, Marcus; Turner, Daniel; Rezaei, Mansour	2017	EFPPP Jahrbuch 2017. Empirische Forschung in der forensischen Psychiatrie, Psychologie und Psychotherapie					
Müller, Stephanie; Sachsse, Ulrich	2010	Langzeitverläufe stationärer Psychotherapie bei komplexen Traumafolgestörungen	Persönlichkeitsstörungen - Theorie und Therapie	14	2	127–144	Das integrative Behandlungskonzept der Station 9 im Asklepios Fachklinikum Göttingen vereint die Psychodynamisch Imaginative Traumatherapie, Eye Movement Desensitization and Reprocessing sowie Elemente der Dialektisch Behavioralen Therapie. Behandelt werden Frauen mit komplexen posttraumatischen Symptombildern. Die kurzfristige Wirksamkeit traumazentrierter Psychotherapien wurde vielfältig untersucht. Erste Ergebnisse einer Ein-Jahres-Katamnese bei Patientinnen der Station 9 wurden bereits publiziert. Bistlang fehlen allerdings empirische Untersuchungen zu Chancen und Grenzen hinsichtlich der langfristigen allgemeinen und störungsspezifischen Therapieerfolge. Eine retrospektive Langzeitnacherhebung wurde daher für diese Zielgruppe durchgeführt, um zunächst eine weitere



							Hypothesengenerierung und Methodenprüfung zu ermöglichen. Die Auswertung der retrospektiven Erhebung an einer Stichprobe von 275 Patientinnen zeigte, dass die Erinnerung an die Traumata langfristig bestehen bleibt. Es fanden sich jedoch deutliche Verbesserungen in störungsspezifischen und angrenzenden Symptombereichen, im Coping-Verhalten, in der Lebensqualität und in der allgemeinen psychischen Belastung.
Mullett-Hume, Elizabeth; Anshel, Daphne; Guevara, Vivianne; Cloitre, Marylene	2008	Cumulative trauma and posttraumatic stress disorder among children exposed to the 9/11 World Trade Center attack	American Journal of Orthopsychiatry		19 39- 00 25( Ele ctr oni c), 00 02- 94 32( Pri nt)	103- 108	Two and one-half years after the September 11, 2001 World Trade Center attack, 204 middle school students in an immigrant community located near Ground Zero were assessed for posttraumatic stress disorder (PTSD) symptoms as influenced by "dose" of exposure to the attack and accumulated lifetime traumas. Ninety percent of students reported at least one traumatic event other than 9/11 (e.g., community violence) with an average of 4 lifetime events reported. An interaction was obtained such that the dose-response effect depended on presence of other traumas. Among students with the lowest number of additional traumas, the usual dose-response pattern of increasing PTSD symptoms with increasing 9/11 exposure was observed; among those with medium to high cumulative life trauma, PTSD symptoms were substantially higher and uniformly so regardless of 9/11 exposure dose. Results suggest that traumas that precede or follow mass violence often have as much as if not greater impact on long-term symptom severity than high-dose exposure to the event. Implications regarding the presence of continuing or previous trauma exposure for postdisaster and early intervention policies are discussed. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Münker-Kramer, Eva	2011	EMDR und VT in der Behandlung von Traumafolgestörungen - Charakteristika und Kombinationsmöglichkeiten	Journal für Psychologie (Online), 2011				Fokus dieses Beitrages ist, aus der konkreten Praxis mit Eye Movement Desensitization and Reprocessing (EMDR) einerseits und traumafokussierter Verhaltenstherapie (TF-VT) und Kognitiver Verhaltenstherapie andererseits optimale Indikationsstellungen für die eine oder andere Methode beziehungsweise gute Kombinationsmöglichkeiten abzuschätzen. Ziel sind dabei die besten Effekte primär für die Betroffenen von Traumafolgestörungen Typ I. Es erfolgt zunächst eine grundsätzliche Beschreibung und Einordnung der beiden Ansätze, danach ein Vergleich im Überblick in den wichtigsten Bereichen. Darauf folgend findet sich eine Erläuterung der wichtigsten Wirkmechanismen und einige Überlegungen zu Kombinationsmöglichkeiten im Hinblick auf einen "added value" für die Betroffenen. Der Beitrag endet mit zwei illustrierenden Beispielen.

Münker-Kramer, Eva	2014	EMDR in der Traumatherapie. Eye Movement Desensitization and Reprocessing (EMDR) ist ein effektiver und effizienter Ansatz zur Behandlung posttraumatischer Syndrome und darüber hinaus	psychopraxis. neuropraxis	17	1	13-16	Es wird eingeführt in Eye Movement Desensitization and Reprocessing (EMDR). Zunächst wird auf Studien zur Evaluierung dieser Methode zur Behandlung insbesondere von Posttraumatischen Belastungsstörungen eingegangen. Dann wird das praktische Vorgehen bei EMDR (im Prozess der Behandlungsplanung sowie in den acht Phasen der Behandlung) besprochen. Ein Fallbeispiel (23-jährige Patientin mit der Diagnose "Panikattacken") verdeutlicht den Behandlungsprozess. Abschließend werden Hinweise zur Qualitätssicherung gegeben.
Münker-Kramer, Eva	2015	Traumazentrierte Psychotherapie mit EMDR					
Münker-Kramer, Eva	2016	Der Einsatz von EMDR im Bereich von nicht-klinischer Einzelsupervision, Coaching und Beratung					Der Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) im Bereich von nicht-klinischer Einzelsupervision, Coaching und Beratung wird dargestellt. Zunächst werden drei Schwerpunkte der Anwendung von EMDR in diesen nicht-klinischen Feldern genannt: (1) Der Wechsel von einer Beratungsdefinition "Coaching/Supervision" in eine Phase psychotherapeutischer Unterstützung, wenn im ersten Setting "Affektbrücken" relevant werden, die aktuelle Reaktionen und Erlebensweisen begründen. (2) Die Bearbeitung dysfunktionalen Erlebens und dysfunktionaler Reaktionsweisen bei ansonsten grundsätzlicher Stabilität und klinischer Unauffälligkeit. (3) Der Einsatz von EMDR im Bereich der "Peak Performance". Beispiele veranschaulichen diese Anwendungsfelder. Anschließend werden zwei Vorschläge für ein gezieltes Vorgehen in diesem Bereich gemacht, die über die Arbeit mit dem "normalen" EMDR-Ablaufschema hinausgehen. Dabei handelt es sich zum einen um das von J. Hartung vorgeschlagene Vorgehen "Enhancing Positive Emotion and Performance with EMDR", zum anderen um das Vorgehen "Performance Enhancement Protocol" (EMDR PEP) nach J. Lendl und S. Foster.
Münker-Kramer, Eva	2016	Gezielte individuelle Ressourcenaktivierung auf allen Repräsentationsebenen					In der traumaspezifischen Anamnese bei EMDR (Eye Movement Desensitization and Reprocessing) ist es gängige Praxis, gezielt in der Biografie gemeinsam mit dem Patienten Ressourcen und Belastungen zu eruieren. Dies kann - je überschaubarer die potenziellen Traumatisierungen sind - systematisch mittels Listen und darauf folgenden Visualisierungen geschehen. Es werden also bestimmte Instrumente benutzt, wie die sogenannte Belastungsliste und die daraus erarbeitete Belastungslandkarte. Das Gleiche gilt für Ressourcen. Dieses Vorgehen grundsätzlicher gezielter Ressourcenverdeutlichung und -aktivierung sowie dessen spezifische Bedeutung in der Vorbereitung von Traumakonfrontation mittels EMDR

							werden beschrieben. Dabei geht es einerseits um eine solche Aktivierung an sich und andererseits darum, wie sie als exaktes spezifisches Gegenmittel zu den zu bearbeitenden belastenden Erfahrungen wirken kann. Die Darstellung der Belastungen hat dabei nur illustrierenden Charakter. Behandelt wird auch die Anwendung der individuellen gezielten Ressourcenaktivierung in der Stabilierungsphase sowie ihre Wirkung für die Traumakonfrontation.
Münker-Kramer, Eva	2017	EMDR - Entwicklung, Praxis und Veränderung	Psychotherapie Forum	22	1-2	31-37	Eine Besonderheit bei EMDR (Eye Movement Desensitization and Reprocessing), der von F. Shapiro beschriebenen Methode zur Behandlung psychischer Traumatisierungen, ist, dass sie abgesehen von wenigen grundsätzlichen Paradigmenwechseln kaum Abweichungen zwischen Theorie und Praxis vorsieht. Dies ist ein Grundaspekt und Grundpfeiler ihrer Wirksamkeit und Programmatik. Ein Kurzeinblick in die Methode an sich sowie die genannte Besonderheit und dessen Hintergrund werden beschrieben. Dabei werden die Charakteristika von EMDR in einem Abriss erläutert und daraus einerseits starke Standardisierung und andererseits Überlegungen zu Modifikationen dargestellt.
Münker-Krämer, Eva	2016	Die Integration von EMDR in verhaltenstherapeutische Behandlungen. Grundsätzliches und Spezielles, Gemeinsamkeiten und Unterschiede					Es wird versucht, aus der konkreten Praxis mit Eye Movement Desensitization and Reprocessing (EMDR) und traumafokussierter Verhaltenstherapie (TF-VT)/Kognitiver Verhaltenstherapie (KVT) heraus optimale theoretische und praktische Kombinationsmöglichkeiten dieser Ansätze zu benennen. Punkte, in denen sich beide Methoden sinnvoll und gut ergänzen, um die besten Effekte und sogar einen "Added Value" primär für die Betroffenen zu erhalten, sind aufgrund gemeinsamer Wurzeln naheliegend. Andererseits werden auch deutliche Unterschiede konkret ausgeführt. Primär im Bereich von Traumafolgestörungen Typ I sind beide Methoden sehr gut beforscht. Zunächst werden charakteristische Aspekte der TF-VT erläutert, immer im Hinblick auf eventuelle Gemeinsamkeiten oder Unterschiede zu EMDR. Dann folgen Überlegungen zu augenscheinlichen Gemeinsamkeiten beider Ansätze und zu praktischen Verbindungsmöglichkeiten. Diese werden abschließend mit zwei Praxisbeispielen illustriert: 58-jähriger (nach einem schweren Verkehrsunfall) traumatisierter Patient mit einer stark chronifizierten Posttraumatischen Belastungsstörung (Typ I: Monotrauma), 56-jährige Patientin mit zahlreichen psychiatrischen Diagnosen (Typ II: sequenzielles Trauma).
Münker-Kramer, Eva; Rost, Christine	2016	Bewährte Techniken im EMDR					Der theoretische Hintergrund und der konkrete praktische Einsatzbereich der folgenden Behandlungsmethoden im EMDR (Eye Movement Desensitization and Reprocessing) werden beschrieben:

							(1) die 1993 von A. J. Popky entwickelte Technik "Position of Power", (2) die auf Ressourcenprotokolle und die "Wedge Technique" (A. Hofmann) zurückgehende Absorptionstechnik, (3) die von J. Knipe entwickelte Technik "Constant Installation of Positive Orientation and Safety" (CIPOS), (4) die auf J. G. Watkins zurückgehende Technik des "Einwebens", (5) die von F. Shapiro entwickelte "Affektbrücke".
Münker-Kramer, Eva; Wintersperger, Sylvia; Hofmann, Arne	2007	Zum Verständnis von EMDR als Behandlungsmethode für PTBS auf dem Hintergrund der modernen Psychotraumatologie	Psychologie in Österreich	27	1	53–60	
Muralidhar, R.; Gautam, K.; Christopher, D.; Vidhya, N.; Ramamurthy, D.	2015	Isolated superior oblique myositis causing acquired Brown's syndrome	Indian journal of ophthalmology	63	4	340–341	
Muris, P.; Merckelbach, H.	1996	A comparison of two spider fear questionnaires	Journal of behavior therapy and experimental psychiatry	27	3	241–244	The present studies compared the psychometric properties of two self-report measures of spider fear: Fear of Spiders Questionnaire (FSQ) and Spider Phobia Questionnaire (SPQ). In the first study, adequate test-retest stability and internal consistency was found for both FSQ and SPQ. In the second study, both instruments were able to differentiate between phobic and non-phobic subjects. Furthermore, FSQ as well as SPQ were sensitive to therapeutic change and correlated in a meaningful way with other subjective and behavioral indices of spider fear. Data suggest that the FSQ is superior to the SPQ in measuring fear in the non-phobic range. Also, the FSQ taps a somewhat different aspect of subjective spider fear (i.e., fear of harm) and, consequently, may provide additional information.
Muris, P.; Merckelbach, H.	1999	Eye movement desensitization and reprocessing	Journal of the American Academy of Child and Adolescent Psychiatry	38	1	7–8	
Muris, P.; Merckelbach, H.; Holdrinet, I.; Sijnsenaar, M.	1998	Treating phobic children: effects of EMDR versus exposure	Journal of consulting and clinical psychology	66	1	193–198	This study examined the efficacy of eye movement desensitization and reprocessing (EMDR) and exposure in the treatment of a specific phobia. Twenty-six spider phobic children were treated during 2 treatment phases. During the first phase, which lasted 2.5 hr, children were randomly assigned to either (a) an EMDR group (n = 9), (b) an exposure in vivo group (n = 9), or (c) a computerized exposure (control) group (n = 8). During the 2nd phase, all groups received a 1.5-hr session of exposure in vivo. Therapy outcome measures (i.e., self-

							reported fear and behavioral avoidance) were obtained before treatment, after Treatment Phase 1, and after Treatment Phase 2. Results showed that the 2.5-hr exposure in vivo session produced significant improvement on all outcome measures. In contrast, EMDR yielded a significant improvement on only self-reported spider fear. Computerized exposure produced nonsignificant improvement. Furthermore, no evidence was found to suggest that EMDR potentiates the efficacy of a subsequent exposure in vivo treatment. Exposure in vivo remains the treatment of choice for childhood spider phobia.
Muris, P.; Merckelbach, H.; van Haften, H.; Mayer, B.	1997	Eye movement desensitisation and reprocessing versus exposure in vivo. A single-session crossover study of spider-phobic children	The British journal of psychiatry : the journal of mental science	171		82-86	BACKGROUND: Eye movement desensitisation and reprocessing (EMDR) is a relatively new therapeutic technique that has been proposed as a treatment for post-traumatic stress disorder and other anxiety complaints. METHOD: We compared the efficacy of EMDR with that of exposure in vivo in the treatment of a specific phobia. Twenty-two spider-phobic children who met the DSM-III-R criteria for specific phobia participated in the study. Children were treated with one session of exposure in vivo and one session of EMDR in a crossover design. Treatment outcome was evaluated by self-report measures, a behavioural avoidance test and a physiological index (skin conductance level). RESULTS: Results showed positive effects of EMDR, but also suggest that it is especially self-report measures that are sensitive to EMDR. Improvement on a behavioural measure was less pronounced, and exposure in vivo was found to be superior in reducing avoidance behaviour. With regard to skin conductance level, EMDR and exposure in vivo did not differ. CONCLUSIONS: EMDR has no additional value in treatment of this type of animal phobia, for which exposure in vivo is the treatment of choice.
Muris, Peter; Meesters, Cor; Merckelbach, Harald; Verschuren, Mariëlle; Geebelen, Elke; Aleva, Elisabeth	2002	Fear of storms and hurricanes in Antillean and Belgian children	Behaviour research and therapy	40	4	459-469	The present study assessed fear of hurricanes in children who had been confronted with this natural event (i.e., Antillean children, n=161). Their fear levels were compared to those of children who are unfamiliar with such an event (i.e., Belgian children, n=185). Antillean children reported significantly higher levels of fear of storms than Belgian children did, thus providing support for the notion that exposure to dangerous events promotes children's fears of those events. Surprisingly, however, Antillean children had lower scores on the 'Hurricanes' item than Belgian children. Plausibly, differences in how children interpreted this item may have accounted for this unexpected finding. That is, ratings of Antillean children were probably based on actual experiences with hurricanes, whereas scores of Belgian children presumably reflected appraisal of threat in case they

							would be confronted with such an event. Implications of this finding for the assessment of childhood fears are briefly discussed.
MURPHY, D.; ARCHARD, P. J.; REGEL, S.; JOSEPH, S.	2013	A survey of specialized traumatic stress services in the United Kingdom	Journal of psychiatric and mental health nursing	20	5	433–441	<p>Accessible summary ?? At some point in their life, most people experience an event which can be deemed traumatic. Following this experience however, only a minority develop severe and chronic psychological difficulties such as post-traumatic stress disorder (PTSD). For this minority, traumatic experience can have highly adverse consequences including a debilitating impact on individual psychosocial functioning, often with additional repercussions for the wider community. ?? Specialist care following psychological trauma in the United Kingdom is governed by the National Institute for Health and Clinical Excellence (NICE) Guidance for the treatment of PTSD whose recommended therapeutic treatment constitutes, in the first instance, Cognitive Behavioural Therapy alongside techniques of eye movement, desensitization and reprocessing, that focus on the traumatic event itself. ?? This survey study assessed the range and scope of specialist therapeutic traumatic stress services in the United Kingdom. 13 services in total were surveyed. Ten of the surveyed services were from within the National Health Service and three were non-statutory organizations. ?? The survey found that, in line with NICE guidance, the recommended therapeutic treatment of trauma-focussed cognitive behavioural therapy was the most common treatment, but that other therapeutic approaches, such as person-centred therapy, were also widely employed illustrating some divergence from NICE guidance and, arguably, evidence of professionals within specialised settings tailoring therapeutic practices to the perceived needs of individual clients. Abstract Specialist care following psychological trauma in the UK has, since 2005, been governed by the National Institute for Health and Clinical Excellence (NICE) Guideline 26, for the treatment of post-traumatic stress disorder. NICE guidance states that the preferred first-line treatment is trauma-focused cognitive behavioural therapy that incorporates techniques of eye movement, desensitization and reprocessing. In light of this guidance, the rationale for this survey was to assess the nature and scope of services available in UK specialist trauma services and range of available therapeutic approaches delivered. Thirteen organizations responded to the survey. Ten were NHS services and three were non-statutory organizations. Professional positions were primarily populated by psychologists. The total number of referrals to UK specialist trauma services surveyed in the 12 months prior to the survey was 2041 with a mean of 157.</p>

							Trauma-focused cognitive behavioural therapy was the most common therapeutic treatment, but person-centred therapy was found to have increased in availability within specialist trauma services. This arguably reflects the widening availability of person-centred therapy in the improving access to psychological therapies initiative and perhaps suggests some divergence from more uniform cognitive and behavioural approaches within NHS therapy services. Implications for practice are discussed.
Murphy, Siobhan; Elklit, Ask; Chen, Yoke Yong; Ghazali, Siti Raudzah; Shevlin, Mark	2019	Sex differences in PTSD symptoms: A differential item functioning approach	Psychological trauma : theory, research, practice and policy	11	3	319–327	Objective: Evidence has suggested there are sex differences in posttraumatic stress disorder (PTSD) symptom expression; however, few studies have assessed whether these differences are due to measurement invariance. This study aimed to examine sex differences in PTSD symptoms based on the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM–5) using differential item functioning (DIF). Method: Confirmatory factor analysis was conducted on the DSM–5 model of PTSD, followed by a multiple indicators multiple causes (MIMIC) model to examine possible DIF using the PTSD Checklist for DSM–5. Data were analyzed from a Malaysian adolescent sample (n = 481) of which 61.7% were female, with a mean age of 17.03 years. Results: The results indicated the presence of DIF for 2 of 20 PTSD criteria. Females scored significantly higher on emotional cue reactivity (B4), and males reported significantly higher rates of reckless or self-destructive behavior (E2) while statistically controlling for the latent variables in the model. However, the magnitude of these item-level differences was small. Conclusion: These findings indicate that despite the presence of DIF for 2 DSM–5 symptoms, this does not provide firm support for nonequivalence across sex. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Murphy, Siobhan; Elklit, Ask; Hyland, Philip; Shevlin, Mark	2016	Insecure attachment orientations and posttraumatic stress in a female treatment-seeking sample of survivors of childhood sexual abuse: A cross-lagged panel study	Traumatology	22	1	48–55	Adult attachment theory is increasingly being conceptualized within a traumatic framework, however, few studies have examined temporal relationships between the insecure attachment orientations (attachment anxiety and attachment avoidance) and symptoms of posttraumatic stress (PTS). PTS refers to symptoms associated with posttraumatic stress disorder (PTSD) in the absence of a clinical diagnosis of PTSD. This prospective study assesses the temporal relations between the 2 attachment dimensions of anxiety and avoidance and PTS among a treatment-seeking sample of female survivors of childhood sexual abuse (CSA). Cross-lagged panel analysis was employed to assess the temporal relations between insecure attachment orientations and PTS using the Revised Adult Attachment Scale (RAAS) and the Harvard Trauma Questionnaire

							(HTQ). Initial assessment was on average 23 years after the onset of abuse (N = 405), and participants were followed-up after 6 months (N = 245) and 12 months (N = 119). PTS levels and insecure attachment declined over the 12-month period. Cross lagged panel analyses indicated that over the longer-term course of PTS, insecure attachment orientations are significantly related to PTS. While these associations were relatively weak in magnitude, temporal relations nevertheless remain. Specifically attachment avoidance appears to be the more relevant orientation in PTS across the 3 time points in the study. Current results provide insight into the temporal relations between insecure attachment orientations and symptoms of PTS. The findings are discussed in terms of the existing trauma literature. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Muster, Caroline L.; Salloum, Alison; Evans, Stephanie; Storch, Eric A.	2023	Parent-led therapist-assisted treatment for childhood trauma: Caregivers' and children's perceptions of trauma exposure activities and changes	Traumatology	29	4	470–480	Many treatments for childhood trauma are therapist-led and include both caregivers and children. Research has examined caregivers' and children's experience of therapist-led treatments. Little is known, however, about caregivers' and children's experience of processing the trauma narrative, and perceptions of changes, if the caregiver leads the child's treatment. The current qualitative study explored the perceptions of caregivers (n = 42) and children (n = 40) who participated in Step 1, a parent-led therapist-assisted treatment for childhood trauma. Individual interviews were conducted with the caregiver and child upon treatment completion at postassessment. Data were coded and themes were developed for caregivers and children. Major findings include caregivers and children initially experiencing difficulty with hearing and telling the trauma narrative; however, this process became easier. Caregivers and children reported that completing the next steps (i.e., exposures) together was difficult but doable and an overall positive experience. Changes in the child and the caregiver-child relationship included better interpersonal communication, improved child affect, and reduced child posttraumatic stress symptoms. Improvements in child behavior and coping were also identified. Some caregivers and children reported no change in their relationship. Caregivers reported that upon treatment completion, the children were more like they had been before the trauma occurred. Implications for practice related to preparing future participants for expectations of treatment, including the overall positive experience of previous participants despite difficult components, continued support from therapists throughout the intervention, and the feasibility of the intervention for helping



							children process trauma and achieve positive outcomes. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Nadeem, Erum; Greswold, Whitney; Torres, Laura Zepeda; Johnson, Haley E.	2023	Trauma-informed care in school-based health centers: A mixed methods study of behavioral health screening and services	School Psychology	38	6		An explanatory, parallel mixed method design was used to examine trauma screening and behavioral health service rates in urban school-based health centers (SBHCs) and SBHC personnel's experiences providing culturally responsive, trauma-informed care. Logistic regressions were performed with electronic medical records from N = 4,794 patients ages 12–22 receiving care in a SBHC using trauma screening rates and service use as dependent variables. Quantitative analyses were supplemented with semistructured interviews with medical providers and behavioral health clinicians (N = 9) from eight SBHCs. The overall trauma screening rate across the SBHCs was 69.2%. Screening rates were higher for older and Spanish-speaking youth. The rate of behavioral health use was 32.9%, with higher rates among students screened for trauma at a prior medical visit, recent immigrant, and female youth. This suggests that trauma screening is feasible and facilitates access. Additionally, English-speaking youth were more likely to use behavioral health services than Spanish-speakers. Qualitative analyses suggested a strong sense of mission, collaboration, and beliefs that trauma screening facilitated access to care all facilitated trauma-focused screening. Barriers included staffing shortages and language translation challenges. Analysis also highlighted the importance of culturally responsive practices (e.g., interpreters, culture-specific assessment tools, knowledge of population needs). Mixed methods integrative analysis highlighted the ways in which barriers and facilitators aligned with the overall rates of access to screening and behavioral health care, and factors that helped the SBHCs tailor care to diverse youth. Limitations and implications for practice are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Najdowski, Adel C.; Wallace, Michele D.; Ellsworth, Carrie L.; MacAleese, Alicia N.; Cleveland, Jackie M.	2008	Functional analyses and treatment of precursor behavior	Journal of applied behavior analysis	41	1	97–105	Functional analysis has been demonstrated to be an effective method to identify environmental variables that maintain problem behavior. However, there are cases when conducting functional analyses of severe problem behavior may be contraindicated. The current study applied functional analysis procedures to a class of behavior that preceded severe problem behavior (precursor behavior) and evaluated treatments based on the outcomes of the functional analyses of precursor behavior. Responding for all participants was differentiated during the functional analyses, and individualized treatments eliminated precursor behavior. These results suggest that functional

							analysis of precursor behavior may offer an alternative, indirect method to assess the operant function of severe problem behavior.
Nalipay, Ma. Jenina N.; Bernardo, Allan B. I.; Mordeno, Imelu G.	2016	Social complexity beliefs predict posttraumatic growth in survivors of a natural disaster	Psychological trauma : theory, research, practice and policy	8	5	559–567	Objective: Most studies on posttraumatic growth (PTG) have focused on personal characteristics, interpersonal resources, and the immediate environment. There has been less attention on dynamic internal processes related to the development of PTG and on how these processes are affected by the broader culture. Calhoun and Tedeschi's (2006) model suggests a role of distal culture in PTG development, but empirical investigations on that point are limited. The present study investigated the role of social complexity—the generalized belief about changing social environments and inconsistency of human behavior—as a predictor of PTG. Social complexity was hypothesized to be associated with problem-solving approaches that are likely to give rise to cognitive processes that promote PTG. Method: A sample of 446 survivors of Typhoon Haiyan, 1 of the strongest typhoons ever recorded at the time, answered self-report measures of social complexity, cognitive processing of trauma, and PTG. Results: Structural equation modeling indicated a good fit between the data and the hypothesized model; belief in social complexity predicted stronger PTG, mediated by cognitive processing. Conclusion: The results provide evidence for how disaster survivors' beliefs about the changing nature of social environments and their corresponding behavior changes are predictors of PTG and suggest a psychological mechanism for how distal culture can influence PTG. Thus, assessing social complexity beliefs during early the phases of a postdisaster psychosocial intervention may provide useful information on who is likely to experience PTG. Trauma workers might consider culture-specific social themes related to social complexity in disaster-affected communities. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)
Nash, Michael R.; Neimeyer, Robert A.; Hulsey, Timothy L.; Lambert, Warren	1998	Psychopathology associated with sexual abuse: The importance of complementary designs and common ground	Journal of consulting and clinical psychology	66	3		In their recent longitudinal study of youth victimization and consequent traumatization, S. Boney-McCoy and D. Finkelhor (1996) contrast their position with previous retrospective research (S. Harter, R. Alexander, & R. A. Neimeyer, 1988; M. R. Nash, T. C. Hulsey, M. C. Sexton, T. L. Harralson, & W. Lambert, 1993a), arguing that their data support the impact of victimization per se, independent of the moderating effect of family environment. Because Boney-McCoy and Finkelhor's argument may misrepresent the results of such studies, this article (a) clarifies the actual findings of previous retrospective studies of abuse, (b) suggests methodological limitations both in Boney-McCoy and Finkelhor's research and in that of S. Harter et al.,

							1998, and M. R. Nash et al., 1993a, that should be remedied by future investigators, and (c) argues that both retrospective clinical research and prospective community surveys converge on a common ground, namely, that specific abuse experiences can best be understood and investigated in the context of the prior, contemporaneous, and subsequent family environments in which they occur. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Naugle, Kelly M.; Cruz-Almeida, Yenisel; Vierck, Charles J.; Mauderli, Andre P.; Riley, Joseph L. 3rd	2015	Age-related differences in conditioned pain modulation of sensitizing and desensitizing trends during response dependent stimulation	Behavioural brain research	289		61–68	The current study evaluated age differences in conditioned pain modulation using a test stimulus that provided the opportunity to evaluate changes in heat pain sensitivity, sensitization, and desensitization within the same paradigm. During this psychophysical test, pain intensity clamping uses REsponse Dependent STIMulation (REDSTIM) methodology to automatically adjust stimulus intensity to maintain a desired pain rating set-point. Specifically, stimulus intensity increases until a pre-defined pain rating (the setpoint) is exceeded, and then decreases until pain ratings fall below the setpoint, with continued increases and decreases dictated by ratings. The subjects are blinded in terms of the setpoint and stimulus intensities. Younger and older subjects completed two test sessions of two REDSTIM trials, with presentation of conditioning cold stimulation between the trials of one session but not the other. The results indicated that conditioning cold stimulation similarly decreased the overall sensitivity of younger and older subjects, as measured by the average temperature that maintained a setpoint rating of 20 (on a scale of 0-100). The conditioning stimulus also significantly enhanced sensitization following ascending stimulus progressions and desensitization following descending stimulus progressions in older subjects relative to younger subjects. Thus, older subjects experienced greater swings in sensitivity in response to varying levels of painful stimulation. These results are discussed in terms of control over pain intensity by descending central modulatory systems. These findings potentially shed new light on the central control over descending inhibition and facilitation of pain.
Naumann-Lenzen, Michael	2003	Early, repeated traumatization, attachment organization and developmental psychopathology-selected findings and clinical options	Praxis der Kinderpsychologie und Kinderpsychiatrie	52	8	595–619	Self-Psychology, as a segment of contemporary psychoanalysis, can claim merit as to having included the vastly accrued body of knowledge of pertinent fields of the human sciences into their clinical reasoning. This, in turn, has set forth a rebound effect which eventually has contributed to Psychoanalysis' still ongoing exodus from its long-lasting "splendid isolation". By presenting selected findings pertaining to attachment- and neuroscientific trauma-research, the author aims at hypothesizing with reference to the

							interface of early ontogenic attachment disorganization, onset of dissociative disorders and graded traumatic impact. Finally, in considering clinical relevance of the data, the author opts for composite strategies i.e. measures embedded in an overall psychodynamic treatment stance inclusive of occasional employ of EMDR and hypnotherapeutic interventions.
Naumann-Lenzen, Michael	2003	Frühe, wiederholte Traumatisierung, Bindungsdesorganisation und Entwicklungspsychopathologie - Ausgewählte Befunde und klinische Optionen	Praxis der Kinderpsychologie und Kinderpsychiatrie	52	8	595–619	Innerhalb der modernen Psychoanalyse hat der selbstpsychologische Paradigmenwechsel entscheidend dazu beigetragen, dass Befunde anderer Humanwissenschaften rezipiert wurden und es darüber zu einer Lösung der Psychoanalyse aus ihrer "splendid isolation" kam. Die hier vorgestellten, ausgewählten Befunde aus der Bindungs- und neurologisch orientierten Traumaforschung beleuchten den Zusammenhang von frühkindlicher Bindungs-Desorganisation, einsetzenden dissoziativen Störungen und andauernder, graduell unterschiedlicher Traumatisierung. Im Anschluss daran werden Behandlungsoptionen unter dem Gesichtspunkt von Verfahrenskombination im Rahmen tiefenpsychologisch fundierter Psychotherapie erörtert (Eye Movement Desensitization and Reprocessing, Hypnotherapie).
Naumann-Lenzen, Michael	2005	Posttraumatische Belastungsstörungen bei Kindern	DAJEB- Informationsrunds chreiben	210		22–53	In einem Überblick werden Erkenntnisse zu posttraumatischen Belastungsstörungen (PTSD) bei Kindern behandelt. Im Anschluss an eine Skizze der Fragen, die sich hinsichtlich der klinischen Beurteilung des traumatischen Geschehens im Kontext des jeweiligen kindlichen Entwicklungsstandes stellen, wird eine Differenzierung traumatischer Erfahrungen in solche, die als Folgen eines einmaligen Ereignisses versus solche, die als Folgen lang anhaltender Einwirkungen resultieren, vorgenommen. Charakteristische Symptome kindlicher posttraumatischer Reaktionen (flash-backs, repetitive Verhaltensweisen, traumabezogene Ängste und Befürchtungen, Einstellungswandel gegenüber Mitmenschen, Leben und Zukunft, repetitive Träume) werden beschrieben. Auf der Grundlage neurobiologischer und gedächtnistheoretischer Überlegungen wird die Psychodynamik der PTSD bei Kindern erklärt. In Bezug auf die initiale klinisch-anamnestische Beurteilung werden vier Aufgaben genannt: Detaillierte Klärung der objektiven Umstände und Merkmale des traumatischen Geschehens, vorläufige Einschätzung der psychodynamischen Bedeutung, Ermittlung bestehender äußerer und innerer traumabezogener Auslöseereignisse, Bestandsaufnahme sekundärer Folgewirkungen. In diesem Kontext wird auf die Aspekte der Resistenz, Resilienz und Vulnerabilität eingegangen. Behandlungsoptionen (EMDR, Angstmanagement-Ansätze,

							psychodynamische Verfahren) und die Befundlage zu deren Effizienz werden erläutert. Eine phasenorientierte Behandlung von PTSD wird vorgestellt: Stabilisierung; Dekonditionierung; Durcharbeiten und Restrukturieren; Wiederherstellung sicherer sozialer Beziehungen und interaktiver Kompetenzen; Schaffung revitalisierender emotionaler Erfahrungen.
Nausner, Liselotte; Wildberger, Elisabeth; Hochgerner, Markus; Hoffmann-Widhalm, Herta	2018	Gestalttherapie					
Nazari, Hedayat; Momeni, Nahid; Jariani, Mojgan; Tarrahi, Mohammad Javad	2011	Comparison of eye movement desensitization and reprocessing with citalopram in treatment of obsessive-compulsive disorder	International journal of psychiatry in clinical practice	15	4	270–274	OBJECTIVE: Obsessive-compulsive disorder (OCD) is one of the chronic anxiety disorders that interfere with routine individual life, occupational and social functions. There is controversy about the first choice of treatment for OCD between medication and psychotherapy. AIM: the aim was to investigate the efficacy of eye movement desensitization and reprocessing (EMDR) compared with medication by citalopram in treatment of OCD. METHODS: This randomized controlled trial was carried out on 90 OCD patients that randomly were assigned into two groups. They either received therapeutic sessions of EMDR or citalopram during 12 weeks. Both groups blindly were evaluated by the Yale-Brown scale before and after the trial period. RESULTS: Pretreatment average Yale-Brown score of citalopram group was about 25.26 as well as 24.83 in EMDR group. The after treatment scores were 19.06 and 13.6, respectively. There was significant difference between the mean Yale-Brown scores of the two groups after treatment and EMDR was more effective than citalopram in improvement of OCD signs. CONCLUSION: It is concluded that although both therapeutic methods (EMDR and Citalopram) had significant effect in improving obsessive signs but it seems that in short term EMRD has better effect in improvement of final outcome of OCD.
Neidhart, Ela	2017	Der geschlagene Bub. Fallstudie mit Fokus auf der Adaptation und der Weiterentwicklung von EM?DR	psychopraxis. neuropraxis	20	4	175–178	"Herr F.", ein heute 60 Jahre alter Mann, hat durch jahrelange Gewalterfahrungen in frühester Kindheit und durch sexuelle Übergriffe im Jugendalter vielfache Schwierigkeiten im Sozialkontakt. Sein Alltag ist geprägt von Impulsdurchbrüchen und Flashbacks einzelner traumatischer Erlebnisse. Die Fallstudie zeigt, wie der Patient in 3,5 Jahren Gestaltpsychotherapie zunehmend innere Sicherheit gewinnt und Flashbacks abnehmen oder gänzlich verschwinden. Zudem diskutiert die Einzelstudie die Herausforderungen im Umgang mit einem detaillierten EMDR-Manual im Rahmen gestalttherapeutischer

							Psychotherapie, was zu einer experimentellen Weiterentwicklung basierend auf aktuellen Studien führt, zur dualen Fokus-Arbeit (DFA), die sich als effiziente Methode zur Behandlung dieser posttraumatischen Belastungsstörung erweist. Für die Praxis heißt das unter anderem: Keine positive Verankerung mit EMDR. Die Eingangssequenz des EMDR-Protokolls wird nur dann in ähnlicher Weise angewandt, wenn der Klient zu wenig emotional involviert ist. Die gewählte Methode der Aufmerksamkeitsbindung kann/muss sich nach dem individuellen Patienten richten.
Nelissen, I.; Muris, P.; Merckelbach, H.	1995	Computerized exposure and in vivo exposure treatments of spider fear in children: two case reports	Journal of behavior therapy and experimental psychiatry	26	2	153–156	Two spider phobic children were first given a computerized exposure treatment, and then received exposure in vivo. The cases provided no evidence for the effectiveness of the computerized exposure treatment. Exposure in vivo was found to be very successful, resulting in substantial reduction of self-reported spider fear and clear improvement on the behavioral avoidance test.
Nelson, Travis; Chim, Amelia; Sheller, Barbara L.; McKinney, Christy M.; Scott, JoAnna M.	2017	Predicting successful dental examinations for children with autism spectrum disorder in the context of a dental desensitization program	Journal of the American Dental Association (1939)	148	7	485–492	BACKGROUND: The authors evaluated the effectiveness of a dental desensitization program for children with autism spectrum disorder (ASD) and determined characteristics associated with a successful dental examination. METHODS: The authors performed a retrospective review of clinical behavioral data and previsit questionnaires for 168 children with ASD who attended a university-based dental desensitization program. Data elements included demographic, treatment, and behavioral characteristics. The primary outcome was receiving a minimal threshold examination (MTE) while seated in a dental chair. RESULTS: An MTE was achieved for 77.4% of all children within 1 to 2 visits and 87.5% in 5 visits or less. Several factors predicted a successful dental examination: ability to be involved in group activities (relative risk [RR], 1.18; P = .02), ability to communicate verbally (RR, 1.17; P < .01), understanding of most language (RR, 1.14; P = .02), moderate versus severe caregiver-rated ASD severity (RR, 1.24; P = .04), and ability to dress self (RR, 1.27; P = .04). CONCLUSIONS: Desensitization was effective in achieving an MTE for most children. Those with characteristics consistent of a milder presentation of ASD were more likely to be successful. PRACTICAL IMPLICATIONS: Desensitization can be a successful approach to providing dental care for children with ASD.
Neudeck, P.; Florin, I.; Tuschen-Caffier, B.	2001	Food exposure in patients with bulimia nervosa	Psychotherapy and psychosomatics	70	4	193–200	BACKGROUND: The aim of the study was to investigate psychological and physiological responses of bulimic patients to the repeated presentation of food cues. METHOD: On 2 subsequent days, 48 bulimic women (DSM-IV) were confronted with high- or low-caloric food for 20 min. A control group (n = 24) was exposed to high-caloric

							<p>food once. Blood sugar levels were manipulated with a glucose load. RESULTS: High-caloric food only elicited increases in urge to binge, subjective and physiological stress in the first session. During the second session, reported urge to binge and subjective stress was significantly lower. Bulimic patients confronted with high-caloric food showed higher subjective and physiological stress in the first session compared to bulimic patients confronted with low-caloric food. In the second session, they reported more subjective stress and urge to binge, compared to the low-caloric group. Blood sugar levels did not affect psychological and physiological responses. DISCUSSION: The results are discussed in terms of the conditioning model of binge eating model, habituation models and implications for exposure therapy.</p>
Neuendorff, Rita; Lessig, Sara; Frey, Claudia	2022	Die Kombination von Einzel- und Gruppenpsychotherapie in einer ambulanten Praxis	Psychotherapie Aktuell	14	4	68–73	<p>Es ist formal und organisatorisch nicht ganz einfach, Einzel- und Gruppenpsychotherapien im ambulanten Setting zu kombinieren. Wir haben uns dennoch entschieden, ein entsprechendes Konzept in unserer Praxis einzuführen, vor allem um Patient*innen mit komplexen Störungsbildern eine ambulante Behandlungsmöglichkeit bieten zu können.</p>
Neugebauer, Richard; Turner, J. Blake; Fisher, Prudence W.; Yamabe, Saori; Zhang, Baohuiz; Neria, Yuval; Gameroff, Marc; Bolton, Paul; Mack, Renee	2014	Posttraumatic stress reactions among Rwandan youth in the second year after the genocide: Rising trajectory among girls	Psychological Trauma: Theory, Research, Practice, and Policy	6	3		<p>This study examines levels of traumatic stress reactions among youth attending school in the second year after the 1994 Rwandan genocide. From August to December 1995, the survey team visited 22 schools throughout Rwanda. The survey (n = 942; youth aged 8 to 19 years) assessed exposure to wartime violence and symptoms of posttraumatic stress disorder (PTSD), as outlined in the Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM–IV; American Psychiatric Association, 2000). Mean symptom levels and the proportion of respondents meeting DSM–IV PTSD symptom criteria (“probable PTSD”) were examined for evidence of systematic decline over time. Multivariate analyses controlled for major confounders and the complex survey design. Overall, traumatic stress reactions increased among youth interviewed at successively later time points. For example, in the first third of the survey period, the “probable PTSD” rate was 48%; in the second, 54%; and in the third, 58%. The rise was confined to females. Among females, the adjusted odds of having “probable PTSD” in the last third of the study period was 2.71 (95% CI [1.66, 4.43]) fold higher than in the first. These results suggest that in planning health services in postconflict settings, humanitarian agencies should be alert to the possibility that traumatic stress reactions among youth may not decline with passage of time. Despite limitations in design, to date, this report represents the only formal</p>

							structured evaluation of the mental health of youth living in the community, in the very early aftermath of catastrophic violence. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Neuner, Frank	2008	Stabilisierung vor Konfrontation in der Traumatherapie - Grundregel oder Mythos?	Verhaltenstherapie	18	2	109–118	
Nicholas, M. K.; Asghari, A.; Corbett, M.; Smeets, R J E M; Wood, B. M.; Overton, S.; Perry, C.; Tonkin, L. E.; Beeston, L.	2012	Is adherence to pain self-management strategies associated with improved pain, depression and disability in those with disabling chronic pain?	European journal of pain (London, England)	16	1	93–104	There is generally good evidence that pain management interventions that include self-management strategies can substantially reduce disability and improve psychological well-being in patients with chronic pain. Reductions in unhelpful responses, especially catastrophising and fear-avoidance beliefs, have been established as key contributors to these gains. In contrast, there is surprisingly little evidence that adherence to self-management strategies contributes to achieving these outcomes. Difficulties in defining and measuring the use of pain self-management strategies have been obstacles for this research. Using a pragmatic way of assessing the practice of specific strategies this study investigated their ability to account for changes in pain, disability and depressive symptoms after a 3-week cognitive-behavioural pain management program. The post-treatment outcomes on these dimensions were found to be statistically and, for many, clinically significant. Consistent with previous research, reductions in catastrophising and fear-avoidance beliefs, and increased pain self-efficacy beliefs, were also associated with these gains. But the key new finding was that there was a clear gradient between adherence to specific self-management strategies and reductions in pain, disability and depressive symptoms. Furthermore, adherence to the self-management strategies was predictive of better outcomes even after controlling for the moderating effects of initial catastrophising, fear-avoidance and pain self-efficacy beliefs.
Nick, Susanne; Schröder, Johanna; Briken, Peer; Metzner, Franka; Richter-Appelt, Hertha	2022	Organisierte und Rituelle Gewalt in Deutschland - die psychotherapeutische Behandlung von Betroffenen	Trauma & Gewalt	16	1	40–57	
Nielsen, Monica Stougaard	2003	Prevalence of Posttraumatic Stress Disorder in Persons With Spinal Cord Injuries: The Mediating Effect of Social Support	Rehabilitation Psychology	48	4	289–295	Objectives: To evaluate the prevalence of posttraumatic stress disorder (PTSD) and to identify risk factors of PTSD in persons with spinal cord injury (SCI). Main Outcome Measures: PTSD and social support were assessed by using the Harvard Trauma Questionnaire (R. F. Mollica et al., 1992) and the Crisis Support Scale (S. Joseph, W. Yule, R. Williams, & B. Andrews, 1993). Participants: One hundred sixty-eight persons with SCI, who were an average of 14 years after



							injury, filled in the questionnaire. Results: The prevalence of PTSD was 7.1%. Risk factors for PTSD included complete injury, being single, and low level of social support. Conclusions: The prevalence of PTSD after SCI is similar to that in the general population. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Nieuwenhuis, Sander; Elzinga, Bernet M.; Ras, Priscilla H.; Berends, Floris; Duijs, Peter; Samara, Zoe; Slagter, Heleen A.	2013	Bilateral saccadic eye movements and tactile stimulation, but not auditory stimulation, enhance memory retrieval	Brain and cognition	81	1	52–56	Recent research has shown superior memory retrieval when participants make a series of horizontal saccadic eye movements between the memory encoding phase and the retrieval phase compared to participants who do not move their eyes or move their eyes vertically. It has been hypothesized that the rapidly alternating activation of the two hemispheres that is associated with the series of left-right eye movements is critical in causing the enhanced retrieval. This hypothesis predicts a beneficial effect on retrieval of alternating left-right stimulation not only of the visuomotor system, but also of the somatosensory system, both of which have a strict contralateral organization. In contrast, this hypothesis does not predict an effect, or a weaker effect, on retrieval of alternating left-right stimulation of the auditory system, which has a much less lateralized organization. Consistent with these predictions, we replicated the horizontal saccade-induced retrieval enhancement (Experiment 1) and showed that a similar retrieval enhancement occurs after alternating left-right tactile stimulation (Experiment 2). Furthermore, retrieval was not enhanced after alternating left-right auditory stimulation compared to simultaneous bilateral auditory stimulation (Experiment 3). We discuss the possibility that alternating bilateral activation of the left and right hemispheres exerts its effects on memory by increasing the functional connectivity between the two hemispheres. We also discuss the findings in the context of clinical practice, in which bilateral eye movements (EMDR) and auditory stimulation are used in the treatment of post-traumatic stress disorder.
Nijdam, Mirjam J.; Gersons, Berthold P. R.; Reitsma, Johannes B.; Jongh, Ad de; Olff, Miranda	2012	Brief eclectic psychotherapy v. eye movement desensitisation and reprocessing therapy for post-traumatic stress disorder: randomised controlled trial	The British journal of psychiatry : the journal of mental science	200	3	224–231	BACKGROUND: Trauma-focused cognitive-behavioural therapy (CBT) and eye movement desensitisation and reprocessing therapy (EMDR) are efficacious treatments for post-traumatic stress disorder (PTSD), but few studies have directly compared them using well-powered designs and few have investigated response patterns. AIMS: To compare the efficacy and response pattern of a trauma-focused CBT modality, brief eclectic psychotherapy for PTSD, with EMDR (trial registration: ISRCTN64872147). METHOD: Out-patients with PTSD were randomly assigned to brief eclectic psychotherapy (n = 70) or EMDR (n = 70) and assessed at all sessions on self-reported PTSD (Impact of Event Scale - Revised). Other outcomes were clinician-

							rated PTSD, anxiety and depression. RESULTS: Both treatments were equally effective in reducing PTSD symptom severity, but the response pattern indicated that EMDR led to a significantly sharper decline in PTSD symptoms than brief eclectic psychotherapy, with similar drop-out rates (EMDR: n = 20 (29%), brief eclectic psychotherapy: n = 25 (36%)). Other outcome measures confirmed this pattern of results. CONCLUSIONS: Although both treatments are effective, EMDR results in a faster recovery compared with the more gradual improvement with brief eclectic psychotherapy.
Nijdam, Mirjam J.; Martens, Irene J. M.; Reitsma, Johannes B.; Gersons, Berthold P. R.; Olf, Miranda	2018	Neurocognitive functioning over the course of trauma-focused psychotherapy for PTSD: Changes in verbal memory and executive functioning	The British journal of clinical psychology	57	4	436–452	Objectives Individuals with post-traumatic 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 endpoint 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 post-traumatic 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.
Nissen, Gerhardt; Brisch, Karl Heinz	2006	Therapie altersabhängiger psychischer Störungen					In der Diagnostik und Therapie der psychischen Erkrankungen findet ein tief greifender Wandel statt. Neue psychotherapeutische und psychopharmakologische Behandlungsmethoden haben zu einer stillen "therapeutischen Revolution" in der Kinder-, Jugend- und Erwachsenenpsychiatrie geführt, die besonders in der Allgemeinmedizin noch nicht in ihrem ganzen Ausmaß wahrgenommen wird. Die Herausgeber und ihre Autoren, alle renommierte Experten ihres jeweiligen Fachgebietes, stellen anschaulich und praxisbezogen die aktuellen Behandlungsmöglichkeiten vor. Sie konzentrieren sich dabei auf die wichtigsten und häufig vorkommenden psychischen Erkrankungen bei Kindern, Jugendlichen und Erwachsenen. Dem Leser wird ein breites Spektrum an Therapieansätzen präsentiert: von der Eltern-Kind-Psychotherapie im Säuglingsalter über Behandlungsmaßnahmen bei z.B. Essstörungen, ADHS und Psychosen im Kindes- und Jugendalter bis zu psychischen Störungen im Alter. Von Praktikern geschrieben richtet sich dieses Buch an Hausärzte, Psychiater, Pädiater und Psychologen. Es ist eine wertvolle Hilfe bei der Analyse psychischer Erkrankungen und dem Erstellen einer adäquaten Therapie.
Nissen, Gerhardt; Csef, Herbert; Berner, Wolfgang; Badura, Frank	2005	Sexualstörungen					
Nissen, Gerhardt; Csef, Herbert; Berner, Wolfgang; Badura, Frank	2005	Sexualstörungen. Ursachen, Diagnose, Therapie					Diagnostik, Beratung und die Behandlung von sexuellen Störungen in den verschiedenen Lebensabschnitten werden praxisnah dargestellt. Desweiteren werden sexueller Missbrauch, geschlechtsspezifische Dysfunktionen, Fertilitätsstörungen und forensische Aspekte der Sexualität thematisiert und neurobiologische Faktoren der Sexualität diskutiert. - Inhalt: (1) W. Berner: Wandel in der Phänomenologie und

							neue Tendenzen in der Therapie sexueller Störungen. (2) G. Nissen: Die psychosexuelle Entwicklung im Kindes- und Jugendalter und ihre Abweichungen. (3) U. Hartmann: Neurobiologische Aspekte sexueller Funktionsstörungen. (4) G.-E. Trott: Sexueller Kindesmissbrauch und seine Folgen. (5) R. Kreische: Sexualstörungen, Beziehungsstörungen und Paartherapie. (6) H. Csef: Männliche Sexualstörungen und ihre Behandlung. (7) C. Ruffer-Hesse: Weibliche Sexualstörungen und ihre Behandlung. (8) H. Csef: Sexualstörungen im Kontext von sexueller Untreue und Eifersucht. (9) A. Schweizer-Arau: Psychogene Fertilitätsstörungen oder Psychosomatik als komplementärmedizinischer Wunsch bei unerfülltem Kinderwunsch. (10) R. Klusmann: Tiefenpsychologische und psychoanalytische Verfahren bei sexuellen Störungen. (11) M. Linden: Verhaltenstherapie bei Sexualstörungen. (12) H. Strenge: Sexuelle Traumata und ihre Behandlung mit EMDR. (13) R. Bonfig: Pharmakotherapie der erektilen Dysfunktion. (14) G. Kockott: Sexuelle Deviationen, Paraphilien, Perversionen. (15) M. Krupinski: Forensische Aspekte sexueller Störungen.
Niwa, Erika Y.; Boxer, Paul; Dubow, Eric; Huesmann, L. R.; Shikaki, Khalil; Landau, Simha; Gvirsman, Shira D.	2016	Growing Up Amid Ethno-Political Conflict: Aggression and Emotional Desensitization Promote Hostility to Ethnic Outgroups	Child development	87	5	1479–1492	Ethno-political violence impacts thousands of youth and is associated with numerous negative outcomes. Yet little research examines adaptation to ethno-political violence over time or across multiple outcomes simultaneously. This study examines longitudinal patterns of aggressive behavior and emotional distress as they co-occur among Palestinian (n = 600) youth exposed to ethno-political violence over 3 years in three age cohorts (starting ages: 8, 11, and 14). Findings indicate distinct profiles of aggressive behavior and emotional distress, and unique joint patterns. Furthermore, youth among key joint profiles (e.g., high aggression-emotional desensitization) are more likely to endorse normative beliefs about aggression toward ethnic outgroups. This study offers a dynamic perspective on emotional and behavioral adaptation to ethno-political violence and the implications of those processes.
Nixon, Reginald D. V.; Meiser-Stedman, Richard; Dalgleish, Tim; Yule, William; Clark, David M.; Perrin, Sean; Smith, Patrick	2013	The Child PTSD Symptom Scale: An update and replication of its psychometric properties		25	3		The psychometric properties of the Child PTSD Symptom Scale (CPSS) were examined in 2 samples. Sample 1 (N = 185, ages 6–17 years) consisted of children recruited from hospitals after accidental injury, assault, and road traffic trauma, and assessed 6 months posttrauma. Sample 2 (N = 68, ages 6–17 years) comprised treatment-seeking children who had experienced diverse traumas. In both samples psychometric properties were generally good to very good (internal reliability for total CPSS scores = .83 and .90, respectively). The point-biserial correlation of the CPSS with posttraumatic stress disorder

							(PTSD) diagnosis derived from structured clinical interview was .51, and children diagnosed with PTSD reported significantly higher symptoms than non-PTSD children. The CPSS demonstrated applicability to be used as a diagnostic measure, demonstrating sensitivity of 84% and specificity of 72%. The performance of the CPSS Symptom Severity Scale to accurately identify PTSD at varying cutoffs is reported in both samples, with a score of 16 or above suggested as a revised cutoff. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Nixon, Reginald D. V.; Sterk, Jisca; Pearce, Amanda; Weber, Nathan	2017	A randomized trial of cognitive behavior therapy and cognitive therapy for children with posttraumatic stress disorder following single-incident trauma: Predictors and outcome at 1-year follow-up	Psychological trauma : theory, research, practice and policy	9	4	471–478	Objective: The 1-year outcome and moderators of adjustment for children and youth receiving treatment for posttraumatic stress disorder (PTSD) following single-incident trauma was examined. Method: Children and youth who had experienced single-incident trauma (N = 33; 7–17 years old) were randomly assigned to receive 9 weeks of either trauma-focused cognitive behavior therapy (CBT) or trauma-focused cognitive therapy (without exposure; CT) that was administered to them and their parents individually. Results: Intent-to-treat analyses demonstrated that both groups maintained posttreatment gains in PTSD, depression and general anxiety symptoms reductions at 1-year follow-up, with no children meeting criteria for PTSD. A large proportion of children showed good end-state functioning at follow-up (CBT: 65%; CT: 71%). Contrary to 6-month outcomes, maternal adjustment no longer moderated children's outcome, nor did any other tested variables. Conclusion: The findings confirm the positive longer-term outcomes of using trauma-focused cognitive-behavioral methods for PTSD secondary to single-incident trauma and that these outcomes are not dependent on the use of exposure. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Noeker, M.; Haverkamp, F.	2001	Successful cognitive-behavioral habituation training toward photophobia in photogenic partial seizures	Epilepsia	42	5	689–691	We report on the cognitive-behavioral treatment of a 12-year-old boy with photogenic partial seizures with secondary generalization who had developed phobic avoidant behavior toward all kinds of situations with potential photostimulation, leading to serious impairments of life quality. Based on a behavioral analysis of seizure and anxiety reaction, a habituation training (systematic desensitization procedure) was developed and performed, while maintaining protection against seizures with antiepileptic pharmacotherapy. The treatment was to gradually increase exposure to computer monitor and television screen photostimulation, closely adjusted to the level of subjective distress and tolerance. In addition to exercising control of photogenic input by regulating the monitor control button, rapid relaxation and imagery techniques were taught and applied as countermeasures at

							the onset of seizure precipitants. The treatment resulted in complete remission of phobic anxieties and responses and may also have facilitated ongoing seizure control after termination of antiepileptic medication.
Norcross, John C.; Shapiro, Francine	2003	Integration und EMDR					Möglichkeiten der Integration der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung in den Kanon der vorhandenen Psychotherapieverfahren werden erörtert. Dabei stehen folgende Fragen im Vordergrund: Wie erscheint EMDR aus der Perspektive verschiedener psychotherapeutischer Ansätze? Wie kann EMDR Behandlungsergebnisse ergänzen oder verbessern? Wie kann EMDR verbessert werden? Wie steht es aktuell mit der Integration der EMDR? In der Diskussion der zuletzt genannten Frage wird besonders eingegangen auf die Aspekte technischer Eklektizismus, theoretische Integration, die Herausarbeitung gemeinsamer Faktoren und die ergänzende Nutzung unterschiedlicher therapeutischer Ansätze.
Nyberg, Elisabeth	2005	Die Posttraumatische Belastungsstörung (PTBS)	Psychoneuro	31	1	25–29	Die Posttraumatische Belastungsstörung (PTBS) ist eine häufige Reaktion nach einem traumatischen Ereignis. Charakteristische Symptome sind belastende Wiedererinnerungen an das Ereignis, Vermeidungsverhalten, emotionale Taubheit und psychophysiologische Übererregung. Die Lebenszeitprävalenz der PTBS in der Allgemeinbevölkerung beträgt ca. 8 Prozent. Ein Großteil der von traumatischen Ereignissen betroffenen Personen erholt sich von den psychischen Folgen innerhalb weniger Monate. Bei einer bedeutenden Minderheit persistieren die Symptome. Psychologische Interventionen sind effektiv in der Behandlung von psychischen Traumafolgen. Die kognitiv-behaviorale Therapie und das Eye Movement Desensitization and Reprocessing (EMDR) sind die am besten überprüften Verfahren. Die Effektivität früher Interventionen nach traumatischen Ereignissen ist erst in letzter Zeit in randomisierten und kontrollierten Studien untersucht worden. Dabei hat sich gezeigt, dass eine einzelne Sitzung nach dem Modell des Debriefings nicht effektiv in der Reduktion von Symptomen der PTBS ist.
O'Connor, Maja; Lasgaard, Mathias; Spindler, Helle; Elklit, Ask	2007	The impact of different diagnostic criteria on PTSD prevalence: A comparison of PTSD prevalence using the DSM-IV and ICD-10 PTSD-criteria on a population of 242 Danish social work students	Nordic Psychology	59	4	317–331	The diagnostic criteria for PTSD have undergone several changes in the last two decades. This may in part explain the great variance in PTSD prevalence found in existing research. The objective of this study is to investigate the influence of different diagnostic criteria and different combinations of criteria on PTSD prevalence. A sample of 242 Danish social work students (M = 29.2 years) completed a list of potentially traumatizing events, major life events and the Harvard Trauma Questionnaire. A considerable difference in PTSD prevalence

							as a result of different diagnostic criteria of PTSD was found. Future meta-analyses and reviews of PTSD prevalence must take into account the impact of changing criteria on prevalence. Clinicians also need to address this issue when assessing PTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ogris, Maria	2002	In: Ottomeyer, Klaus; Peltzer, Karl (Ed.), Überleben am Abgrund. Psychotrauma und Menschenrechte (S. 81-112). Klagenfurt: Drava, 2002				81–112	
Ogris, Maria	2002	Traumazentrierte Psychotherapie: Ein Genesungsbericht					Die traumazentrierte Psychotherapie einer 37-jährigen Frau, die in ihrer Kindheit und Jugend schwer misshandelt und missbraucht worden war und als Erwachsene Opfer eines Raubüberfalls gewesen war, wird geschildert. Die Therapie wurde in einer speziellen Traumastation des Niedersächsischen Landeskrankenhauses Göttingen durchgeführt. Zunächst werden diese Station und das generelle Vorgehen im Rahmen der Traumabehandlung besprochen, und die Methode der EMDR (Eye Movement Desensitization and Reprocessing) wird ausführlich vorgestellt. Dann werden die Anamnese der Patientin erörtert, der Verlauf der einzeltherapeutischen Behandlung skizziert, und eine EMDR-Sitzung beschrieben. Vier Monate nach Abschluss der stationären Traumabehandlung beurteilte die Patientin die Therapie als hilfreich, aber auch als qualvoll.
Okpych, Nathanael J.; Courtney, Mark E.	2018	Characteristics of foster care history as risk factors for psychiatric disorders among youth in care	American Journal of Orthopsychiatry		19 39- 00 25( Ele ctr oni c), 00 02- 94 32( Pri nt)	269– 281	This study evaluates foster care history characteristics as risk factors for psychopathology. We examine characteristics of youths' foster care histories separately and as a gestalt (i.e., identification of latent classes). Six mental health disorders and lifetime suicide attempt were assessed via in-person interviews with a representative sample of older adolescents in California foster care (n = 706). Information on respondents' foster care histories were obtained from state administrative data. Half of the sample (47.3%) screened positive for a psychiatric disorder and 1/4 (25.2%) had attempted suicide. When assessed individually, placement instability predicted posttraumatic stress disorder (PTSD), alcohol and substance use problems, and suicide attempt. Primary placement type and maltreatment type were also associated with 1 or more psychiatric disorders. When foster care characteristics were considered in concert, 6 latent classes were identified: veterans, returners, treated stayers, midrangers, late stayers, and disquieted drifters. Three latent classes (returners, late stayers, and disquieted drifters) were at increased risk of psychiatric

							problems relative to 1 or more of the other latent classes. Both separate foster care characteristics and the gestalt of youths' foster care histories identified risks of psychiatric problems. Results from these analyses can inform the development of risk assessment tools. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
O'Leary, K. Daniel	1999	Developmental and affective issues in assessing and treating partner aggression	Clinical Psychology: Science and Practice	6	4		In this article, a developmental perspective is taken to understand the prevalence of physical aggression in intimate relationships. During the teenage years through the mid twenties, physical aggression against a partner increases, but then it decreases in a fairly steady fashion until at least age 70. Despite this overall downward trend, if physical aggression occurs on different occasions, it becomes quite stable. Variables such as problem drinking, hostility, communication conflicts, and jealousy may help explain the age trends. If male partner aggression persists and escalates, it places the female partner at risk for affective consequences such as depression, %PTSD%, marital discord, physical injury, and suicide. At a minimum, in assessing for a safety plan and interventions, clinicians should address duration, severity, and generality of psychological and physical aggression, level of marital discord, alcohol use, and personality disorders of the aggressor. The article concludes with a discussion of treatment targets that relate to developmental risk variables or key theoretical positions in the partner violence area. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Oliver, Casey; Puiras, Erika; Sharma, Verinder; Mazmanian, Dwight	2024	Careful considerations for the treatment of posttraumatic stress disorder during and following pregnancy	Expert review of neurotherapeutics	24	2	159–170	INTRODUCTION: The focus on perinatal mental health has expanded recently, though there is less research on post-traumatic stress disorder (PTSD). Therefore, a review of the literature was undertaken and coupled with expert clinical insights to discuss current clinical practice recommendations for PTSD in the perinatal period. AREAS COVERED: This review covers considerations for the assessment, prevention, and treatment of PTSD during the perinatal period. Within these sections, evidence-based and promising practices are outlined. Extra attention is afforded to treatment, which includes considerations from both psychotherapeutic and psychopharmacological perspectives. This review closes with coverage of three important and related areas of consideration, including bereavement, intimate partner violence, and childhood sexual abuse. EXPERT OPINION: Psychotherapeutic interventions for PTSD during pregnancy are limited, and no strong recommendations can be supported at this time while evidence points toward the effectiveness of cognitive behavioral therapies and eye movement desensitization therapy as first-line treatments postpartum though



							research evidence is also limited. Research on psychopharmacological interventions is similarly scarce, though selective serotonin reuptake inhibitors may be beneficial. Clinicians should also be mindful of additional considerations that may be needed for the treatment of PTSD in the context of bereavement, intimate partner violence, and history of sexual violence.
Olivier, Eline; Roos, Carlijn de; Bexkens, Anika	2022	Eye Movement Desensitization and Reprocessing in Young Children (Ages 4-8) with Posttraumatic Stress Disorder: A Multiple-Baseline Evaluation	Child psychiatry and human development	53	6	1391–1404	To reduce the acute and long-term effects of trauma, early and effective treatment is necessary. Eye movement desensitization and reprocessing (EMDR) therapy is a brief treatment for posttraumatic stress disorder (PTSD), with a substantial evidence base for children and adolescents aged 8 to 18 years. In the present study we aimed to provide preliminary evidence of EMDR as a trauma treatment for young children. We studied 9 children, aged 4 to 8 years old with a DSM-5 diagnosis of PTSD. A non-concurrent multiple baseline experimental design was used combined with standardized measures. Participants received six 1-h sessions of EMDR. Results post-treatment showed that EMDR was effective in reaching diagnostic remission of PTSD (85.7%), and decreasing severity of PTSD symptoms and emotional and behavioral problems. All gains were maintained at follow-up 3 months after treatment. EMDR appears an effective treatment for PTSD in young children aged 4 to 8 years. Further research is warranted.
Ollendick, T. H.; King, N. J.	1998	Empirically supported treatments for children with phobic and anxiety disorders: current status	Journal of clinical child psychology	27	2	156–167	Reviews the empirically supported status of behavioral and cognitive-behavioral interventions in the treatment of childhood phobias and anxiety disorders. For childhood phobias, it is concluded that imaginal desensitization, in vivo desensitization, filmed modeling, live modeling, and cognitive-behavioral interventions that use self-instruction training are probably efficacious and that participant modeling and reinforced practice are well established. For anxiety disorders, only cognitive-behavioral procedures with and without family anxiety management (FAM) were found to be probably efficacious. However, much of the support for these procedures comes from analogue studies conducted in research laboratory or school settings, delivered in small-group format and, not infrequently, with nonclinically referred children. Additional research that examines high-strength interventions with clinic-referred children is recommended. Furthermore, research that examines the pathological processes involved in the onset and maintenance of phobic and anxiety disorders as well as the change processes used to treat these disorders is called for.

O'Malley, Art	2015	Integrative team treatment for attachment trauma in children: family therapy and EMDR D. Wesselmann, C. Schweitzer & S. Armstrong New York: W. W. Norton, 2014. pp. 298, £23.99 (hb). ISBN: 978-0-393-70818-9	Child Adolesc Ment Health (Child and Adolescent Mental Health)	20	2	128	
O'Malley, Karina R.; Waters, Allison M.	2018	Attention avoidance of the threat conditioned stimulus during extinction increases physiological arousal generalisation and retention	Behaviour research and therapy	104		51-61	Exposure therapy is a key component of efficacious treatment for anxiety. Biases in the allocation of attention towards versus away from threat assessed prior to exposure-based treatments such as cognitive-behavioural therapy differentially predict treatment outcomes. However, it is unclear whether monitoring versus avoiding threat stimuli influences learning during exposure. Extinction paradigms are the experimental analogue of exposure therapy. Therefore, manipulating attention towards versus away from threat during extinction trials may shed light on the role of attention during exposure therapy. This study utilised a Pavlovian fear conditioning and extinction paradigm to examine whether directing attention towards versus away from the threat conditioned stimulus (CS+) related to differences in extinction, as indexed by skin conductance responses (SCR), CS evaluations and subjective measures of anxiety. Following a fear conditioning phase in which a dog image (CS+) was paired with an aversive tone unconditioned stimulus (US) and another dog image (CS-) was presented alone, 57 participants were randomly assigned to one of three conditions during extinction in which both CSs were presented alone: monitor the CS+ (N = 19), avoid the CS+ and attend to another stimulus (N = 18), no attention manipulation control (N = 20). Eye movements were monitored for visual adherence to assigned location using horizontal electro-oculogram. In the context of the acquisition of differential conditioning and visual adherence during extinction, both active groups exhibited larger SCRs to the CS + relative to the CS- during the first extinction block compared to the control group, and the avoid group exhibited significantly larger SCRs on CS+ and CS- trials throughout the extinction phase compared to the other groups. The avoid group also exhibited less decline in SCRs to the CS+ during the extinction retest phase relative to the control group. No significant group differences were observed in between-phase CS evaluations and subjective anxiety ratings. Avoidance of threat conditioned stimuli may impair extinction learning and increase physiological arousal generalisation to safe stimuli.

<p>Önder, Arif; Sürer Adanır, Aslı; İşleyen, Zehra; Gizli Çoban, Özge; Ayrancı, Yasemin Merve; Tural Kara, Tuğçe; Nasıroğlu, Serhat</p>	<p>2023</p>	<p>Evaluation of long-term psychopathology and sleep quality in children and adolescents who presented to a university pandemic clinic with possible COVID-19 symptoms</p>	<p>Psychological Trauma: Theory, Research, Practice, and Policy</p>		<p>19 42- 96 9X( Ele ctr oni c), 19 42- 96 81( Pri nt)</p>	<p>S65- S72</p>	<p>Objective: The first articles about the impact of COVID-19 infection focused on the physical health and existing well-being of children and adolescents. However, little is known about the long-term effects of the disease itself, especially being infected with the virus and even the possibility of the infection on their mental health. Therefore, this study aimed to examine the long-term psychological effects of the disease. Method: The study was designed as cross-sectional quantitative research. For this, the medical records of all 8–18-year-old children who presented to a university pandemic clinic in 2020 with possible COVID-19 symptoms were scanned. One hundred 62 children, with the first presentation date of 6 months ago and earlier, were divided into three groups. Group 1 consisted of children with chronic diseases who were hospitalized at the time of admission and continued to be hospitalized in the follow-up after they were PCR( +; polymerase chain reaction +). Group 2 comprised children without chronic diseases and continued outpatient follow-up after they were PCR(+). Finally, Group 3 was constituted by children with chronic diseases who were hospitalized at the time of admission but were discharged after their test was negative. A control group was also included. Results: It was found that presenting to a pandemic clinic with possible COVID-19 symptoms, being PCR-positive for COVID-19, and being hospitalized with a verified disease posed a significant risk to children for the development of mental disorders, including anxiety, depression, posttraumatic stress disorder (PTSD), and sleep disorders. Conclusion: Thus, prompt identification of at-risk populations, early intervention, and effective management of diagnosed disorders is necessary. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Onderdonk, Samuel W.; van den Hout, Marcel A</p>	<p>2016</p>	<p>Comparisons of eye movements and matched changing visual input</p>	<p>Journal of behavior therapy and experimental psychiatry</p>	<p>53</p>		<p>34–40</p>	<p>BACKGROUND AND OBJECTIVES: During EMDR trauma therapy, performing EM taxes WM, and simultaneously recalled memories become less vivid. It has been proposed that this WM occupation results from CVI which occurs during EM. This study sought to compare the effects of EM on memory to a task presenting identical visual stimulus to stationary eyes.. METHOD: In Study 1, participants recorded RT while performing two tasks: EM, and a task with visually identical images displayed on screen. In Study 2, these same tasks were performed while simultaneously recalling negative emotional memories. RESULTS: Study 1 found RT was slowest in the EM condition, while RT in the CVI condition was still slower than in the control condition. Study 2 found decreases in memory vividness and emotionality after EM, while after CVI there was a small decrease in</p>

							negativity which was not greater than in the control.. LIMITATIONS: Neither study included EM with no visual input; conclusions cannot be made about the effect of motor movement on WM taxation or recall. As neither study was conducted with trauma patients, it is unknown if the observed effects would be comparable in the population for which EMDR is intended. CONCLUSIONS: Performing EM taxes more WM resources and has greater impact on both memory vividness and emotionality than matched CVI. This demonstrates that the effects observed in EMDR treatment are the result of more than occupying WM systems with visual stimuli alone..
Ooms-Evers, Marjolein; van der Graaf-Loman, Stephanie; van Duijvenbode, Neomi; Mevissen, Liesbeth; Didden, Robert	2021	Intensive clinical trauma treatment for children and adolescents with mild intellectual disability or borderline intellectual functioning: A pilot study	Research in developmental disabilities	117		104030	BACKGROUND: Children and adolescents with mild intellectual disability (MID) or borderline intellectual functioning (BIF) are at increased risk for posttraumatic stress disorder (PTSD) or trauma-related symptoms due to adverse childhood experiences (ACEs). Weekly provided treatment sessions and/or outpatient treatment may not be effective enough. AIMS: Investigate feasibility, safety and potential effectiveness of an intensive clinical trauma treatment in children and adolescents with MID-BIF and trauma-related symptoms as a result of ACEs or PTSD. METHODS AND PROCEDURES: Thirty-three participants between 6 and 17 years of age received intensive clinical treatment after experiencing multiple ACEs (most commonly physical abuse, emotional neglect or abuse, sexual abuse, domestic violence and bullying). Treatment lasted 8.4 days on average and consisted of a daily program of prolonged exposure, eye movement desensitisation and reprocessing and physical activation, embedded in a trauma-sensitive environment. Data were collected at intake, first day of treatment, last day of treatment and at follow-up. OUTCOMES AND RESULTS: There was a significant reduction of trauma-related symptoms and emotional and behavioral problems after treatment. In addition, the number of participants fulfilling the DSM-5 criteria of PTSD decreased from 24 at intake to 8 at the end of treatment. There was no drop out and no adverse events were seen. CONCLUSIONS AND IMPLICATIONS: The results of this pilot study suggest that an intensive clinical trauma treatment is a potentially effective and safe option for children and adolescents with MID-BIF.
Oosterhoff, Benjamin; Alvis, Lauren; Steinberg, Alan M.; Pynoos, Robert S.; Kaplow, Julie B.	2023	Validation of the four-item very brief University of California at Los Angeles Posttraumatic Stress Disorder Reaction Index screening tool for children and adolescents	Psychological trauma : theory, research, practice and policy			No Paginati on Specifie d-No Paginati	Objective: Experiencing traumatic events places children and adolescents at risk for developing posttraumatic stress disorder (PTSD), often leading to adverse mental health consequences. Although well-validated measures of PTSD are available, very brief screening tools are needed to assess PTSD when resources are limited. This study was conducted to develop and validate the four-

						on Specific d	<p>University of California at Los Angeles (UCLA) PTSD Reaction Index for DSM-5–Very Brief Form (RI-5-VBF) to be used in settings requiring rapid and efficient screening. Method: Item response theory (IRT) models were used to derive RI-5-VBF scores from the UCLA PTSD Reaction Index for DSM-5 and assess its internal consistency using a sample of 1,785 youth (M<sub>age</sub> = 12.32 years, SD = 2.78) seeking support at an academic medical center clinic or bereavement center. Receiver operating characteristic (ROC) analyses and diagnostic efficiency statistics were used to assess discriminant groups validity and screening utility of the RI-5-VBF scores. Differential item functioning (DIF) analyses were used to examine possible bias across age, gender, race, ethnicity, and clinical setting versus bereavement center setting. Results: IRT models identified four items with the highest discrimination within each PTSD subscale. The RI-5-VBF scores exhibited acceptable internal consistency (<math>\alpha = .74</math>). ROC analyses indicated that an RI-5-VBF score of 9 maximized sensitivity and specificity. DIF analyses did not find evidence of bias across age, gender, race, ethnicity, or clinical versus bereavement center settings. Conclusion: These findings provide support for the reliability and validity of the RI-5-VBF. Findings highlight the utility of the RI-5-VBF as a brief screening measure for PTSD in children and adolescents. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Oras, Reet; Ezpeleta, Susana Cancela de; Ahmad, Abdulbaghi	2004	Treatment of traumatized refugee children with Eye Movement Desensitization and Reprocessing in a psychodynamic context	Nordic journal of psychiatry	58	3	199–203	<p>This study examines the effects of a psychodynamic approach of Eye Movement Desensitization and Reprocessing (EMDR) in treatment of traumatized refugee children. Among a child psychiatric outpatient refugee team, 13 children with post-traumatic stress disorder (PTSD), were treated by EMDR incorporated in a traditional psychodynamic therapeutic approach. The Posttraumatic Stress Symptom Scale for Children (PTSS-C) and the Global Assessment of Functioning (GAF) were administered before and after the treatment, to measure the effects. After treatment, a significant improvement was noticed in the functioning level and all PTSS-C scales, mostly in re-experiencing and least in the avoidance symptoms. The improvement in the functioning level was significantly correlated with the reduction of the PTSD-non-related and the depression, but not with that of the PTSD-related symptoms. Used in a psychodynamic context, EMDR is suggested to be effective treatment for traumatized refugee children. Our findings support the hypothesis of child-specific criteria for PTSD.</p>
Ormhaug, Silje M.; Jensen, Tine K.;	2014	The therapeutic alliance in treatment of traumatized youths:	Journal of consulting and clinical psychology	82	1	52–64	<p>Objective: We examined the contribution of alliance to the outcome of therapy with traumatized youths across two different treatment conditions (trauma-focused cognitive behavioral therapy [TF-CBT] and</p>

Wentzel-Larsen, Tore; Shirk, Stephen R.		Relation to outcome in a randomized clinical trial					therapy as usual [TAU]). Method: Participants were 156 youths (M age = 15.1 years, range = 10–18; 79.5% girls), randomly assigned to TF-CBT or TAU. Symptoms were assessed pretreatment, midtreatment (Session 6), and posttreatment (Session 15). Alliance was assessed after Sessions 1 and 6, using the Therapeutic Alliance Scale for Children—Revised (TASC-R). Results: Alliance scores were comparable across treatment conditions, but TF-CBT participants had significantly lower posttraumatic stress symptoms (PTSS) posttreatment (d = 0.51). Hierarchical regression analyses showed that there were no significant alliance effects in models without an Alliance × Treatment Group interaction: Alliance ratings were significant predictors of reduction in PTSS (Est. = -0.53, p = .003, 95% confidence interval [CI] = -0.87 to -0.18) and additional outcomes measured in TF-CBT but not in TAU (PTSS posttreatment: Est. = 0.01, p = .647, 95% CI = -0.29 to 0.47). Conclusion: This study was the first to investigate the contribution of alliance to outcome among adolescents with posttraumatic symptoms, treated with TF-CBT or TAU. Our findings indicated that there was an important interaction between alliance and therapeutic approach, as alliance predicted outcome in TF-CBT, but not in the nonspecific treatment condition. A positive working relationship appeared to be especially important in the context of this evidence-based treatment, which requires youth involvement in specific therapy tasks. Further, findings showed that use of a manual did not compromise alliance formation. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Orth, Ulrich; Cahill, Shawn P.; Foa, Edna B.; Maercker, Andreas	2008	Anger and posttraumatic stress disorder symptoms in crime victims: A longitudinal analysis	Journal of consulting and clinical psychology	76	2	208–218	Among trauma-exposed individuals, severity of posttraumatic stress disorder (PTSD) symptoms is strongly correlated with anger. The authors used 2 longitudinal data sets with 282 and 218 crime victims, respectively, to investigate the temporal sequence of anger and PTSD symptoms following the assault. Cross-lagged regression analyses indicated that PTSD symptoms predicted subsequent level of anger, but that anger did not predict subsequent PTSD symptoms. Testing alternative models (common factor model, unmeasured 3rd variable model) that might account for spuriousness of the relation strengthened confidence in the results of the cross-lagged analyses. Further analyses suggested that rumination mediates the effect of PTSD symptoms on anger. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Orth, Ulrich; Wieland, Elias	2006	Anger, hostility, and posttraumatic stress disorder in	Journal of consulting and clinical psychology	74	4	698–706	This meta-analysis synthesizes the available data on the strength of association between anger and posttraumatic stress disorder (PTSD) and between hostility and PTSD, covering 39 studies with trauma-

		trauma-exposed adults: A meta-analysis					exposed adults. Effect sizes did not differ for anger and hostility, which could therefore be combined; effect sizes for anger expression variables were analyzed separately. The analyses revealed large effects. The weighted mean effect size (r) was .48 for anger-hostility, .29 for anger out, .53 for anger in, and -.44 for anger control. Moderator analyses were conducted for anger-hostility, showing that effect sizes were substantially larger with increasing time since the event and that effect sizes were larger in samples with military war experience than in samples that had experienced other types of traumatic events. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Osofsky, Joy D.; Osofsky, Howard J.; Frazer, Andrew L.; Fields-Olivieri, Margaret A.; Many, Michele; Selby, Marian; Holman, Stacey; Conrad, Erich	2021	The importance of adverse childhood experiences during the perinatal period	American Psychologist	76	2		The Adverse Childhood Experiences (ACEs) study (Felitti et al., 1998) has led to an understanding of how exposure to abuse, neglect, and family dysfunction in childhood are related to subsequent physical and mental health problems. These issues are important to consider during the perinatal period, with studies indicating that pregnant women who report adverse experiences in childhood may be at risk of experiencing mental health and substance use problems. This study examined the association of pregnant women's ACEs with symptoms of depression, anxiety, posttraumatic stress, and substance use, and examined the potential buffering effect of women's resilience against the deleterious effects of ACEs on mental health and substance use. Women reported on ACEs, mental health symptoms, substance use, and resilience when they were screened for participation in a perinatal psychosocial support intervention, which was integrated into obstetrical clinics in a Southern academic medical center. Almost a quarter of the 303 women in this sample reported four or more ACEs, indicating significant risk. Those reporting more overall ACEs also reported more symptoms of depression, posttraumatic stress, and increased risk of tobacco use. Unique effects of specific ACEs subtypes were also found. Women exposed to child maltreatment reported more anxiety, depression, and posttraumatic stress symptoms, and were at risk for tobacco, cannabis, or opioid use during pregnancy. Women exposed to household dysfunction reported more posttraumatic stress symptoms and were at increased risk of tobacco and alcohol use during pregnancy. Women's resilience attenuated effects of household dysfunction on posttraumatic stress symptoms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ost, L. G.	1991	Acquisition of blood and injection phobia and anxiety response patterns in clinical patients	Behaviour research and therapy	29	4	323-332	The ways in which blood phobics (N = 81) and injection phobics (N = 56) had acquired their phobias were retrospectively investigated. The patients were required to answer a questionnaire concerning: (a) the

							origin of the phobia, with items relevant for conditioning experiences, vicarious experiences and experiences of negative information/instruction; (b) physiological reactions; (c) anticipatory anxiety; and (d) negative thoughts while in the phobic situation. In addition background data on marital and occupational status, family history of phobia, fainting history, and severity of the phobia were obtained. Furthermore, the patients' behavioral, physiological, and cognitive-subjective reactions during the behavioral test were assessed. The results showed that a majority (52%) of the patients attributed the onset of their phobias to conditioning experiences, while 24% recalled vicarious experiences, 7% instruction/information and 17% could not remember any specific onset circumstances. There was no significant relationship between ways of acquisition and anxiety components, nor did conditioning and indirectly acquired phobias differ in severity.
Ost, L. G.	1996	One-session group treatment of spider phobia	Behaviour research and therapy	34	9	707–715	Forty-two patients with spider phobia, fulfilling the DSM-III-R criteria for simple phobia, were assessed with behavioral, physiological and self-report measures. They were randomly assigned to two group treatment conditions: (1) small groups of three to four patients, and (2) large groups of seven to eight patients. They received one 3-hr session consisting of exposure and modeling. The results showed that both conditions yielded significant improvements on almost all measures, and these were maintained or furthered at the 1-yr follow-up. With one exception, there was no difference between the conditions, but on most measures there was a trend for the small group condition to yield better effects. The proportions of clinically significantly improved patients at post-treatment were 82% in the small group and 70% in the large group. At follow-up the corresponding figures were 95% and 75%, respectively. The conclusion that can be drawn is that one-session group treatment is a feasible alternative to individual treatment, yielding almost as good effects.
Ost, L. G.; Alm, T.; Brandberg, M.; Breitholtz, E.	2001	One vs five sessions of exposure and five sessions of cognitive therapy in the treatment of claustrophobia	Behaviour research and therapy	39	2	167–183	Forty-six patients fulfilling the DSM-IV criteria for claustrophobia were assessed with behavioral, physiological, and self-report measures. They were randomly assigned to four conditions: (1) one-session (E1); or (2) five-sessions of exposure (E5); (3) five-sessions of cognitive therapy (C5); and (4) Wait-list for 5 weeks. The first condition consisted of a single 3 h session of massed exposure, and condition 2 and 3 of 5 h of gradual treatment, which was done individually by very experienced therapists. The results showed that treatment was significantly better than the wait-list condition, and the three treatments did equally well with no differences between them. At



							post-treatment 79% of treatment patients vs 18% of the wait-list controls had improved to a clinically significant extent. When the three treatments were compared 80% in the E1-group, 81% in the E5-group, and 79% in the C5-group were clinically improved. At the 1 year follow-up the corresponding figures were 100%, 81%, and 93%, respectively. The implications of these results are discussed.
Ostacoli, Luca; Carletto, Sara; Cavallo, Marco; Baldomir-Gago, Paula; Di Lorenzo, Giorgio; Fernandez, Isabel; Hase, Michael; Justo-Alonso, Ania; Lehnung, Maria; Migliaretti, Giuseppe; Oliva, Francesco; Pagani, Marco; Recarey-Eiris, Susana; Torta, Riccardo; Tumani, Visal; Gonzalez-Vazquez, Ana I.; Hofmann, Arne	2018	Comparison of eye movement desensitization reprocessing and cognitive behavioral therapy as adjunctive treatments for recurrent depression: The European Depression EMDR Network (EDEN) randomized controlled trial	Frontiers in Psychology, 2018				Investigated the efficacy of eye movement desensitization and reprocessing therapy (EMDR) in addition to antidepressant medication (ADM) in treating recurrent depression. The present noninferiority, single-blind, randomized clinical controlled trial compared EMDR and cognitive behavioral therapy (CBT) as adjunctive treatments to ADM. Patients from two psychiatric services in Italy and Spain received 15 +/- three individual sessions of either EMDR or CBT, both in addition to ADM, with a follow-up after six months. Results show no significant difference in the rate of depressive symptom remission between the two groups, either at the end of the interventions or at the six-month follow-up. Both groups presented similar symptom reductions over time and a significant interaction effect between time and group, with lower symptom scores in the EMDR group at T1. Secondary outcome measures (anxiety, distress caused by traumatic events, quality of life, global functioning, dissociative experiences, trauma antecedents) showed similar improvement over time in both groups, with no significant differences between groups. It is concluded that EMDR could be a viable and effective treatment for reducing depressive symptoms and improving the quality of life of patients with recurrent depression.
Oswald, Sylvia H.; Fegert, Jörg M.; Goldbeck, Lutz	2012	Therapiemöglichkeiten für traumatisierte Pflegekinder	PFAD	26	2	9-11	Mit Bezug auf Pflegekinder, die oft vielfach angstbesetzte Ereignisse und Situationen erlebt haben und deren Vorgeschichte eine Fremdunterbringung notwendig gemacht hat, werden Diagnostik von Traumafolgestörungen und Therapiemöglichkeiten von traumatisierten Kindern beschrieben. Es wird den Fragen nachgegangen wie man (1) Hinweise auf eine posttraumatische Belastungsstörung erkennt, (2) wie Traumafolgestörungen diagnostiziert werden können, (3) was vor Beginn einer Traumatherapie beachtet werden sollte, (4) welche Therapien bei einer posttraumatischen Behandlungsstörung (PTBS) wirksam sind, (5) was folgen kann, wenn betroffene Kinder keine Behandlung bekommen und (6) was Pflegeeltern konkret tun können.
Ottomeyer, Klaus	2002	Überleben am Abgrund					Aufsatzsammlung zu repräsentativen Feldern der praktischen Trauma-Arbeit und Traumaforschung, in denen besonders auch der gesellschaftliche und kulturelle Hintergrund von

							Menschenrechtsverletzungen und Traumatisierung beleuchtet wird. Entstanden im Zusammenhang mit der Einrichtung "ASPIS. Forschungs- und Beratungszentrum für Opfer von Gewalt" im Haider'schen Kärnten. Nach der anspruchsvollen Einführung von P. Parin werden sowohl die Arbeit mit "inländischen" Betroffenen (besonders durch sexuellen Missbrauch) als auch Verfahren zur Arbeit mit traumatisierten Flüchtlingen aus Europa und vor allem Afrika dokumentiert. - Im Zusammenhang mit den Arbeiten "Traumatic Stress" (ID 16/01), J. L. Herman: "Die Narben der Gewalt" (ID 11/94) oder A. Kopecny: "ÜberLebensGeschichten" (ID 39/99) für Engagierte und Professionelle empfohlen. (3) (LK/HB: Obsen)
Oude Elberink, Joanne N G; De Monchy, Jan G R; van der Heide, Sicco; Guyatt, Gordon H.; Dubois, Anthony E. J.	2002	Venom immunotherapy improves health-related quality of life in patients allergic to yellow jacket venom	The Journal of allergy and clinical immunology	110	1	174–182	BACKGROUND: Venom immunotherapy (VIT) is effective in preventing anaphylactic reactions after insect stings. The effect of VIT on health-related quality of life (HRQL) was studied to evaluate whether this treatment is of importance to patients. OBJECTIVE: We compared HRQL outcomes measured with a disease-specific instrument (Vespid Allergy Quality-of-Life Questionnaire [VQLQ]) in patients allergic to yellow jacket venom treated with VIT or with an adrenalin self-administration device (EpiPen) in an open-label, randomized, controlled trial. METHODS: Consenting patients were block randomized to either VIT or EpiPen. Patients received uniform, standardized information, which specified the risk of their condition and the risks and benefits of both treatment options. HRQL measures took place before and after 1 year of treatment with VIT or EpiPen. RESULTS: Seventy-four patients agreed to be randomized, of whom 36 received VIT and 38 an EpiPen. The mean change in VQLQ score in the group randomized to VIT was 1.07 (95% CI, 0.68-1.46), and this improvement was statistically significant (P <.0001) compared with that seen in the group randomized to the EpiPen, in which this change was -0.43 (95% CI, -0.71 to -0.16). These differences were seen in both men and women, persons with more or less general anxiety, and those stung recently and those stung more than a year before their outpatient department visit. The overall proportion of patients receiving benefit from VIT is 0.72, generating a number needed to treat of 1.4. CONCLUSIONS: VIT results in a clinically important improvement in HRQL in patients allergic to yellow jacket venom in all subgroups studied. Of every 3 patients treated with VIT, 2 patients experience an important improvement in their quality of life.
Ovaert, Lynda B.; Cashel, Mary Louise; Sewell, Kenneth W.	2003	Structured group therapy for posttraumatic stress disorder in incarcerated male juveniles	American Journal of Orthopsychiatry	73	3	294–301	This is the first study to evaluate the efficacy of a structured group therapy for posttraumatic stress disorder (PTSD) in incarcerated male juveniles. Ten groups of juveniles (n = 45) completed a 12-session

							intervention with pre- and postassessments composed of the Post Traumatic Stress Disorder Reaction Index (C. Frederick, 1985) and supplementary measures of anxiety, anger, and depression. Overall, group participants experienced significant reductions in self-reported PTSD symptoms. Supplemental analyses suggest that this treatment was most beneficial for youth with trauma related to gang and community violence. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ovenstad, Kristianne S.; Ormhaug, Silje M.; Shirk, Stephen R.; Jensen, Tine K.	2020	Therapists' behaviors and youths' therapeutic alliance during trauma-focused cognitive behavioral therapy	Journal of consulting and clinical psychology	88	4	350–361	Objective: Trauma-focused cognitive-behavioral therapy (TF-CBT) is a recommended treatment for posttraumatic stress (PTS) in youth, and a strong therapeutic alliance predicts reductions of PTS in TF-CBT. However, little is known of how therapists can build a strong alliance. This study seeks to understand which therapist behaviors are associated with the strength of alliance in TF-CBT. Method: Participants were 65 youth (M age = 15.1, SD = 2.19; 77% girls) engaged in TF-CBT and their therapists (n = 24). The alliance was assessed midtreatment using the Therapeutic Alliance Scale for Children-revised. Therapists' behaviors were coded using the Adolescent Alliance-Building Scale—revised, and youth engagement behavior was coded using the Behavioral Index of Disengagement Scale. Linear mixed-effects models were used to evaluate clients' and therapists' in-session behaviors as predictors of the alliance, in addition to assessing the potential moderating effects of youth behaviors. Results: Rapport-building behaviors were significantly predictive of higher alliance scores (Est. = 1.81, 95% CI [0.11, 3.52], p = .038), whereas there was no predictive effect of treatment socialization or trauma-focusing behavior on alliance scores. Initial youth behavior significantly moderated the effect of trauma-focusing on the alliance (p = .007); greater focus on trauma was associated with higher alliance scores among passively disengaged youth (Est. = 4.92, 95% CI [1.80, 8.05], p = .003). Conclusions: Rapport-building behaviors are associated with a stronger alliance in TF-CBT. Gradual exposure through initial trauma-eliciting does not appear to undermine alliance formation but is rather associated with higher alliance-scores among passively disengaged youth. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Özkan, Ibrahim	2013	Ressourcenorientierte traumazentrierte Behandlung von Migranten					Besonderheiten und Schwierigkeiten der traumazentrierten Behandlung von Patienten mit Migrationshintergrund werden dargestellt und spezifische Behandlungsmethoden werden erläutert. Nach einer Beschreibung von Problembereichen in der Traumaaarbeit mit Migranten werden unterschiedliche in der Praxis bewährte

							therapeutische Methoden vorgestellt. Neben dem EMDR (Eye Movement Desensitization and Reprocessing) und der traumazentrierten Psychotherapie nach Sachsse werden Techniken ressourcenfokussierter und symbolhafter Traumabearbeitung (TRUST), CIPBS (Conflict Imagination, Painting, and Bilateral Stimulation), die Traumatherapie "light", PITT (psychodynamisch imaginative Traumatherapie), DBT (dialektisch-behaviorale Therapie) und andere hypnotherapeutische, imaginative und körpertherapeutische Techniken skizziert und ihr Beitrag zur ressourcenorientierten kultursensiblen Stabilisierung diskutiert.
Paauw, C. C.; Roos, C. de; Koornneef, M. G. T.; Elzinga, B. M.; Boorsma, T. M.; Verheij, M. A.; Dingemans, A. E.	2023	Eye movement desensitization and processing for adolescents with major depressive disorder: study protocol for a multi-site randomized controlled trial	Trials	24	1	206	BACKGROUND: Major depressive disorder (MDD) is one of the most common mental disorders in adolescence carrying a serious risk of adverse development later in life. Extant treatments are limited in effectiveness and have high drop-out and relapse rates. A body of literature has been published on the association between distressing/traumatic experiences and development and maintenance of MDD, but the effectiveness of a trauma-focused treatment approach for MDD has hardly been studied. This study aims to determine the effectiveness of eye movement desensitization and reprocessing (EMDR) therapy as stand-alone intervention in adolescents diagnosed with MDD. METHODS: This study will be a randomized controlled trial with two conditions: (1) EMDR treatment (6 sessions) and (2) waiting list condition (WL: 6 weeks, followed by EMDR treatment). First, participants receive a baseline measure after which they will be randomized. Participants will be assessed post-intervention after which the WL participants will also receive six EMDR sessions. Follow-up assessments will be conducted at 3 and 6 months follow-up. STUDY POPULATION: In total, 64 adolescents (aged 12-18) diagnosed with a major depressive disorder (DSM-5) and identified memories of at least one distressing or traumatic event related to the depressive symptomatology will be included. Main study parameters/endpoints: Primary outcome variables will be the percentage of patients meeting criteria for MDD classification, and level of depressive symptoms. Secondary outcome measures include symptoms of PTSD, anxiety, and general social-emotional problems. At baseline, family functioning and having experienced emotional abuse or neglect will be assessed to explore whether these factors predict post-treatment outcome. DISCUSSION: With the present study, we aim to investigate whether EMDR as a trauma-focussed brief intervention may be effective for adolescents with a primary diagnosis of MDD. EMDR has been proven an effective treatment for traumatic memories in other

							disorders. It is hypothesized that traumatic memories play a role in the onset and maintenance of depressive disorders. Particularly in adolescence, early treatment of these traumatic memories is warranted to prevent a more chronic or recurrent course of the disorder. TRIAL REGISTRATION: International Clinical Trial Registry Platform (ICTRP): NL9008 (30-10-2020).
Palic, Sabina; Elklit, Ask	2009	An explorative outcome study of CBT-based multidisciplinary treatment in a diverse group of refugees from a Danish treatment centre for rehabilitation of traumatized refugees	Torture : quarterly journal on rehabilitation of torture victims and prevention of torture	19	3	248–270	A group of highly traumatized refugees n = 26 with diverse cultural backgrounds in a Danish Clinic for Traumatized Refugees (CTR) was assessed for symptoms of post-traumatic stress disorder and other aspects of general functioning. Patients were assessed at intake, after the end of treatment and six months later. The results point to very high symptom levels and a large need for treatment in this population. Psychiatric symptoms and their correlates were assessed with the Harvard Trauma Questionnaire (HTQ), the Trauma Symptom Checklist-23 (TSC-23), the Global Assessment of Function (GAF), and the Crisis Support Scale (CSS). The Trail Making Test A & B (TMT) was used as a screening instrument for acquired brain damage, with promising results. Indications of effectiveness from 16-18 weeks of multidisciplinary treatment (physiotherapy, pharmacotherapy, psychotherapy, and social counseling) were supported with small to medium effect sizes on most outcome measures. The results are discussed in terms of clinical implications and future treatment, assessment, and research needs.
Palmier-Claus, J. E.; Dunn, G.; Morrison, A. P.; Lewis, S. W.	2011	The role of metacognitive beliefs in stress sensitisation, self-esteem variability, and the generation of paranoia	Cognitive neuropsychiatry	16	6	530–546	INTRODUCTION. Stress sensitisation may play a key role in the formation of psychosis. The authors examined whether metacognitive beliefs and self-esteem moderate affective response to stress, and whether subtle fluctuations in self-esteem act as a mediator between stress and attenuated psychotic phenomena. METHOD. 70 healthy volunteers completed two conditions of the same experimental tasks, which were designed to be either neutral or stress inducing. Ambulant assessments of negative affect, self-esteem, and suspicious thoughts were taken before and after each task, and standardised questionnaires were completed at the beginning or end of each session. RESULTS. Metacognitive belief subscales, but not self-esteem, moderated the association between stress and resultant negative affect, and negative affect and suspicious thinking. Individuals who placed greater emphasis on controlling their thoughts had greater variability in their self-esteem during the stress condition, which in turn predicted the severity of their attenuated psychotic phenomena. DISCUSSION. Metacognitive beliefs may sensitise an individual to minor stressors, by increasing affective reactivity and

							causing subtle shifts in appraisals of self-worth. Psychosocial intervention may wish to target these beliefs in order to desensitize an individual to negative events.
Palosaari, Esa; Punamäki, Raija-Leena; Diab, Marwan; Qouta, Samir	2013	Posttraumatic cognitions and posttraumatic stress symptoms among war-affected children: A cross-lagged analysis	Journal of abnormal psychology		19 39- 18 46( Ele ctr oni c), 00 21- 84 3X( Pri nt)	656- 661	In a longitudinal study of war-affected children, we tested, first, whether posttraumatic cognitions (PTCs) mediated the relationship between initial and later posttraumatic stress symptoms (PTSSs). Second, we analyzed the relative strength of influences that PTCs and PTSSs have on each other in cross-lagged models of levels and latent change scores. The participants were 240 Palestinian children 10–12 years of age, reporting PTSSs and PTCs measures at 3, 5, and 11 months after a major war. Results show that PTCs did not mediate between initial and later PTSSs. The levels and changes in PTCs statistically significantly predicted later levels and changes in PTSSs, but PTSSs did not statistically significantly predict later PTCs. The results are consistent with the hypothesis that PTCs have a central role in the development and maintenance of PTSSs over time, but they do not support the hypothesis that initial PTSSs develop to chronic PTSSs through negative PTCs. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Pane Seifert, Heather T.; Wise-Kriplani, Mary; Knox, Jerica; Amaya-Jackson, Lisa	2022	Improving the content validity of the Trauma and Adverse Childhood Experiences Survey (TRACES) and the Child and Adolescent PTSD Checklist for DSM-5 (CAPC-5): A collaborative research methodological approach	Psychological trauma : theory, research, practice and policy	14	6	905- 913	Objective: The current study aimed to improve the content validity of the Trauma and Adverse Childhood Experiences Survey (TRACES) and the Child and Adolescent PTSD Checklist for the DSM-5 (CAPC-5). Method: Two community-based collaborative research methods were used—cognitive interviewing and focus groups. Three rounds of cognitive interviews included a racially and economically diverse sample of 12 trauma-exposed youth and 12 caregivers. Three focus groups involved 19 clinicians with diverse disciplines and years of practice. Modifications to the measures were made after each round of interviews and after completion of all focus groups. Results: Both methods provided beneficial information about issues with the measures. Feedback from youth, caregivers, and clinicians was distinct, though data across groups generally converged. Improvements were made to the measures in multiple areas, such as instructions and clarity. Conclusions: Incorporating feedback from multiple stakeholders increased the content validity of the TRACES and CAPC-5. Collaborative research methods provide a trauma-informed initial step in the development of assessment measures. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Park, Crystal L.; Mills, Mary Alice; Edmondson, Donald	2012	PTSD as meaning violation: Testing a cognitive worldview perspective	Psychological trauma : theory,	4	1	66-73	The cognitive perspective on posttraumatic stress disorder (PTSD) has been successful in explaining many PTSD-related phenomena and in developing effective treatments, yet some of its basic assumptions

			research, practice and policy				remain surprisingly underexamined. The present study tested 2 of these assumptions: (1) situational appraisals of the event as violating global meaning (i.e., beliefs and goals) is related to PTSD symptomatology, and (2) the effect of situational appraisals of violation on PTSD symptomatology is mediated by global meaning (i.e., views of self and world). We tested these assumptions in a cross-sectional study of 130 college students who had experienced a Diagnostic and Statistical Manual of Mental Disorders (4th ed., American Psychiatric Association, 1994) level trauma. Structural equation modeling showed that appraisals of the extent to which the trauma violated one's beliefs and goals related fairly strongly to PTSD. In addition, the effects of appraisals of belief and goal violations on PTSD symptoms were fully mediated through negative global beliefs about both the self and the world. These findings support the cognitive worldview perspective, highlighting the importance of the meaning individuals assign to traumatic events, particularly the role of meaning violation. (PsychoInfo Database Record (c) 2022 APA, all rights reserved)
Parnell, Laurel	1999	EMDR - Der Weg aus dem Trauma. Über die Heilung von Traumata und emotionalen Verletzungen					Es wird ein Überblick zur Anwendung der Methode des Eye Movement Desensitization and Reprocessing (EMDR) gegeben. Die EMDR-Therapie bündelt die Technik der Augenbewegung in einen umfassenden Ansatz ein, durch den Informationen wieder zugänglich gemacht und verarbeitet werden können, die sich in unverarbeiteter Form in Körper und Geist des Klienten verkapselt haben. EMDR wird insbesondere in der Therapie von Traumafolgen angewandt. Ziel ist es, die Betroffenen von belastenden Bildern und Körperempfindungen, bedrückenden Emotionen und einschränkenden Einstellungen zu befreien und ihnen dabei ein Gefühl der Freude, Offenheit und tiefen Verbundenheit mit anderen zu vermitteln. Nach einer begrifflichen Abgrenzung werden theoretische Grundlagen geschildert. Es folgen problemspezifisch geordnete Ausführungen zur Anwendung der Methode, die konzeptionell in den Rahmen der transpersonalen Psychologie eingebettet ist. Die Ausführungen sind mit Fallbeispielen versehen. Abschließend wird der therapeutische Verlauf einer EMDR-Behandlung anhand eines ausführlichen Fallbeispiels nachgezeichnet und erläuternd veranschaulicht. Der Band schließt mit einem Kontaktadressenverzeichnis und Hinweisen, EMDR-Therapeuten zu finden.
Parnell, Laurel	2003	EMDR-Therapie mit Erwachsenen. Kindheitstrauma überwinden					Der Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) bei der Behandlung von erwachsenen Patientinnen und Patienten, die als Kinder missbraucht oder misshandelt wurden, wird dargestellt. - Inhalt (1) Das EMDR-Modell. (2) Primäre

							Behandlungsprobleme und Symptomatologie. (3) Wichtige Überlegungen zur Anwendung von EMDR bei Erwachsenen, die als Kind misshandelt oder missbraucht wurden. (4) Zusätzliche therapeutische Mittel. (5) Die Anfangsphase: Einschätzung, Vorbereitung und Ich-Stärkung. (6) Die mittlere Phase: Prozessieren und Integrieren. (7) Die Schlussphase: Kreativität, Spiritualität und Integration. (8) Der Beginn einer EMDR-Reprozessierungssitzung. (9) Der Mittelteil einer EMDR-Reprozessierungssitzung. (10) Wie eine unvollständige Sitzung abgeschlossen und den Klientinnen geholfen werden kann, zwischen den Sitzungen zurechtzukommen. (11) Einzelsitzung, die verschiedene Techniken veranschaulichen. (12) Fallbeispiel Christina.
Pašalić, Merima	2021	EMDR Treatment of Conduct Problems in Adolescent: Case Report	Psychiatria Danubina	33	Su ppl 1	54-58	
Patel, Rita; Redmond, Niamh M.; Kesten, Joanna M.; Linton, Myles-Jay; Horwood, Jeremy; Wilcox, David; Munafò, Jess; Coast, Joanna; Macleod, John; Jeal, Nicola	2020	Drug Use in Street Sex workers (DUSK) study: results of a mixed methods feasibility study of a complex intervention to reduce illicit drug use in drug dependent female sex workers	BMJ open	10	12	e03649 1	OBJECTIVES: The majority of female street-based sex workers (SSWs) are dependent on illicit drugs and sell sex to fund their drug use. They typically face multiple traumatic experiences, starting at a young age, which continue through sex work involvement. Their trauma-related symptoms tend to increase when drug use is reduced, hindering sustained reduction. Providing specialist trauma care to address post-traumatic stress disorder (PTSD) alongside drug treatment may therefore improve treatment outcomes. Aims to (1) evaluate recruitment and retention of participants; (2) examine intervention experiences and acceptability; and (3) explore intervention costs using a mixed methods feasibility study. SETTING: Female SSW charity premises in a large UK inner city. PARTICIPANTS: Females aged 18 years or older, who have sold sex on the street and used heroin and/or crack cocaine at least once a week in the last calendar month. INTERVENTION: Female SSW-only drug treatment groups in a female SSW-only setting delivered by female staff. Targeted PTSD screening then treatment of positive diagnoses with eye movement desensitisation and reprocessing (EMDR) therapy by female staff from a specialist National Health Service trauma service. RESULTS: (1) Of 125 contacts, 11 met inclusion criteria and provided informed consent, 4 reached the intervention final stage, (2) service providers said working in collaboration with other services was valuable, the intervention was worthwhile and had a positive influence on participants. Participants viewed recruitment as acceptable and experienced the intervention positively. The unsettled nature of participant's lives was a key attendance barrier. (3) The total cost of



							the intervention was £11 710, with staff costs dominating. CONCLUSIONS: Recruitment and retention rates reflected study inclusion criteria targeting women with the most complex needs. Two participants received EMDR demonstrating that the three agencies working together was feasible. Staff heavy costs highlight the importance of supporting participant attendance to minimise per participant costs in a future trial.
Paternostro, Jennifer K.; Kakolu, Anusha; Boyd, Willard; Conrad, Amy L.; Wilgenbusch, Tammy	2023	Differences in traumatic stress among youth with and without chronic medical conditions during the COVID-19 pandemic	Clinical Practice in Pediatric Psychology	11	2	239–243	Objective: The COVID-19 pandemic is the deadliest pandemic in American history. This study aims to assess the differences in youth reported traumatic stress among those with and without chronic illness, and how those reports are impacted by parental level of concern regarding the COVID-19 pandemic. Methods: Using convenience sampling, parents and their children completed a series of questionnaires focused on demographic information including questions about medical conditions, parental level of concern about COVID-19, and youth-report of posttraumatic stress symptoms. Results: Results of the anonymous survey (n = 164) found that parental reported level of concern of COVID-19 significantly predicted youth report of posttraumatic stress symptoms ( $F(4, 159) = 2.607, p = .038$ ). There was no significant difference in youth-report of posttraumatic stress symptoms between youth with and without chronic medical conditions ( $F(1, 162) = .438, p = .509$ ). Conclusions: Children often look to their parents for guidance during stressful life events, as confirmed by our findings. Parental emotional and behavioral responses may influence how youth make sense of highly stressful events and should be considered when determining intervention strategies in the COVID-19 era. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Pat-Horenczyk, Ruth; Abramovitz, Robert; Peled, Osnat; Brom, Daniel; Daie, Ayala; Chemtob, Claude M.	2007	Adolescent exposure to recurrent terrorism in Israel: Posttraumatic distress and functional impairment	American Journal of Orthopsychiatry	77	1	76–85	This study examines the impact of exposure to ongoing terrorism on 695 Israeli high school students. Exposure was measured using a questionnaire developed for the security situation in Israel. Posttraumatic symptoms were measured using the UCLA PTSD Index for DSM-IV-Adolescent Version (N. Rodriguez, A. Steinberg, & R. S. Pynoos, 1999), functional impairment and somatic complaints were assessed using items derived from the Diagnostic Interview Schedule for Children (C. P. Lucas et al., 2001), and depression was measured with the Brief Beck Depression Inventory (A. T. Beck & R. W. Beck, 1972). According to the criteria of the Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994), the prevalence of probable posttraumatic stress disorder was 7.6%. Girls reported greater severity of posttraumatic

							symptoms, whereas boys exhibited greater functional impairment in social and family domains. School-based screening appears to be an effective means of identifying adolescents who have been exposed to terror and are experiencing posttraumatic stress symptomatology and psychosocial impairment. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Pat-Horenczyk, Ruth; Zamir, Osnat; Yochman, Aviva; Schiff, Miriam; Brickman, Sophie; Lerner, Moriah; Brom, Danny	2020	Long-term impact of maternal posttraumatic symptoms on children's regulatory functioning: A four-year follow-up study	Psychological trauma : theory, research, practice and policy	12	2	131–137	Background: The interrelation between exposure to trauma, posttraumatic stress disorder (PTSD), and regulatory functioning in children is gaining increasing attention. This study examines the effects of maternal posttraumatic symptoms (PTS) on child deficits in sensory regulation, behavior regulation, and executive functioning. Method: The sample at the first measurement (2011, T1) included 382 Israeli mothers and their young children (child's mean age = 3.89 years; SD = 1.26), and 240 of them were reassessed after 4 years (2015, T2). Mothers self-reported their trauma exposure and posttraumatic distress symptoms (PTSD) and filled out questionnaires on their children's sensory regulation (new version of the Short Sensory Profile including sensory processing and behavior regulation as well as their level of executive functioning (Dysexecutive Questionnaire). Results: A path model showed that maternal PTS at T1 predicted maternal PTS at T2, which in turn was associated with problems in their children's sensory regulation, behavior regulation, and their level of executive functioning. These results highlight the relationship between mother's posttraumatic distress and her child's regulatory functioning. Conclusions: The study supports the construct of relational PTSD and broadens it to additional aspects of children's deficits in sensory regulation, behavior regulation, and executive functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Pat-Horenczyk, Ruth; Ziv, Yuval; Asulin-Peretz, Lisa; Achituv, Michal; Cohen, Sarale; Brom, Danny	2013	Relational trauma in times of political violence: Continuous versus past traumatic stress	Peace and Conflict: Journal of Peace Psychology	19	2	125–137	Children's exposure to political violence has been found to be associated with posttraumatic symptoms and emotional and behavioral problems. However, little distinction has been made between the impact of exposure to continuous political violence and exposure to past political violence. This study in Israel compared a sample of preschool children and mothers (N = 85) with ongoing and recurring exposure to missile and rocket attacks ("Continuous sample") to a sample (N = 177) from a recent time-limited war ("Past sample"). Mothers completed self-report questionnaires, including exposure to both political violence and other traumatic events, the Posttraumatic Diagnostic Scale (PDS), and a Depression Scale (CES-D). Mothers also reported on the child's exposure to political violence

							and other traumatic events, posttraumatic symptoms, and the Child Behavior Checklist (CBCL). The results indicate the severe consequences of living in the face of ongoing traumatic stress. Children and mothers from the continuous exposure sample had more posttraumatic distress and their children had higher behavior problem scores compared with those in the past exposure sample, supporting the allostatic load hypothesis that cumulative stress exacts a heavier toll. Because the mother-child relationship is challenged in situations of exposure to violence, we compared relational trauma (measured by co-occurrence of posttraumatic distress in both mother and child) and found, as hypothesized, that relational trauma was more prevalent in the Continuous sample than in the Past sample. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Pattwell, Siobhan S.; Duhoux, Stéphanie; Hartley, Catherine A.; Johnson, David C.; Jing, Deqiang; Elliott, Mark D.; Ruberry, Erika J.; Powers, Alisa; Mehta, Natasha; Yang, Rui R.; Soliman, Fatima; Glatt, Charles E.; Casey, B. J.; Ninan, Ipe; Lee, Francis S.	2012	Altered fear learning across development in both mouse and human	Proceedings of the National Academy of Sciences of the United States of America	109	40	16318-16323	The only evidence-based behavioral treatment for anxiety and stress-related disorders involves desensitization techniques that rely on principles of extinction learning. However, 40% of patients do not respond to this treatment. Efforts have focused on individual differences in treatment response, but have not examined when, during development, such treatments may be most effective. We examined fear-extinction learning across development in mice and humans. Parallel behavioral studies revealed attenuated extinction learning during adolescence. Probing neural circuitry in mice revealed altered synaptic plasticity of prefrontal cortical regions implicated in suppression of fear responses across development. The results suggest a lack of synaptic plasticity in the prefrontal regions, during adolescence, is associated with blunted regulation of fear extinction. These findings provide insight into optimizing treatment outcomes for when, during development, exposure therapies may be most effective.
Paulsen, Sandra	2014	Trauma und Dissoziation mit neuen Augen sehen. Ego-State-Therapie und EMDR bei DIS und PTBS					Ein auf der Verbindung von Eye Movement Desensitization and Reprocessing (EMDR) und Ego-State-Therapie gründender Ansatz zur Behandlung von dissoziativen Störungen und posttraumatischen Belastungsstörungen (PTBS) wird beschrieben. - Inhalt: (1) Einleitung. (2) Assessment. (3) Containment und Stabilisierung. (4) Trauma-Zugang. (5) Assoziation durch Abreaktion. (6) Stärkung von Fertigkeiten. (7) Integration. (8) Follow-Up. (9) Abschluss.
Peichl, Jochen	1997	Psychotherapeutische Techniken bei traumabedingten Störungen - eine Zwischenbilanz	Persönlichkeitsstörungen - Theorie und Therapie	1	3	103-112	
Pelley, Terri J.; Brown Kirschman, Keri J.; Odar, Cathleen C.;	2013	The development and preliminary validation of the Psychosocial	Clinical Practice in Pediatric Psychology	1	2	171-183	The purpose of this study was to develop and conduct a preliminary validation of a screening tool to assess psychosocial adjustment in young children and their parents following an unintentional pediatric

Butz, Catherine L.; Rye, Mark; Fabia, Renata B.; Besner, Gail E.		Adjustment to Burn Questionnaire					burn-injury. Parents (N = 62) of young children receiving medical treatment for a pediatric burn injury completed our newly developed Psychosocial Adjustment to Burn Questionnaire (PABQ), a 35-item psychosocial risk screening measure for children aged 0-5 that contains Child, Parent, and Regression subscales. Parents completed additional assessments of child and parent posttraumatic stress symptoms and an assessment of optimism. The PABQ-Child and PABQ-Parent subscales demonstrated strong internal consistency and test/retest reliability. Consistent with hypotheses, the PABQ-Child and PABQ-Parent subscales were positively correlated with the Child Stress Disorder Checklist, Behavior Assessment Scale for Children (Second Edition), and the PTSD Checklist. Lastly, discriminant validity was demonstrated using the Life Orientation Test-Revised. The PABQ is a promising screening tool for psychosocial risk in young pediatric burn patients and their parents. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Pellicer, X.	1993	Eye movement desensitization treatment of a child's nightmares: a case report	Journal of behavior therapy and experimental psychiatry	24	1	73-75	A new therapeutic method (eye movement desensitization), described in 1989 by Shapiro, was applied to the treatment of recurrent nightmares in a 10-year-old girl. The technique, in a single session, resulted in the complete remission of the nightmares. There was no relapse during a 6 month follow-up.
Peltonen, Kirsi; Qouta, Samir; Diab, Marwan; Punamäki, Raija-Leena	2014	Resilience among children in war: The role of multilevel social factors	Traumatology	20	4	232-240	While a remarkable amount of empirical research of resilience and protective factors has been conducted, the recent reviews have identified certain gaps that still exists. This study contributes to the resilience literature in studying the occurrence and determinants of resilience at ongoing war conditions in a sample of 482 Palestinian school children. Results showed that 33% of children were categorized into the resilient group and 20% into the spared group. However, 20% belonged to the vulnerable group and 27% to the traumatized group. The quality of friendships was associated especially with boys' resilience. The boys in the resilient group had significantly better friendships than boys in the vulnerable and traumatized groups. This shows that even in most difficult circumstances (high trauma), boys can benefit from high-quality friendships and develop resilience, partly because of the important peer relations. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Peltonen, Kirsi; Qouta, Samir; El Sarraj, Eyad; Punamäki, Raija-Leena	2012	Effectiveness of school-based intervention in enhancing mental health and social functioning among war-affected children	Traumatology	18	4	37-46	This study examines the effectiveness of the School Mediation Intervention (SMI) in preventing mental health problems and promoting social functioning among children living in armed conflict. The participants were 225 Palestinian children in the Gaza Strip,

							divided into the intervention group (n = 141) from schools where the SMI was implemented and the control group (n = 84) from a school with no SMI implementation. The SMI aimed at improving pupils' social functioning through methods of problem solving, conflict resolution, and dialogue skills and at enhancing mental health through caring for peers and preventing disruptive and aggressive behavior. Older students acted as responsible school mediators and teachers as supervisors. Participants reported symptoms of posttraumatic stress disorder (PTSD), depression (CDI), psychological distress (SDQ), and quality of friendship, prosocial behavior, and aggressiveness at baseline at the beginning of school year (T1) and at postintervention 8 months later (T2). The results defeated the hypothesis that participating in SMI would decrease symptoms and increase friendship quality and prosocial and nonaggressive behavior. Instead, SMI was effective only in limiting the deterioration of friendships and prosocial behavior across the intervention period. The results are discussed in regard to interventions tailored for children traumatized in armed conflicts. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Peregrinova, Ludmila; Hamann, Bettina	2017	Eye Movement Desensitization and Reprocessing im psychokardiologischen Setting. Traumaspezifische Verarbeitung des Schocks durch den implantierbaren Kardioverter-Defibrillator	Psychotherapeut	62	6	520–527	In der vorliegenden Arbeit wird die Durchführung der traumaspezifischen Eye Movement Desensitization and Reprocessing (EMDR) Technik bei Patienten nach ICD-(implantierbarer Kardioverter-Defibrillator-)Schocks vorgestellt. Zunächst wird eingegangen auf die Funktionsweise des ICD, die Prävalenz von Traumasymptomen bei Patienten mit ICD, Behandlungsansätze traumaassoziierter Symptomatik und die Chronizität der Herzerkrankung. Es folgen Fallvignetten und eine Beschreibung der Behandlungssituation bei der EMDR-Durchführung. Dann wird die Behandlung an einem weiteren Fallbeispiel dargestellt (Schockanamnese, erste und zweite konfrontative EMDR-Sequenz). Abschließend wird ein zusammenfassendes Fazit für die klinische Praxis gezogen.
Pérez-Ara, Maria Angeles; Quero, S.; Botella, C.; Baños, R.; Andreu-Mateu, S.; García-Palacios, A.; Bretón-López, J.	2010	Virtual reality interoceptive exposure for the treatment of panic disorder and agoraphobia	Studies in health technology and informatics	154		77–81	The efficacy of cognitive-behavioral therapy for panic disorder and agoraphobia (PDA) has been widely demonstrated. The exposure technique is the main component of these programs; interoceptive exposure also plays an important role. The virtual reality (VR) program for treating PDA developed by Botella's group can simulate physical sensations in a controlled manner while the user is immersed in the VR environments in the consultation room. These include audible effects, such as rapid heartbeat and panting, as well as visual effects, such as blurry vision, double vision and tunnel vision. This work examines the efficacy of the interoceptive exposure (IE) component in

							two treatment conditions: 1) VR Interoceptive Exposure Simultaneous Condition (VRIE-sim; N=14), and 2) Interoceptive Exposure Traditional Condition (IET; N=15). Results obtained showed that both treatment conditions significantly reduced the main clinical variables at post-treatment; these results were maintained or even improved at three month follow-up. Simultaneous VR interoceptive and VR external stimuli exposure is a new and effective way to apply PDA treatment.
Pérez-Sales, Pau; Vergara-Campos, Maria; Eiroa-Orosa, Francisco José; Olivos-Jara, Pablo; Fernández-Liria, Alberto; Barbero-Val, Elena; Galán-Santamarina, Andrea	2022	Perceived resistance to experiences of trauma and crisis: A study comparing multiple life events	Traumatology	28	1	109–119	Subjective perception is considered a key element in the prediction of resistant or vulnerable responses to trauma and crisis. This study aimed to assess the relationship between perceived physical life threat and perceived life impact with posttraumatic stress disorder symptomatology in a sample of 3.565 persons from 12 countries across 9 different traumatic events. Participants were classified into 4 groups of self-perceived resistance based on their levels of perceived physical life threat and perceived life impact. Main results show that Nonaffected was the most frequent category in natural catastrophes (48.9%), migration (45.9%), motor vehicle accidents (39.83%), and death threats (33.4%). In the case of sexual abuse by a relative or close person (44.5%), sexual abuse by a stranger (33.9%), and having a severe, chronic, or disabling illness (47.3%), the most frequent category was Survivor. For domestic violence, the most frequent category was Vulnerable (45.5%). Resistant was never the most frequent category for any of the events studied. Although gender and lower education predicted posttraumatic stress disorder in most events of trauma and crisis, they were a weak predictor of vulnerable versus resistance categories. These results suggest that the perceived resistance indicator can provide insights into the narratives of resistance or vulnerability associated with extreme experiences. (PsyInfo Database Record (c) 2023 APA, all rights reserved)
Perkins, Byron R.; Rouanzoin, Curtis C.	2002	A critical evaluation of current views regarding eye movement desensitization and reprocessing (EMDR): Clarifying points of confusion	Journal of clinical psychology	58	1	77–97	Abstract EMDR is an active psychological treatment for PTSD that has received widely divergent reactions from the scientific and professional community. This article examines points of confusion in the published literature on EMDR, including the theoretical, empirical, and historical issues around EMDR and placebo effects, exposure procedures, the eye movement component, treatment fidelity issues, and outcome studies. It also examines historical information relevant to the scientific process and charges of "pseudoscience" regarding EMDR. We conclude that the confusion in the literature is due to (a) the lack of an empirically validated model capable of convincingly explaining the effects of the EMDR method, (b) inaccurate and selective reporting of research, (c) some poorly designed empirical

							studies, (d) inadequate treatment fidelity in some outcome research, and (e) multiple biased or inaccurate reviews by a relatively small group of authors. Reading the original research articles frequently helps to reduce the confusion arising from the research review literature. ? 2002 John Wiley & Sons, Inc. J Clin Psychol 58: 77?97, 2002.
Petelkau, Martin	2012	Veränderungsbereitschaft fördern: Erfahrung mit EMDR, Naikan und Jin Shin Jyutsu					Drei Methoden zur Förderung der Veränderungsbereitschaft im Kontext sozialtherapeutischer Arbeit mit erwachsenen Straftätern im Justizvollzug werden beschrieben. Mit Hilfe von "Eye Movement Desensitization and Reprocessing" (EMDR), Naikan und Jin Shin Jyutsu sollen den Klienten neue konstruktive Zugangsmöglichkeiten zu sich selbst sowie ein positives Erleben innerer Veränderungsprozesse ermöglicht werden, wodurch eine weitere Veränderungsbereitschaft gestärkt werden soll. Neben theoretischen Grundlagen der Verfahren werden Fallbeispiele beschrieben, in denen die methodische Umsetzung und die Auswirkungen auf Inhaftierte verdeutlicht werden. Unabhängig von der Unterschiedlichkeit der Methoden werden zusammenfassend die Unerwartetheit der eingesetzten Techniken und die Aktivierung universell vorliegender Selbsthilfemechanismen als Wirkfaktoren bei der Erhöhung der Veränderungsbereitschaft beschrieben.
Petermann, Franz; Winkel, Sandra	2007	Selbstverletzendes Verhalten. Diagnostik und psychotherapeutische Ansätze	Zeitschrift für Psychiatrie, Psychologie und Psychotherapie	55	2	123–133	Selbstverletzendes Verhalten wie Sich-Schneiden und Kratzen kommt sowohl bei männlichen als auch bei weiblichen Jugendlichen verhältnismäßig häufig vor. Es handelt sich dabei in den meisten Fällen um den Ausdruck schwerwiegender psychischer und/oder sozialer Belastungen und sollte als Hinweis darauf gewertet werden, dass der oder die Jugendliche Hilfe und Unterstützung benötigt. Der Beitrag befasst sich vor allem mit den aktuellen Möglichkeiten der Diagnostik und Therapie selbstverletzenden Verhaltens. Als Beispiel für Selbstbeurteilungsinstrumente, die verschiedene Aspekte selbstverletzenden Verhaltens detailliert erfassen, werden der "Self-Harm Questionnaire", der "Fragebogen zum selbstverletzenden Verhalten" und die Kurzversion des "Ottawa/Ulm Selbstverletzungsinventars" behandelt. Sie können bei der Identifikation und Differenzialdiagnostik, aber auch zur Vorbereitung, Begleitung und Evaluation therapeutischer Maßnahmen eingesetzt werden. Als besonders vielversprechende Interventionsmöglichkeiten werden die DBT-A (Dialektisch-Behaviorale Therapie für Adoleszente) und das Eye Movement Desensitization and Reprocessing (EMDR) vorgestellt, wobei für die DBT-A bereits erste positive empirische

							Befunde vorliegen. Die Wirksamkeit dieser Verfahren sollte zukünftig möglichst in kontrolliert-randomisierten Studien geprüft werden.
Peters, Wilma; Rice, Simon; Cohen, Judith; Murray, Laura; Schley, Carsten; Alvarez-Jimenez, Mario; Bendall, Sarah	2021	Trauma-focused cognitive-behavioral therapy (TF-CBT) for interpersonal trauma in transitional-aged youth	Psychological Trauma: Theory, Research, Practice, and Policy	13	3		Objective: Posttraumatic stress disorder (PTSD) following interpersonal trauma in transitional-aged youth (TAY), aged 15 to 25, is highly prevalent; however, evidence-based interventions have rarely been studied. Method: A single-group pre-/posttest study was conducted at headspace Sunshine, Melbourne, Australia, evaluating the feasibility, acceptability, safety, tolerability, and potential clinical effectiveness of trauma-focused cognitive-behavioral therapy (TF-CBT). Results: An intent-to-treat analysis was conducted for N = 20 participants (65% female, n = 13) who attended a mean of 15 TF-CBT sessions over 25 weeks. At the end of treatment, only 1 of the 16 participants with a baseline PTSD diagnosis still met diagnostic criteria. Significant improvements were also noted for self-report measures of PTSD (d = -.83), anxiety (d = -.74), and depression (d = -.76). A minority of participants reported a brief exacerbation in symptoms of PTSD (n = 8) and anxiety and depression (n = 5) during stabilization and directly before and/or after the trauma-narration phase. However, all symptoms resolved at the end of treatment. The majority of participants (85%, n = 17) rated the intervention as helpful. Conclusion: Regardless of the expected temporary symptom exacerbation, the results indicated that TF-CBT was safe, tolerable, and acceptable. Transitional-aged youth is an emerging area of research. With limited research available on this age group to inform evidence-based practice, it is recommended that a randomized controlled trial is conducted to determine if TF-CBT (Cohen et al., 2017) can be effectively translated to this underresearched age group. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Peters, Wilma; Rice, Simon; Cohen, Judith; Smith, Noelle B.; McDonnell, Christina G.; Winch, Ashley; Nicasio, Andel V.; Zeifman, Richard J.; Alvarez-Jimenez, Mario; Bendall, Sarah	2022	Subjective distress, self-harm, and suicidal ideation or behavior throughout trauma-focused cognitive-behavioral therapy in transitional age youth	Psychological trauma : theory, research, practice and policy			No Paginati on Specifie d-No Paginati on Specifie d	Objective: Elevations in distress, self-harm, and suicidal ideation or behavior are of significant concern in clinical practice. We examined these in a pilot trial of Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) for transitional age youth (aged 15–25 years) with histories of interpersonal trauma and symptoms of posttraumatic stress disorder. Method: Participants were 20 young people (13 females, M = 19.5 years) from a pilot study of TF-CBT. Frequencies of elevated distress, self-harm, and suicidal ideation or behavior were measured throughout treatment sessions and across the treatment phases of TF-CBT. Results: Across the 279 sessions of TF-CBT (m = 15.5 sessions), there were 16 incidents of elevated distress in seven participants (i.e., six in Phase I and five each in Phases II and III); 15 incidents of self-harming behavior in seven participants (five incidents



							in each of the three phases) and one incident of both elevated distress and suicide ideation (Phase I). Conclusion: Findings indicate that there may be a relationship between the experience of in session distress and self-harming behaviors. The importance of safety planning and coping skills (acquired in Phase 1) is stressed to ensure the effective implementation of TF-CBT. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Petersen, A.; Lehmkuhl, G.	1990	The course of phobia in children and adolescents: a catamnestic study	Zeitschrift fur Kinder- und Jugendpsychiatrie	18	1	12-17	18 out of 25 patients with phobia, who were treated in a child psychiatric clinic at the age of 8.2-17.5 years took part in a follow-up-study. Mean follow-up time was 5.2 years. Patients were interviewed with the "Struktured Clinical Interview for DSM-III-R" (SKID) and filled in following questionnaires: Symptom Check List (SCL 90 R), State-Trait-Anxiety-Inventory, (STAI) and Interaction-Anxiety-Questionnaire (Interaktions-Angst-Fragebogen (IAF). Psychiatric disorders were diagnosed in 7 out of 18 patients. Predictor of outcome was the type of phobia. While at follow-up 4 out of 8 patients with a previous diagnosis of "Simple Phobia" (DSM-III-R: 300.29) still suffered from distinct psychiatric disorders (DSM-III-R criteria), outcome for patients with agoraphobia and social phobia was better. Age at onset duration of symptoms before treatment, age at start of treatment, and duration of therapy did not predict outcome.
Peterson, Gary	2002	EMDR for women who experience traumatic events	The Journal of clinical psychiatry	63	11	1047-8; author reply 1048	
Petrovsky, Nadine	2012	Cholinergic modulation of antisaccade performance. The role of CHRFAM7A polymorphisms and differential effects of nicotine as a function of baseline performance					Examined possible procognitive effects of nicotine and nicotine-like substances on executive functioning, specifically the predictors of effective cholinergic treatment. Therefore, a genetic study and nicotine study were conducted using the antisaccade task, a paradigm of executive control, in order to examine cholinergic effects. The aim of the first study, the genetic study, was to investigate whether genetic polymorphisms in the cholinergic system, the CHRFAM7A copy number and 2bp deletion polymorphisms, were associated with antisaccade performance. Participants included 103 adults (mean age 26 years) who were genotyped and completed German versions of the Rust Inventory of Schizotypal Cognitions, Adult ADHD Self-Report Scale (ASRS), Obsessive-Compulsive Inventory, and the neuroticism scale of the Eysenck Personality Questionnaire. The nicotine study tested the hypothesis that baseline performance level may be a behavioral predictor of the effects of nicotine on antisaccade performance. Participants included 30 male adults (aged

							18-55 years) who were assessed using the Mehrfachwahl-Wortschatz-Intelligenztest (MWT-B). In the genetic study no significant associations were observed of 2-bp deletion or CHRFAM7A copy number with antisaccade performance. In the nicotine study, the administration of nicotine was found to enhance antisaccade performance in low-performing subjects, whereas it had no effect in high-performing subjects. The failure to observe an association between antisaccade performance and polymorphisms in the CHRFAM7A gene in the genetic study is argued to provide evidence of the specificity of the effects of the CHRFAM7A gene on hippocampal and memory functions. The results from the nicotine study are maintained to suggest that stimulation of the nicotinic acetylcholine receptor (nAChR) system might be an effective way of improving executive functioning in people with poor baseline performance, such as patients with dementia, ADHD, or schizophrenia.
Pezzoli, Patrizia; Ziogas, Anastasios; Seto, Michael C.; Jaworska, Natalia; Mokros, Andreas; Fedoroff, Paul; Santtila, Pekka	2021	The effects of acute transcranial direct current stimulation on attentional bias in pedophilic disorder: A preregistered pilot study	Neuromodulation: Technology at the Neural Interface	24	5	879–889	
Pfaltz, M. C.; Plichta, M. M.; Bockisch, C. J.; Jellestad, L.; Schnyder, U.; Stocker, K.	2021	Processing of an ambiguous time phrase in posttraumatic stress disorder: Eye movements suggest a passive, oncoming perception of the future	Psychiatry Research, 2021				Metaphorically, the future can be perceived as approaching us (time-moving metaphor) or as being approached by us (ego-moving metaphor). Also, in line with findings that our eyes look more up when thinking about the future than the past, the future's location can be conceptualized in upwards terms. Eye movements were recorded in 19 participants with PTSD and 20 healthy controls. Participants with PTSD showed downward and healthy controls upward eye movements while processing an ego/time-moving ambiguous phrase, suggesting a passive (time-moving) outlook toward the future. If replicated, our findings may have implications for the conceptualization and treatment of PTSD.
Pfefferbaum, Betty; Newman, Elana; Nelson, Summer D.	2014	Mental health interventions for children exposed to disasters and terrorism	Journal of child and adolescent psychopharmacology	24	1	24–31	OBJECTIVE: The purpose of this review is to describe interventions used with children who are exposed to disasters and terrorism and to present information about the potential benefits of these interventions. METHODS: A literature search conducted in January 2013 using relevant databases and literature known to the authors that was not generated by the search yielded a total of 85 studies appropriate for review. RESULTS: Intervention approaches used with children exposed to disasters and terrorism included preparedness

							interventions, psychological first aid, psychological debriefing, psychoeducation, cognitive behavioral techniques, exposure and narrative techniques, eye movement desensitization and reprocessing, and traumatic grief interventions. The investigation of these interventions is complex, and studies varied in methodological rigor (e.g., sample size, the use of control groups, outcomes measured). CONCLUSIONS: Given the limitations in the currently available empirical information, this review integrates the literature, draws tentative conclusions about the current state of knowledge, and suggests future directions for study.
Phillips, John S.; Erskine, Sally; Moore, Tal; Nunney, Ian; Wright, Catherine	2019	Eye movement desensitization and reprocessing as a treatment for tinnitus	The Laryngoscope (The Laryngoscope)	129	10	2384–2390	Objectives/Hypothesis To determine the effectiveness of eye movement desensitization and reprocessing (EMDR) as a treatment for tinnitus. Study Design Single-site prospective interventional clinical trial at a university hospital in the United Kingdom. Methods Participants were provided with tEMDR. This is a bespoke EMDR protocol that was developed specifically to treat individuals with tinnitus. Participants received a maximum of 10 sessions of tEMDR. Outcome measures including tinnitus questionnaires and mood questionnaires were recorded at baseline, discharge, and at 6?months postdischarge. Results Tinnitus Handicap Inventory and Beck Depression Inventory scores demonstrated a statistically significant improvement at discharge after EMDR intervention (P =?.0005 and P =?.0098, respectively); this improvement was maintained at 6?months postdischarge. There was also a moderate but not significant (P =?.0625) improvement in Beck Anxiety Inventory scores. Conclusions This study has demonstrated that the provision of tEMDR has resulted in a clinically and statistically significant improvement in tinnitus symptoms in the majority of those participants who took part. Furthermore, the treatment effect was maintained at 6?months after treatment ceased. This study is of particular interest, as the study protocol was designed to be purposefully inclusive of a diverse range of tinnitus patients. However, as a small uncontrolled study, these results do not consider the significant effects of placebo and therapist interaction. Larger high-quality studies are essential for the verification of these preliminary results. Level of Evidence 4 Laryngoscope, 129:2384?2390, 2019
Piacentini, John; Langley, Audra K.	2004	Cognitive-behavioral therapy for children who have obsessive-compulsive disorder	Journal of clinical psychology	60	11	1181–1194	Obsessive-compulsive disorder (OCD) is a relatively chronic and impairing disorder in children and adolescents. Whereas childhood OCD was largely ignored in the past, major advances in the identification and treatment over the past 20 years have led to a significant upsurge in the prevalence of youngsters seeking treatment

							for this problem. The present article describes the use of exposure-based cognitive-behavioral therapy (CBT) for the treatment of childhood OCD. Although the phenomenology of OCD is largely consistent across the age span, traditional adult CBT approaches have been modified for use with children and adolescents in order to address those developmental differences that do exist. The case example describes the use of CBT for a child who has OCD and highlights these developmental considerations, including age-appropriate techniques to address family involvement in the disorder and the impact of symptoms on the psychosocial functioning of the patient.
Pieper, Georg	2006	Hilfen für Opfer von Katastrophen und gezielter Gewalt. Ein Konzept zur psychotraumatologischen Versorgung					
Pieper, Georg; Bengel, Jürgen	2008	Traumatherapie in sieben Stufen. Ein kognitiv-behaviorales Behandlungsmanual (SBK)					Das vorliegende Manual zeigt anhand eines eingängigen Fallbeispiels, wie eine effektive und dauerhaft anhaltende Traumabewältigung bei Patienten mit Typ-I-Traumatisierungen durchzuführen ist. Die Behandlung findet in sieben Phasen statt, wobei schrittweise Traumaexpositionen zentrale Elemente bilden. Dem Behandelnden wird gezeigt, wie die einzelnen Schritte geplant, dem Patienten vermittelt und angewendet werden müssen. Durch die aufeinander aufbauenden Schritte gewinnt der Therapeut Sicherheit in einem schwierigen Therapiebereich. Der Band enthält Arbeitsmaterialien, die direkt beim Ablauf benutzt werden können. - Inhalt: (1) Entstehungshintergrund. (2) Theoretische Grundlagen. (3) Indikation und Voraussetzungen beim Behandler. (4) Die sieben Stufen (Exploration, Diagnostik und Stabilisierung; Vermittlung des Therapierationals; Kontrollierte Traumaexposition; Exposition in sensu; EMDR; Exposition in vivo; Nachbesprechung, Traumaintegration und Follow-up). (5) Fallbeispiel (Behandlungsverlauf über die sieben Phasen; Diskussion und zusammenfassende Bewertung; Setting-Blocktherapie). (6) Therapiematerialien (Therapeutische Instruktionen; Traumadrehbuch; Anleitungen zu Übungen; Übungsblatt EMDR; Kontrollierte Traumaexposition für PTBS-Patienten).
Pierce, Zachary P.; Black, Jessica M.	2023	The Neurophysiology Behind Trauma-Focused Therapy Modalities Used to Treat Post-Traumatic Stress Disorder Across	Trauma, violence & abuse	24	2	1106–1123	This review presents the current state of understanding of trauma-informed modalities in light of current research in neuroscience, analyzing which brain structures and processes are impacted by these modalities. Studies included in the present review met the inclusion criteria of 1) addressing post-traumatic stress disorder (PTSD) in a

		the Life Course: A Systematic Review					specific population, 2) treatment of PTSD using any of the evidence-based trauma-informed modalities considered in this review, and 3) presenting functional magnetic resonance imagery (fMRI) data, derived from BOLD signals and voxel-compression maps, of brain structures impacted by these trauma-informed modalities. Articles for this review were collated through PubMed and MEDLINE, using key terms in descending order, such as 'childhood trauma', 'adolescent trauma', and 'adulthood trauma', to 'PTSD', 'fMRI', and so on, depending on the modality in question. Based on these criteria and research methods, 37 studies remained for inclusion in the present review. Among a number of critical findings, this review demonstrates that eye movement desensitization and reprocessing (EMDR) and mindfulness therapy effectively deactivate hindbrain regions implicated in the downregulation of autonomic nervous system (ANS) hyperarousal. This review also shows that trauma-focused cognitive behavioral therapy (TF-CBT) and EMDR activate the hippocampus, anterior cingulate cortex (ACC), medial prefrontal cortex (mPFC), and orbitofrontal cortex (OFC)-areas that are implicated in crucial cognitive, affective, and behavioral processes that aid trauma survivors in navigating their challenges.
Pieterse, Alex L.; Johnson, Veronica; Carter, Robert T.	2024	The relationship between posttraumatic stress disorder and race-based traumatic stress	Psychological trauma : theory, research, practice and policy	16	2	208–216	Objective: This study examined the relationships between race-based traumatic stress symptoms (RBTSS), posttraumatic stress disorder (PTSD) symptoms, and negative affect (NA) in the past year. Method: Participants were 185 community-based respondents who completed a paper and pencil survey of the race-based traumatic stress symptoms scale (RBTSSS), diagnostic and statistical manual (DSM)-related PTSD symptoms, and negative emotions. Results: Two canonical correlation analyses were conducted for two participant groups: those with no race-based traumatic stress (RBTS) elevations and those with one or more RBTS elevations. Results showed a significant relationship between RBTS symptoms and PTSD symptoms for the no elevation group, and a significant relationship between RBTS symptoms and NA for the race-based stress/traumatic stress group. Notably, RBTS inclusion was not significantly correlated with NA. Conclusions: Those with average-level RBTS symptoms appear to endorse more PTSD criteria, while those with elevated RBTS scores do not. The study, therefore, highlights the need for further investigation of how diagnostic measures of trauma may differentiate from trauma symptoms related to race-based experiences. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

Pilz, René; Hartleb, Riccarda; Konrad, Gabriela; Reininghaus, Eva; Unterrainer, Human Friedrich	2017	Die Rolle des Eye Movement Desensitization and Reprocessing (EMDR) bei Substanzgebrauchsstörungen: Ein systematischer Überblick	Fortschritte der Neurologie, Psychiatrie	85	10	584–591	Die vorliegende Übersichtsarbeit fasst den aktuellen Forschungsstand zu EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlungseffekten bei stoffgebundenen Abhängigkeitserkrankungen zusammen. Mithilfe der Datenbanken PubMed und PsychInfo (1994-2016) wurde eine systematische Literaturrecherche durchgeführt, wobei vier relevante Studien identifiziert wurden. Bei der Behandlung mit EMDR zeigte sich eine Reduktion des Cravings, der Angst und der Depressionswerte, sowie eine Verbesserung der Emotionsregulierung und des Selbstwertgefühls. Insgesamt verweisen erste Ergebnisse auf das hohe therapeutische Potential von EMDR für den Bereich der Substanzgebrauchsstörungen. Allerdings liegen derzeit für eine allgemeine Generalisierbarkeit noch zu wenig Daten vor.
Pinkham, J. R.	1993	The roles of requests and promises in child patient management	ASDC journal of dentistry for children	60	3	169–174	It is typical for some to assess the misbehavior of children in the dental appointment to be exclusively for reasons of fear. Such an assessment is offered in this paper to be naive. Fear certainly can be a predictor of avoidance behavior, but avoidance behaviors are often found in child dental patients who are remarkably well acquainted with dentistry and who know that the procedures that lay ahead for them are in no way painful or fearful at all. In the case of a recalcitrant child patient, the mechanism by which human beings get things done with other human beings, requests and promises, does not work because of the child's aversion to adult authority. It is submitted that there are children who are poor promisers, because of a background discourse that they have with themselves that makes it difficult for them to interface effectively, i.e. by making effective promises, with other people. Since the dentist is a requester and the dental appointment works by requests, these children are reliably problem patients. They cannot make commitments to cooperate. Four types of children have been described who by a misdirected goal of their childhood, which they have absorbed early, are reliable predictors of misbehavior and avoidance behavior during dental appointments. The internalized goal makes cooperation with a requesting adult difficult. This fact is often seen perhaps in the dental office first, because in our society today very few requests are made of our preschool children.(ABSTRACT TRUNCATED AT 250 WORDS)
Pinkham, J. R.	1994	Behavioral pediatric dentistry, human communication, and Hawaii	Hawaii dental journal	25	5	6-7, 10	

<p>Pinto, Ricardo J.; Vieira de Castro, Maria; Correia-Santos, Patrícia; Jongenelen, Inês; Maia, Ângela C.; Levendosky, Alytia</p>	<p>2023</p>	<p>The mediating role of posttraumatic stress symptoms on somatization in adolescents: A two-wave longitudinal study</p>	<p>Psychological trauma : theory, research, practice and policy</p>	<p>15</p>	<p>Su ppl 1</p>	<p>S47- S54</p>	<p>Objective: Trauma as well as adverse childhood experiences (ACEs) have been associated with increased rates of later somatization symptoms. Some evidence has proposed that posttraumatic stress symptoms (PTSS) can mediate this relationship. However, most data come from adult samples. This two-wave longitudinal study aimed to investigate the relationship between cumulative adversity (total amount of adverse and traumatic experiences), PTSS and somatization symptoms in adolescents. Method: The sample included 150 adolescents, mean age of 16 years old (M = 15.99, SD = 1.25) with 67 (44.7%) males and 83 (55.3%) females. All were exposed to at least one traumatic event or one childhood adversity. The interval time between the two assessments was about 1 year. Results: The results showed that the PTSS Cluster E, alterations in arousal and reactivity, partially mediated the relationship between cumulative adversity and somatization symptoms (B = .09, BSE = .03, CI [.01, .15]). However, the effect size of the mediation was medium, while the direct effect was large (B = .34, BSE = .08, CI [.18, .50]). Conclusions: While arousal and reactivity symptoms seem to play a key role in adolescents suffering from somatization symptoms, cumulative adversity have their own direct and strong contribution. Clinicians should consider assessing PTSS and cumulative adversity when caring for adolescents suffering with somatic symptoms to better deliver intervention plans. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
<p>Pitchaimuthu, Arivudainambi; Arora, Anshul; Bhat, Jayashree S.; Kanagokar, Vibha</p>	<p>2018</p>	<p>Effect of systematic desensitization training on acceptable noise levels in adults with normal hearing sensitivity</p>	<p>Noise &amp; health</p>	<p>20</p>	<p>94</p>	<p>83-89</p>	<p>CONTEXT: The willingness of a person to accept noise while listening to speech can be measured using the acceptable noise level (ANL) test. Individuals with poor ANL are unlikely to become successful hearing aid users. Hence, it is important to enhance the individual's ability to accept noise levels. The current study was an attempt to investigate whether systematic desensitization training can improve the ANL in individuals having high ANL. AIMS: To investigate the effect of systematic desensitization training on ANLs in individuals with normal hearing sensitivity. SETTINGS AND DESIGN: Observational study design. MATERIALS AND METHODS: Thirty-eight normally hearing adults within the age range of 18-25 years participated in the study. Initially, baseline ANL was measured for all participants. Based on the baseline ANL, participants were categorized into three groups; low ANL, mid ANL, and high ANL. The participants with high ANL were trained using systematic desensitization procedure whereas, individuals with low and mid ANL did not undergo any training and served as the comparison groups. After the training period, ANL was measured again for all the participants. STATISTICAL ANALYSIS USED:</p>

							Repeated measures of analysis of variance with follow up paired "t" test. RESULTS: Analysis revealed a significant main effect of systematic desensitization training on ANL. There was a significant improvement in ANL in participants with high ANL. However, there was no significant difference in ANL between baseline and follow-up session in individuals with low and mid ANL. CONCLUSIONS: Systematic desensitization training can facilitate ANL, thereby enhancing the individual's ability to accept the noise levels. This enhanced ANL can facilitate better hearing aid fitting and acceptance.
Pitman, R. K.; Orr, S. P.; Altman, B.; Longpre, R. E.; Poiré, R. E.; Macklin, M. L.	1996	Emotional processing during eye movement desensitization and reprocessing therapy of Vietnam veterans with chronic posttraumatic stress disorder	Comprehensive psychiatry	37	6	419–429	This study examined emotional processing and outcome in 17 Vietnam veterans with chronic posttraumatic stress disorder (PTSD) who underwent eye movement desensitization and reprocessing (EMDR) therapy, with and without the eye movement component, in a crossover design. Results supported the occurrence of partial emotional processing, but there were no differences in its extent in the eye-movement versus eyes-fixed conditions. Therapy produced a modest to moderate overall improvement, mostly on the impact of Event Scale. There was slightly more improvement in the eyes-fixed than eye-movement condition. There was little association between the extent of emotional processing and therapeutic outcome. In our hands, EMDR was at least as efficacious for combat-related PTSD as imaginal flooding proved to be in a previous study, and was better tolerated by subjects. However, results suggest that eye movements do not play a significant role in processing of traumatic information in EMDR and that factors other than eye movements are responsible for EMDR's therapeutic effect.
Plassmann, Reinhard	2004	Psychotherapie der Essstörungen: Das bipolare Prinzip der Traumatherapie					Die Psychotherapie von Essstörungen wird unter dem Blickwinkel des bipolaren Prinzips (Belastungspol versus Ressourcenpol) der Traumatherapie betrachtet. Dabei wird deutlich, dass sich in der Biografie von essgestörten Patientinnen und ihren Familien stark gehäuft unverarbeitetes traumatisches Erlebnismaterial findet, reaktiviert durch die psychosexuelle Entwicklung. Die Essstörung hat die Funktion einer Notlösung, mit der die Entwicklung zum Stillstand gebracht wird. Die stationäre Psychotherapie der Essstörungen kann deshalb nach einem psychotraumatologischen Prozessmodell in vier Phasen gegliedert werden (Stabilisierungsphase, Ressourcenorganisation, Exposition, Neuorientierung). In jeder dieser Phasen stehen selbstorganisatorische Prozesse im Vordergrund, denen die Therapie systematisch einen Rahmen bildet. In der Ressourcenverankerung und Exposition kommt auch bipolares "Eye



							Movement Desensitization and Reprocessing" (EMDR) als Weiterentwicklung des Standard-EMDR-Protokolls zur Anwendung.
Plassmann, Reinhard	2007	Psychotherapie traumatisierter Patienten. Die Arbeit mit der bipolaren EMDR-Technik	Trauma & Gewalt	1	4	312–321	Beschrieben werden die Entstehungsgeschichte der modernen Traumatherapie ab dem Jahr 1989 und die Weiterentwicklung des EMDR-Standardprotokolls zum bipolaren EMDR. Dessen Technik wird anhand einer Kasuistik demonstriert. Abschließend werden sowohl die Unterschiede wie auch die Konvergenz des psychoanalytischen und des traumatherapeutischen Krankheits- und Behandlungsmodells erörtert. Dabei wird insbesondere auf den Umgang mit Emotionen und auf den Stellenwert von psychosomatischen Symptomen eingegangen.
Plassmann, Reinhard	2007	Moderne Traumatherapie und Körper					Es wird die Auffassung vertreten, dass die Traumaforschung auf eine Neuformulierung der psychosomatischen Medizin im Sinne einer allgemeinen Theorie für Heilungsprozesse hinausläuft. Aus einer systemtheoretisch synergetischen Perspektive werden Prinzipien einer modernen Traumatherapie vorgestellt, die auch Grundlage einer solchen allgemeinen Theorie sein könnten (das Prinzip der Selbstorganisation, das bipolare Prinzip, das emotionszentrische Prinzip, das Prinzip der Körperlichkeit, das Prinzip der Gegenwärtigkeit). Eine weitere Entwicklung wird in der Hinwendung zu aktuellen Triggering-Prozessen in der therapeutischen Arbeit gesehen. Dieser Bereich wird als "Mikrotraumatologie" bezeichnet. Gemeint sind damit Mikroszenen in der therapeutischen Arbeit, die das Traumaschema enthalten. Die zunehmende Bedeutung, die den Körperrepräsentanzen als Teil der Traumaschemata zukommen, wird besonders hervorgehoben. Die Behandlungstechnik des bipolaren EMDR (Eye Movement Desensitization and Reprocessing) wird beschrieben und an einem Fallbeispiel demonstriert.
Plassmann, Reinhard	2009	Im eigenen Rhythmus. Die EMDR-Behandlung von Essstörungen, Bindungsstörungen, Allergien, Schmerz, Angststörungen, Tinnitus und Süchten					Möglichkeiten der Anwendung von "Eye Movement Desensitization and Reprocessing" (EMDR) bei verschiedenen psychischen und psychosomatischen Störungen werden beschrieben. - Inhalt: (1) R. Plassmann: Was wissen wir über Heilungsprozesse? (2) R. Plassmann: Psychotraumatologie der Essstörung. (3) M. Seidel: Bindungstherapie - EMDR mit Müttern und Kindern. (4) T. Burkart: EMDR bei Bulimia nervosa. (5) C. Erdmann: Allergie und EMDR. (6) C. Erdmann: EMDR und chronischer Schmerz. (7) M. Sack: Aktuelle Befunde zu Wirkfaktoren der EMDR-Behandlung. (8) C. Rost: Die Arbeit mit dem Positiven - Ressourcenorganisation mit EMDR. (9) C. Rost: EMDR in der Behandlung von Trauma bedingten Angststörungen. (10) F. Zengin: Behandlung von Hörsturz und Tinnitus mit EMDR-Therapie. (11) M. Hase: CravEx®-Reprozessierung des Suchtgedächtnisses mit der

							EMDR-Methode. (12) M. Schütz: Migräne und EMDR? Eine Kasuistik. (13) R. Plassmann: Psychoanalyse und EMDR.
Plassmann, Reinhard	2009	Im eigenen Rhythmus. Die EMDR-Behandlung von Essstörungen, Bindungsstörungen, Allergien, Schmerz, Angststörungen, Tinnitus und Süchten					
Plassmann, Reinhard	2009	Psychoanalyse und EMDR					Überlegungen zum Verhältnis zwischen Psychoanalyse und EMDR (Eye Movement Desensitization and Reprocessing) werden angestellt. Nach einer kurzen Erläuterung von Gründen, die dafür sprechen, sich mit dem Verhältnis dieser beiden Behandlungsmethoden zu beschäftigen, werden folgende Aspekte thematisiert: (1) das psychoanalytische Prozessmodell (des "Durcharbeitens"), (2) das "selbstorganisatorische" Prozessmodell der EMDR-Traumatherapie, (3) behandlungstechnische Prinzipien (Prozessfokussierung, die Rolle der Emotionen, die Arbeit mit Ressourcen, die Arbeit mit Körperrepräsentanzen). Es wird deutlich, dass EMDR und Psychoanalyse klinisch weitgehend mit denselben Patienten arbeiten, dass aus dieser Gemeinsamkeit sehr deutlich kongruente modelltheoretische Weiterentwicklungen resultieren und dass auch etliche Elemente der Behandlungstechnik direkte Entsprechungen aufweisen. Deshalb könnten Psychoanalytiker die EMDR-Therapie als Anregung nutzen, die eigenen Modelle und Behandlungstechniken weiterzuentwickeln, und in EMDR-Behandlungen könnten Übertragungsprozesse zunehmend sorgfältig beachtet werden.
Plassmann, Reinhard	2009	Psychotraumatologie der Essstörung					Im Rahmen von Überlegungen zur Psychotraumatologie der Essstörung wird insbesondere gezeigt, welche Impulse von der modernen Traumatherapie ausgegangen sind und wie effektiv sie auf die Behandlung von Essstörungen angewendet werden. Zunächst wird auf den durch die EMDR (Eye Movement Desensitization and Reprocessing) erbrachten Nachweis der Wirksamkeit psychischer Selbstheilungssysteme hingewiesen. Das bipolare Prinzip der Psychotherapie, in dem ein negativer Pol (Konflikte, Traumata) von einem positiven Pol (Ressourcen) unterschieden wird, wird erläutert. Dann wird auf die Übertragung dieses selbstorganisatorischen Prozessmodells aus der Traumatherapie auf die Psychotherapie der Essstörungen eingegangen. Beschrieben werden dabei die Ausgangssituation und die verschiedenen Therapiephasen (Stabilisierung, Ressourcenorganisation, Exposition, Neuorientierung). Befunde zur Wirksamkeit werden vorgestellt. Sie beziehen sich auf eine Stichprobe von 124 Patientinnen mit Essstörungen, die vom

							September 2003 bis zum März 2006 stationär behandelt worden waren. An einem Fallbeispiel (18-jährige Bulimikerin) wird das therapeutische Vorgehen illustriert. Eine zentrale Aufgabe des Therapeuten wird darin gesehen, günstige Rahmenbedingungen für den selbstorganisatorischen Heilungsprozess zu schaffen.
Plassmann, Reinhard	2009	Was wissen wir über Heilungsprozesse?					Das Wissen über Heilungsprozesse in der Traumabehandlung mit EMDR (Eye Movement Desensitization and Reprocessing) wird erörtert. Dabei wird gezeigt, dass der Heilungsprozess bzw. der mentale Transformationsprozess selbstorganisatorisch, emotiozentrisch und bipolar verläuft. Die Regeln bzw. Prinzipien, die helfen, mentale Reorganisationsprozesse zu induzieren, zu fokussieren und zu steuern, werden besprochen: (1) das Prinzip der Prozessfokussierung (Vom Was zum Wie), (2) das Prinzip Gegenwärtigkeit (ein Feuer wird jetzt gelöscht), (3) das Finden der richtigen emotionalen Temperatur (Arbeit am Toleranzfenster), (4) das bipolare Prinzip (das Pendel zum Schwingen bringen), (5) im Kleinen beginnen (von unten auf den Berg steigen), (6) die Kunst des Lassens (Wasser findet immer seinen Weg).
Plassmann, Reinhard	2011	Selbstorganisation. Über Heilungsprozesse in der Psychotherapie					Erläutert werden die Arbeitsweise der Prozessorientierten Psychotherapie, die Arbeit mit der Eye Movement Desensitization Therapy (EMDR) und das Selbstorganisatorische Modell, mit dem sich seelische Heilungsprozesse erklären lassen. Gemeinsamkeit dieser Verfahren ist das Auflösen seelischer Belastungen, was als Transformationsprozess bezeichnet wird. Ein Traumaschema wandelt sich dabei in etwas Normales, Gesundes. Die Aufgabe von Psychotherapie ist es, diesen Prozess an notwendigen Punkten zu unterstützen, damit sich neue Muster des Fühlens und Denkens bilden können. Neben den Grundlagen werden Anwendungen bei selbstverletzendem Verhalten und bei Essstörungen dargestellt. - Inhalt: (1) Psychosomatische Medizin: Eine Standortbestimmung. (2) Integrierte Medizin und Neurobiologie: Das Menschenbild der Humanmedizin. (3) Konstruktion von Wirklichkeit (mit Thure von Uexküll. (4) Der Arzt als Detektiv: Das Münchhausen-by-proxy-Syndrom. (5) Unbewusste Operationsmotive. (6) Selbst zugefügter Schmerz: Psychoanalytische und therapeutische Aspekte selbstverletzenden Verhaltens. (7) Kinder ohne Bindung in virtuellen Welten: Eine psychotherapeutische Bestandsaufnahme. (8) Essstörungen als psychisches Trauma. (9) Psychotraumatologie der Essstörungen: Das bipolare Prinzip in der Traumatherapie. (10) Stationäre Psychotherapie mit essgestörten Patientinnen: Die bipolare EMDR-Technik. (11) EMDR in der Gruppe bei Essstörungen: Das

							<p>Ressourcenverankerungsprotokoll (mit Marion Seidel). (12) EMDR in der Essstörungsbehandlung (mit Marion Seidel). (13) Psychoanalyse und EMDR. (14) Kann man Heilungsprozesse fühlen? (15) Gibt es ein psychisches Selbstheilungssystem? Über die Behandlung von psychosomatischen Symptomen bei Traumatisierten. (16) Prozessorientierte Psychotherapie und Beratung: Von der Einzelmethode zum Prozess. (17) Wenn die Seele wachsen möchte: Von der Inhaltsdeutung zur Prozessdeutung. (18) Stabilisierung als selbstorganisatorischer Prozess. (19) Weiterbildung Prozessorientierte Gruppentherapie.</p>
Plassmann, Reinhard	2014	EMDR in der Essstörungsbehandlung					<p>Die Integration methodischer Varianten von "Eye Movement Desensitization and Reprocessing" (EMDR) in die Behandlungsstrukturen der stationären Psychotherapie von Essstörungen wird beschrieben. Die EMDR ist ein traumatherapeutisches Verfahren, das auf die Auflösung von emotionalem Belastungsmaterial abzielt, aber auch zur Ressourcenorganisation eingesetzt werden kann. Im Einzelnen werden folgende Varianten von EMDR vorgestellt: (1) Kurz-EMDR, (2) Positiv-EMDR, (3) bipolares EMDR, (4) bipolares EMDR in der Gruppe, (5) die Mini-PTBS-Technik. Es wird betont, dass sich diese EMDR-Modifikationen als sehr nützlich erwiesen haben und mittlerweile auch in die Behandlungsstrategien anderer Krankheitsbilder integriert werden.</p>
Plassmann, Reinhard	2015	Prozessorientierte stationäre Psychotherapie. Ein Leitfaden für die Praxis					<p>Psychotherapie hat die Aufgabe, seelisches Wachstum zu fördern. Wenn die Alltagssituation der Betroffenen dieses seelische Wachstum nicht mehr zulässt, wird stationäre Psychotherapie erforderlich. Der stationäre Behandlungsrahmen, so komplex er ist, hat im Grunde einfache Aufgaben: die Förderung seelischer Stabilisierung, seelischer Entwicklung sowie die Transformation von emotionalem Belastungsmaterial. Für die Gewährleistung eines solchen Behandlungsrahmens stellt der prozessorientierte Ansatz ein geeignetes Modell dar, der speziell für die stationäre Psychotherapie von Traumafolgestörungen, Persönlichkeitsstörungen, Essstörungen und Bindungsstörungen bei Erwachsenen, Jugendlichen und Kindern entwickelt wurde. Im vorliegenden Buch wird die Behandlungsmethode praxisnah und detailliert beschrieben: die Arbeit mit Stabilisierungsverträgen in der Stabilisierungsphase, die Methodik des Expositionsprozesses, die Technik der prozessorientierten Gruppentherapie und die Arbeit mit EMDR bis hin zur Dokumentation. Das Buch gibt den Behandelnden konkrete Modelle an die Hand und den Behandelten leicht verständliche</p>

							Einblicke in die Arbeitsweise einer modernen psychotherapeutischen Klinik. - Inhalt: (1) Prästationäre Stabilisierung. (2) Stabilisierungsphase. (3) EMDR in der Stabilisierungsphase. (4) Prozessorientierte Einzeltherapie. (5) Prozessorientierte Gruppentherapie. (6) Prozessorientierte Psychotherapie: Exposition. (7) Ärztliche Berichte. (8) Anhang: Stabilisierungsverträge und Stabilisierungsprotokolle.
Plassmann, Reinhard; Seidel, Marion; Burkart, Thomas; Uebele, Christian	2007	Die Kunst des Lassens. Psychotherapie mit EMDR für Erwachsene und Kinder					Grundlagen und Praxis von EMDR (Eye Movement Desensitization and Reprocessing) als Methode der Therapie emotionaler Traumata werden umfassend dargestellt. Der Autor beschreibt ausführlich den Einsatz des Verfahrens in der stationären Psychotherapie und erläutert seine Anwendung nicht nur bei Posttraumatischen Belastungsstörungen (PTSB), sondern auch bei Essstörungen und Bindungsstörungen. Möglichkeiten der Kombinationsbehandlung, Ergebnisse der Wirkungsforschung und die neurobiologischen Grundlagen des Verfahrens werden referiert. - Inhalt:(1) Macht Therapie den Therapeuten kreativ? (2) Was ist moderne Traumatherapie? (3) Moderne Traumatherapie und Psychoanalyse nähern sich an. (4) Das 4-Phasen-Modell der stationären Psychotherapie. (5) Brauchen essgestörte Patientinnen Traumatherapie? (6) Was ist eigentlich ein Krankenhaus? (7) Zur Methodik der stationären Psychotherapie? (8) Was sind Mini-PTBS? (9) M. Seidl: Stationäre Psychotherapie bindungsgestörter und traumatisierter Kinder und Jugendlicher und ihrer Mütter und Väter. (10) Wie passen Verhaltenstherapie und Körpertherapie zur EMDR. (11) Behandlungsergebnisse. (12) Zur Neurobiologie der Heilungsprozesse. (13) Einige Gedanken zurück und einige Gedanken nach vorne. (14) Anhang: Impressionen aus der Teamarbeit. Die männliche und die weibliche Therapie.
Pocock, David	2011	The promise of EMDR in family and systemic psychotherapy: a clinical complement to Field and Cottrell	Journal of Family Therapy	33	4	389–399	Annalisa Field and David Cottrell's careful and balanced summary of the current state of evidence of the effectiveness of eye movement desensitization and reprocessing (EMDR) with children and adolescents is to be welcomed. They conclude that there is, despite an overall lack of good quality studies, some encouraging emerging evidence. They set out a future scenario for development in which these hopeful indications may be sufficient to convince clinicians to train and consider using EMDR in practice. That may in turn lead to more people publishing the results of their nascent practice, and greater availability of therapists would enable larger scale randomized controlled studies to be designed and carried out. In this clinical addendum I seek to complement Field and Cottrell's sense of promise

							by setting out ways in which EMDR has become incorporated in my systemic psychotherapy practice during the last 3 years.
Pokhariyal, Ganesh P.; Rono, Ruthie; Munywoki, Samson	2013	Analysis of treatment methods for victims of torture in Kenya and East Africa Region	Traumatology	19	2	107–117	In this article, a comparative study of multisensory trauma processing (MTP) and conventional treatment (CT) on victims of torture/trauma (VOTs) for Kenyan citizens and refugees from East African Region has been undertaken. Kenyan VOTs were selected from the rosters of People Against Torture (PAT) and Release Political Prisoners (RPP). Refugee VOTs were selected from the United Nations High Commission for Refugees (UNHCR) and Urban Refugee Program implemented by GOAL, Kenya. Participants were randomly assigned to the two (MTP and CT) conditions, and the Stress State Inventory (SSI) scores were used to measure changes in posttraumatic stress disorder (PTSD) symptoms. Data values for 34 Kenyan and 35 refugee VOTs were recorded and analyzed. The study confirms the occurrence of PTSD in both samples. The results revealed that PTSD prevalence was 56% among Kenyan and 77% among refugee VOTs. Both treatments reduced SSI scores and PTSD symptoms in the participants. The study provides preliminary evidence that MTP and CT are almost equally effective for Kenyan sample, whereas CT appears to be more effective for refugee sample in PTSD treatment. The paired t test was conducted to check the significance of the difference in the two treatment methods. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Poli, Andrea; Gemignani, Angelo; Miccoli, Mario	2022	Randomized Trial on the Effects of a Group EMDR Intervention on Narrative Complexity and Specificity of Autobiographical Memories: A Path Analytic and Supervised Machine-Learning Study	International journal of environmental research and public health	19	13		Narratives of autobiographical memories may be impaired by adverse childhood experiences, generating narrative fragmentation and increased levels of perceived distress. Eye movement desensitization and reprocessing (EMDR) proved to be an effective treatment to overcome traumatic experiences and to promote coherent autobiographical narratives. However, the specific mechanisms by which EMDR promotes narrative coherence remains largely unknown. We conducted a randomized controlled pilot trial (ClinicalTrials.gov Identifier NCT05319002) in a non-clinical sample of 27 children recruited in a primary school. Participants were randomly assigned to the experimental and control groups. The experimental group underwent a three-week group EMDR intervention. Subjective unit of distress (SUD), validity of cognition (VoC), classification of autobiographical memories, narrative complexity and specificity were assessed before and after the group EMDR intervention. The group EMDR intervention was able to improve SUD and VoC scales, narrative complexity and specificity, and promoted the classification of autobiographical memories as relational. The path analysis showed

							that SUD was able to predict VoC and narrative specificity, which, in turn, was able to predict both narrative complexity and the classification of autobiographical memories as relational. Machine-learning analysis showed that random tree classifier outperformed all other models by achieving a 93.33% accuracy. Clinical implications are discussed.
Polusny, Melissa A.; Ries, Barry J.; Meis, Laura A.; DeGarmo, David; McCormick-Deaton, Catherine M.; Thuras, Paul; Erbes, Christopher R.	2011	Effects of parents' experiential avoidance and PTSD on adolescent disaster-related posttraumatic stress symptomatology	Journal of Family Psychology	25	2	220–229	Despite the importance of family context to adolescents' reactions following disaster, little research has examined the role of parents' functioning on adolescents' disaster-related posttraumatic stress disorder (PTSD) symptoms. Using data from 288 adolescents (ages 12 to 19 years) and 288 parents exposed to a series of severe tornadoes in a rural Midwestern community, this study tested a conceptual model of the interrelationships between individual and parental risk factors on adolescents' disaster-related PTSD symptoms using structural equation modeling. Results showed that the psychological process of experiential avoidance mediated the relationship between family disaster exposure and PTSD for both adolescents and their parents. Parents' PTSD symptoms independently predicted adolescents' PTSD symptoms. Further, parents' postdisaster functioning amplified the effects of adolescent experiential avoidance on adolescents' disaster-related PTSD symptoms. Findings highlight the importance of family context in understanding adolescents' postdisaster reactions. Clinical implications are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ponniah, Kathryn; Hollon, Steven D.	2009	Empirically supported psychological treatments for adult acute stress disorder and posttraumatic stress disorder: a review	British Journal of Psychotherapy (British Journal of Psychotherapy)	26	12	1086–1109	Abstract Background: Acute stress disorder (ASD) predicts the development of posttraumatic stress disorder (PTSD), which in some sufferers can persist for years and lead to significant disability. We carried out a review of randomized controlled trials to give an update on which psychological treatments are empirically supported for these disorders, and used the criteria set out by Chambless and Hollon [1998: J Consult Clin Psychol 66:7?18] to draw conclusions about efficacy, first irrespective of trauma type and second with regard to particular populations. Methods: The PsycINFO and PubMed databases were searched electronically to identify suitable articles published up to the end of 2008. Fifty-seven studies satisfied our inclusion criteria. Results: Looking at the literature undifferentiated by trauma type, there was evidence that trauma-focused cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) are efficacious and specific for PTSD, stress inoculation training, hypnotherapy, interpersonal psychotherapy, and psychodynamic therapy are possibly efficacious for PTSD and trauma-

							focused CBT is possibly efficacious for ASD. Not one of these treatments has been tested with the full range of trauma groups, though there is evidence that trauma-focused CBT is established in efficacy for assault- and road traffic accident-related PTSD. Conclusions: Trauma-focused CBT and to a lesser extent EMDR (due to fewer studies having been conducted and many having had a mixed trauma sample) are the psychological treatments of choice for PTSD, but further research of these and other therapies with different populations is needed. Depression and Anxiety, 2009. ? 2009 Wiley-Liss, Inc.
Ponniah, Kathryn; Hollon, Steven D.	2009	Empirically supported psychological treatments for adult acute stress disorder and posttraumatic stress disorder: a review	Depression and anxiety	26	12	1086–1109	Acute stress disorder (ASD) predicts the development of posttraumatic stress disorder (PTSD), which in some sufferers can persist for years and lead to significant disability. We carried out a review of randomized controlled trials to give an update on which psychological treatments are empirically supported for these disorders, and used the criteria set out by Chambless and Hollon [1998: J Consult Clin Psychol 66:7-18] to draw conclusions about efficacy, first irrespective of trauma type and second with regard to particular populations. The PsycINFO and PubMed databases were searched electronically to identify suitable articles published up to the end of 2008. Fifty-seven studies satisfied our inclusion criteria. Looking at the literature undifferentiated by trauma type, there was evidence that trauma-focused cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) are efficacious and specific for PTSD, stress inoculation training, hypnotherapy, interpersonal psychotherapy, and psychodynamic therapy are possibly efficacious for PTSD and trauma-focused CBT is possibly efficacious for ASD. Not one of these treatments has been tested with the full range of trauma groups, though there is evidence that trauma-focused CBT is established in efficacy for assault- and road traffic accident-related PTSD. Trauma-focused CBT and to a lesser extent EMDR (due to fewer studies having been conducted and many having had a mixed trauma sample) are the psychological treatments of choice for PTSD, but further research of these and other therapies with different populations is needed.
Power, Kevin; McGoldrick, Theresa; Brown, Keith; Buchanan, Robin; Sharp, Donald;	2002	A controlled comparison of eye movement desensitization and reprocessing versus exposure plus cognitive restructuring versus waiting list in the	Clin. Psychol. Psychother. (Clinical psychology & psychotherapy)	9	5	299–318	Abstract A total of 105 patients with post-traumatic stress disorder (PTSD) were randomly allocated to eye-movement desensitization and reprocessing (EMDR) (n = 39) versus exposure plus cognitive restructuring (E + CR) (n = 37) versus waiting list (WL) (n = 29) in a primary care setting. EMDR and E + CR patients received a maximum of 10 treatment sessions over a 10-week period. All patients were



Swanson, Vivien; Karatzias, Athanasios		treatment of post-traumatic stress disorder					<p>assessed by blind raters prior to randomization and at end of the 10-week treatment or waiting list period. EMDR and E + CR patients were also assessed by therapists at the mid-point of the 10-week treatment period and on average at 15 months follow-up. Patients were assessed on a variety of assessor-rated and self-report measures of PTSD symptomatology including the Clinician Administered PTSD Scale (CAPS), the Impact of Events Scale (IOE) and a self-report version of the SI-PTSD Checklist. Measures of anxiety and depression included the Montgomery Asberg Depression Rating Scale (MADRS), the Hamilton Anxiety Scale (HAM-A) and the Hospital Anxiety and Depression Scale (HADS). A measure of social function, the Sheehan Disability Scale was also used. Drop-out rates between the three groups were 12 EMDR, 16 E + CR and five WL. Treatment end-point analyses were conducted on the remaining 72 patients. Repeated measures analysis of variance of treatment outcome at 10 weeks revealed significant time, interaction and group effects for all the above measures. In general there were significant and substantial pre?post reductions for EMDR and E + CR groups but no change for the WL patients. Both treatments were effective over WL. The only indication of superiority of either active treatment, in relation to measures of clinically significant change, was a greater reduction in patient self-reported depression ratings and improved social functioning for EMDR in comparison to E + CR at the end of the treatment period and for fewer number of treatment sessions for EMDR (mean 4.2) than E + CR (mean 6.4) patients. At 15 months follow-up treatment gains were generally well-maintained with the only difference, in favour of EMDR over E + CR, occurring in relation to assessor-rated levels of clinically significant change in depression. However, exclusion of patients who had subsequent treatment during the follow-up period diminished the proportion of patients achieving long-term clinically significant change. In summary, at end of treatment and at follow-up, both EMDR and E + CR are effective in the treatment of PTSD with only a slight advantage in favour of EMDR. Copyright ? 2002 John Wiley &amp; Sons, Ltd.</p>
Powers, Abigail; Stevens, Jennifer S.; O'Banion, David; Stenson, Anaïs F.; Kaslow, Nadine; Jovanovic, Tanja; Bradley, Bekh	2022	Intergenerational transmission of risk for PTSD symptoms in African American children: The roles of maternal and child emotion dysregulation	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele ctr oni	1099- 1106	<p>Objective: Emotion dysregulation is a transdiagnostic risk factor for many mental health disorders and develops in the context of early trauma exposure. Research suggests intergenerational risk associated with trauma exposure and posttraumatic stress disorder (PTSD), such that maternal trauma experiences and related symptoms can negatively impact child outcomes across development. The goals of the present study were to examine child and mother correlates of child</p>

					c), 19 42- 96 81( Pri nt)		PTSD symptoms and the unique roles of child and maternal emotion dysregulation in understanding child PTSD symptoms. Method: Subjects included 105 African American mother-child dyads from an urban hospital serving primarily low-income minority individuals. Results: Correlational results showed that child trauma exposure, child emotion dysregulation, maternal depressive symptoms, maternal emotion dysregulation, and potential for maternal child abuse all were significantly associated with child PTSD symptoms (ps p Rchange <sup>2</sup> = 0.14, p Rchange <sup>2</sup> = 0.04, p < .05) were significantly associated with child PTSD symptoms independent of other risk factors and potential for maternal abuse was no longer a significant predictor. Conclusions: These results suggest that maternal emotion dysregulation may be an important factor in influencing their child's PTSD symptoms above and beyond child-specific variables. Both maternal and child emotion dysregulation could be valuable treatment targets for improving maternal mental health and parenting behaviors and bolstering child health outcomes, thus reducing intergenerational transmission of risk associated with trauma. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Powers, Mark B.; Halpern, Jacqueline M.; Ferenschak, Michael P.; Gillihan, Seth J.; Foa, Edna B.	2010	A meta-analytic review of prolonged exposure for posttraumatic stress disorder	Clinical psychology review	30	6	635–641	Two decades of research demonstrate the efficacy of exposure therapy for posttraumatic stress disorder (PTSD). The efficacy of prolonged exposure (PE), a specific exposure therapy program for PTSD that has been disseminated throughout the world, has been established in many controlled studies using different trauma populations. However, a meta-analysis of the effectiveness of PE for PTSD has not been conducted to date. The purpose of the current paper is to estimate the overall efficacy of PE for PTSD relative to adequate controls. We included all published randomized controlled trials of PE vs. control (wait-list or psychological placebo) for the treatment of PTSD in adolescents or adults. Treatments were classified as PE if they included multiple sessions of imaginal and in vivo exposure and were based on the manualized treatment developed by Foa, Rothbaum, Riggs, and Murdock (1991). Thirteen studies with a total sample size of 675 participants met the final inclusion criteria. The primary analyses showed a large effect for PE versus control on both primary (Hedges's $g=1.08$ ) and secondary (Hedges's $g=0.77$ ) outcome measures. Analyses also revealed medium to large effect sizes for PE at follow-up, both for primary (Hedges's $g=0.68$ ) and secondary (Hedges's $g=0.41$ ) outcome measures. There was no significant difference between PE and other active treatments (CPT, EMDR, CT, and SIT). Effect sizes were not

							moderated by time since trauma, publication year, dose, study quality, or type of trauma. The average PE-treated patient fared better than 86% of patients in control conditions at post-treatment on PTSD measures. PE is a highly effective treatment for PTSD, resulting in substantial treatment gains that are maintained over time.
Price, Julia; Genuario, Kimberly; Romeo, Debra; Pruden, Kelly; Elwell, Sean; Matwiejewicz, Donna; Friedlander, Emily; Jaszczyszyn, Danielle	2019	Implementation of a standardized screening program for risk of posttraumatic stress disorder among youth hospitalized with injury	Psychological Services		19 39- 14 8X( Ele ctr oni c), 15 41- 15 59( Pri nt)	48-57	Children with pediatric injury and their parents are at risk for developing posttraumatic stress disorder (PTSD). Although challenging to implement, standardized screening for risk of developing PTSD can identify families most at risk. The current retrospective, chart review study evaluated the implementation of a clinical program that integrated screening for risk of PTSD into standard care for youth admitted to a Level I pediatric trauma center due to injury. Advanced practice nurses administered the Screening Tool for Early Predictors of PTSD (STEPP), a brief screen that evaluates risk of developing PTSD for injured children (ages 8-17 years) and their parents. Positive parent or child STEPPs prompted a referral to psychology for an inpatient consultation. Data were collected via review of electronic medical records and trauma program registry, including demographic, injury, and admission information, completion of and result on the STEPP, and completion of a psychology consultation. During the 2.5 year study period, 1,153 youth (birth-17 years) were admitted due to injury. Among those eligible for the STEPP (i.e., ≥8 years; N = 562), 67% completed the STEPP. Among those who completed the STEPP, 25% had positive parent or child screens and 68% of these completed an inpatient psychology consultation. Standardized screening was related to significantly higher use of inpatient psychology services compared with a control sample not eligible for screening (i.e., <8 years). STEPP scores varied by demographic, admission and injury factors. Results suggest standardized screening is feasible and improves reach of trauma-informed care. Barriers and facilitators of this screening program are discussed. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Price, Matthew; Yuen, Erica K.; Davidson, Tatiana M.; Hubel, Grace; Ruggiero, Kenneth J.	2015	Access and completion of a web-based treatment in a population-based sample of tornado-affected adolescents	Psychological Services	12	3		Although Web-based treatments have significant potential to assess and treat difficult-to-reach populations, such as trauma-exposed adolescents, the extent that such treatments are accessed and used is unclear. The present study evaluated the proportion of adolescents who accessed and completed a Web-based treatment for postdisaster mental health symptoms. Correlates of access and completion were examined. A sample of 2,000 adolescents living in tornado-affected communities was assessed via structured telephone

							interview and invited to a Web-based treatment. The modular treatment addressed symptoms of posttraumatic stress disorder, depression, and alcohol and tobacco use. Participants were randomized to experimental or control conditions after accessing the site. Overall access for the intervention was 35.8%. Module completion for those who accessed ranged from 52.8% to 85.6%. Adolescents with parents who used the Internet to obtain health-related information were more likely to access the treatment. Adolescent males were less likely to access the treatment. Future work is needed to identify strategies to further increase the reach of Web-based treatments to provide clinical services in a postdisaster context. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Pruessner, Marita; Bécharde-Evans, Laura; Boekestyn, Ludmila; Iyer, Srividya N.; Pruessner, Jens C.; Malla, Ashok K.	2013	Attenuated cortisol response to acute psychosocial stress in individuals at ultra-high risk for psychosis	Schizophrenia research	146	1-3	79–86	We recently reported that individuals at ultra-high risk for the development of psychosis (UHR) have elevated levels of chronic stress and deficits in the putative protective factors self-esteem, social support and coping skills. The aim of the present study was to assess endocrine and autonomic responses to acute psychosocial stress and their associations with self-ratings of stress and protective factors in individuals at UHR. Twenty-one patients diagnosed with an "at risk mental state" (12 male, 9 female; mean age 20.8 ± 3.27) and 21 healthy age and gender matched community controls were exposed to the Trier Social Stress Test (TSST). Saliva samples for cortisol assessment and measurements of heart rate and blood pressure were taken throughout the testing period. Levels of perceived chronic stress, protective factors and depression were assessed with reference to the preceding month and year (stress only). Compared to healthy controls, individuals at UHR reported significantly higher levels of depression, deficits in protective factors, and a trend for higher chronic stress levels. Cortisol levels and systolic blood pressure during the TSST were significantly lower in the UHR group, while heart rate changes were comparable to controls. Lower cortisol levels in the UHR group were associated with higher self-ratings of stress in the past year and a lower level of education. Attenuated cortisol responses to acute psychosocial stress in the presence of high chronic stress could indicate a desensitization of the HPA axis. Associated poor metabolic and psychological adjustment to stress might increase vulnerability for the development of psychosis.
Pruitt, Larry D.; Zoellner, Lori A.; Feeny, Norah C.;	2012	The effects of positive patient testimonials on PTSD treatment choice	Behaviour research and therapy	50	12	805–813	Despite the existence of effective treatment options for PTSD, these treatments are failing to reach those that stand to benefit from PTSD treatment. Understanding the processes underlying an individual's treatment seeking behavior holds the potential for reducing treatment-

Caldwell, Daniel; Hanson, Robert							seeking barriers. The current study investigates the effects that positive treatment testimonials have on decisions regarding PTSD treatment. An undergraduate (N = 439) and a trauma-exposed community (N = 203) sample were provided with videotaped treatment rationales for prolonged exposure (PE) and sertraline treatments of PTSD. Half of each sample also viewed testimonials, detailing a fictional patient's treatment experience. All participants then chose among treatment options and rated the credibility of - and personal reactions toward - those options. Among treatment naïve undergraduates, testimonials increased the proportion choosing PE alone; and among treatment naïve members of the trauma-exposed community sample, testimonials increased the proportion choosing a combined PE plus sertraline treatment. These effects were not observed for those with prior history of either psychotherapeutic or pharmacological treatment. Major barriers exist that prevent individuals with PTSD from seeking treatment. For a critical unreached treatment sample, those who are treatment naïve, positive patient testimonials offer a mechanism in which to make effective treatments more appealing and accessible.
Puffer, Marian K.; Greenwald, Ricky; Elrod, Douglas E.	1998	A single session EMDR study with twenty traumatized children and adolescents	Traumatology	3	2		
Puk, G.	1991	Treating traumatic memories: a case report on the eye movement desensitization procedure	Journal of behavior therapy and experimental psychiatry	22	2	149–151	There are at present three published papers on the eye movement desensitization procedure. This paper reports two successfully treated cases, one with traumatic memories of childhood sexual abuse, and the other based on memories of a terminally ill sister. Follow-ups of 12 and 6 months, respectively showed maintenance of treatment effects.
Pulay, Márk Ágoston	2015	Eye-tracking and EMG supported 3D Virtual Reality - an integrated tool for perceptual and motor development of children with severe physical disabilities: a research concept	Studies in health technology and informatics	217		840–846	Letting children with severe physical disabilities (like Tetraparesis spastica) to get relevant motional experiences of appropriate quality and quantity is now the greatest challenge for us in the field of neurorehabilitation. These motional experiences may establish many cognitive processes, but may also cause additional secondary cognitive dysfunctions such as disorders in body image, figure invariance, visual perception, auditory differentiation, concentration, analytic and synthetic ways of thinking, visual memory etc. Virtual Reality is a technology that provides a sense of presence in a real environment with the help of 3D pictures and animations formed in a computer environment and enable the person to interact with the objects in that environment. One of our biggest challenges is to find a well suited input device (hardware) to let the children with severe physical disabilities to interact with the computer. Based on our own

							experiences and a thorough literature review we have come to the conclusion that an effective combination of eye-tracking and EMG devices should work well.
Pull, Charlotte N.; Pull, Charles B.	2014	Current Status of Treatment for Posttraumatic Stress Disorder: Focus on Treatments Combining Pharmacotherapy and Cognitive-Behavioral Therapy	International Journal of Cognitive Therapy	7	2	149–161	
Punamäki, Raija-Leena; Diab, Safwat Y.; Isosävi, Sanna; Kuittinen, Saija; Qouta, Samir R.	2018	Maternal pre- and postnatal mental health and infant development in war conditions: The Gaza Infant Study	Psychological trauma : theory, research, practice and policy	10	2	144–153	Objective: Women and their infants need special protection in war context, as traumatic events can risk maternal mental and obstetric health and compromise infant development. This prospective study examined, first, how exposure to war trauma is associated with maternal mental health in pregnancy and postpartum, obstetric and newborn health, and infant development. Second, it tested the role of maternal mental health and obstetric risks in mediating between war trauma and infant development. Method: Palestinian women (N = 511) from the Gaza strip participated during pregnancy (T1) and at 4 (T2) and 12 (T3) months postpartum. They reported PTSD, depressive, anxiety, and dissociative symptoms, as well as pregnancy complications, newborn health risks such as prematurity, and infant sensorimotor and language development. Results: First, exposure to war trauma was associated with high levels of maternal mental health and complications at pregnancy, and with increased postpartum mental health symptoms, but exposure was not directly associated with newborn health risks or problems in infant development. Second, maternal mental health both in pregnancy and postpartum, but not pregnancy complications or newborn health, mediated the negative impact of war trauma on infant sensorimotor and language development at 12 months. Conclusion: Interventions to protect early child development in war conditions should be tailored to support maternal mental health. (PsycINFO Database Record (c) 2018 APA, all rights reserved)
Purgato, Marianna; Gastaldon, Chiara; Papola, Davide; van Ommeren, Mark; Barbui, Corrado; Tol, Wietse A.	2018	Psychological therapies for the treatment of mental disorders in low- and middle-income countries affected by humanitarian crises	The Cochrane database of systematic reviews	7	7	CD011849	BACKGROUND: People living in humanitarian settings in low- and middle-income countries (LMICs) are exposed to a constellation of stressors that make them vulnerable to developing mental disorders. Mental disorders with a higher prevalence in these settings include post-traumatic stress disorder (PTSD) and major depressive, anxiety, somatoform (e.g. medically unexplained physical symptoms (MUPS)), and related disorders. A range of psychological therapies are used to manage symptoms of mental disorders in this population. OBJECTIVES: To compare the effectiveness and acceptability of

						<p>psychological therapies versus control conditions (wait list, treatment as usual, attention placebo, psychological placebo, or no treatment) aimed at treating people with mental disorders (PTSD and major depressive, anxiety, somatoform, and related disorders) living in LMICs affected by humanitarian crises. <b>SEARCH METHODS:</b> We searched the Cochrane Common Mental Disorders Controlled Trials Register (CCMDCTR), the Cochrane Central Register of Controlled Trials (Wiley), MEDLINE (OVID), Embase (OVID), and PsycINFO (OVID), with results incorporated from searches to 3 February 2016. We also searched the World Health Organization (WHO) trials portal (ICTRP) and ClinicalTrials.gov to identify any unpublished or ongoing studies. We checked the reference lists of relevant studies and reviews. <b>SELECTION CRITERIA:</b> All randomised controlled trials (RCTs) comparing psychological therapies versus control conditions (including no treatment, usual care, wait list, attention placebo, and psychological placebo) to treat adults and children with mental disorders living in LMICs affected by humanitarian crises. <b>DATA COLLECTION AND ANALYSIS:</b> We used standard Cochrane procedures for collecting data and evaluating risk of bias. We calculated standardised mean differences for continuous outcomes and risk ratios for dichotomous data, using a random-effects model. We analysed data at endpoint (zero to four weeks after therapy); at medium term (one to four months after therapy); and at long term (six months or longer). <b>GRADE</b> (Grades of Recommendation, Assessment, Development, and Evaluation) was used to assess the quality of evidence for post-traumatic stress disorder (PTSD), depression, anxiety and withdrawal outcomes. <b>MAIN RESULTS:</b> We included 36 studies (33 RCTs) with a total of 3523 participants. Included studies were conducted in sub-Saharan Africa, the Middle East and North Africa, and Asia. Studies were implemented in response to armed conflicts; disasters triggered by natural hazards; and other types of humanitarian crises. Together, the 33 RCTs compared eight psychological treatments against a control comparator. Four studies included children and adolescents between 5 and 18 years of age. Three studies included mixed populations (two studies included participants between 12 and 25 years of age, and one study included participants between 16 and 65 years of age). Remaining studies included adult populations (18 years of age or older). Included trials compared a psychological therapy versus a control intervention (wait list in most studies; no treatment; treatment as usual). Psychological therapies were categorised mainly as cognitive-behavioural therapy</p>
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						<p>(CBT) in 23 comparisons (including seven comparisons focused on narrative exposure therapy (NET), two focused on common elements treatment approach (CETA), and one focused on brief behavioural activation treatment (BA)); eye movement desensitisation and reprocessing (EMDR) in two comparisons; interpersonal psychotherapy (IPT) in three comparisons; thought field therapy (TFT) in three comparisons; and trauma or general supportive counselling in two comparisons. Although interventions were described under these categories, several psychotherapeutic elements were common to a range of therapies (i.e. psychoeducation, coping skills). In adults, psychological therapies may substantially reduce endpoint PTSD symptoms compared to control conditions (standardised mean difference (SMD) -1.07, 95% confidence interval (CI) -1.34 to -0.79; 1272 participants; 16 studies; low-quality evidence). The effect is smaller at one to four months (SMD -0.49, 95% CI -0.68 to -0.31; 1660 participants; 18 studies) and at six months (SMD -0.37, 95% CI -0.61 to -0.14; 400 participants; five studies). Psychological therapies may also substantially reduce endpoint depression symptoms compared to control conditions (SMD -0.86, 95% CI -1.06 to -0.67; 1254 participants; 14 studies; low-quality evidence). Similar to PTSD symptoms, follow-up data at one to four months showed a smaller effect on depression (SMD -0.42, 95% CI -0.63 to -0.21; 1386 participants; 16 studies). Psychological therapies may moderately reduce anxiety at endpoint (SMD -0.74, 95% CI -0.98 to -0.49; 694 participants; five studies; low-quality evidence) and at one to four months' follow-up after treatment (SMD -0.53, 95% CI -0.66 to -0.39; 969 participants; seven studies). Dropout rates are probably similar between study conditions (19.5% with control versus 19.1% with psychological therapy (RR 0.98 95% CI 0.82 to 1.16; 2930 participants; 23 studies, moderate quality evidence)). In children and adolescents, we found very low quality evidence for lower endpoint PTSD symptoms scores in psychotherapy conditions (CBT) compared to control conditions, although the confidence interval is wide (SMD -1.56, 95% CI -3.13 to 0.01; 130 participants; three studies;). No RCTs provided data on major depression or anxiety in children. The effect on withdrawal was uncertain (RR 1.87 95% CI 0.47 to 7.47; 138 participants; 3 studies, low quality evidence). We did not identify any studies that evaluated psychological treatments on (symptoms of) somatoform disorders or MUPS in LMIC humanitarian settings.</p> <p><b>AUTHORS' CONCLUSIONS:</b> There is low quality evidence that psychological therapies have large or moderate effects in reducing</p>
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							PTSD, depressive, and anxiety symptoms in adults living in humanitarian settings in LMICs. By one to four month and six month follow-up assessments treatment effects were smaller. Fewer trials were focused on children and adolescents and they provide very low quality evidence of a beneficial effect of psychological therapies in reducing PTSD symptoms at endpoint. Confidence in these findings is influenced by the risk of bias in the studies and by substantial levels of heterogeneity. More research evidence is needed, particularly for children and adolescents over longer periods of follow-up.
Puzicha, Klaus J.; Hansen, Dieter; Weber, Wolfgang W.	2001	Psychologie für Einsatz und Notfall. Internationale truppenpsychologische Erfahrungen mit Auslandseinsätzen, Unglücksfällen, Katastrophen					
Qouta, Samir R.; Peltonen, Kirsi; Diab, Safwat Y.; Anttila, Suvi; Palosaari, Esa; Punamäki, Raija-Leena	2016	Psychosocial intervention and dreaming among war-affected Palestinian children	Dreaming	26	2		We examined, first, what kind of dreams can protect children's mental health from impacts of war trauma, and, second, analyzed whether a psychosocial intervention (Teaching Recovery Techniques [TRT]) is effective in changing dream characteristics (e.g., bizarreness, emotional valence, and the dreamer's role) to be more beneficial or functional. Dream data of 257 Palestinian children (56.3% girls: 10–13-years) based on 14-night diaries was collected in the aftermath of a major war. Of these children 150 participated in the TRT and 107 were controls. They reported their posttraumatic stress (PTSD), depressive symptoms, and psychosocial well-being at baseline and 6 months follow-up. Principal component analyses revealed 3 dream dimensions: Unpleasant, Fragmented, and Lonely Dreams; Practical, Narrative, and Social Dreams; and Pleasant, Active, and Symbolic Dreams. Practical, Narrative, and Social Dreams could fill a protective function, as war trauma did not negatively impact psychosocial well-being among children who reported these dreams. The TRT was not able to increase more beneficial or reduce dysfunctional dream characteristics. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
RABONI, MARA REGINA; TUFIK, SERGIO; SUCHECKI, DEBORAH	2006	Treatment of PTSD by Eye Movement Desensitization Reprocessing (EMDR) Improves Sleep Quality, Quality of life, and Perception of Stress	American Journal of Orthopsychiatry	1071	1	508–513	Abstract: The impact of posttraumatic stress disorder (PTSD) on the sleep of patients is widely reported. However, the parameters that can be altered are not the same for all patients. Some studies report an impairment of sleep maintenance and recurrent nightmares, while others failed to find such alterations. Among the many treatments, the eye movement desensitization reprocessing (EMDR) is a therapy used specifically to treat PTSD and general trauma. The purpose of this

							study was to examine whether EMDR treatment can improve PTSD symptoms, such as sleep, depression, anxiety, and poor quality of life.
Rackham, Libby A.; Lau-Zhu, Alex	2021	Taxing working memory to modulate mental imagery of the 9/11 terrorist attacks following media exposure during childhood: a pilot study in young adult UK residents	Anxiety, stress, and coping	34	4	423–436	BACKGROUND AND OBJECTIVES: Media trauma in civilians is linked to intrusive imagery-based memory symptoms. We investigated whether mental imagery of the 9/11 terrorist attacks following media exposure is dampened by taxing working memory (WM). METHODS: Forty-five young adult UK residents, who were exposed to the 9/11 terrorist attacks as children via the media, identified a personally-relevant mental image of the attacks. They were then randomly allocated to: (1) recall + Tetris, (2) recall + eye movements (EMs), or (3) recall-only. Ratings on imagery vividness and emotionality were provided at three time points: pre-, post-manipulations, and at 24-hr follow-up. RESULTS: Repeated measures ANOVAs revealed that recall + Tetris and recall + EMs (relative to recall-only) significantly reduced imagery vividness and emotionality from pre- to post-manipulations, but not to follow-up. LIMITATIONS: A passive control group is needed to fully rule out the role of natural memory decay; the follow-up was exploratory and took place outside the laboratory with reduced experimental control. CONCLUSIONS: Aversive memory imagery from media trauma in civilians can be dampened by taxing WM, at least temporarily, which could be therapeutically useful. The use of such cognitive techniques may also hold relevance for public health approaches to address the impact of collective trauma.
Rahimi, Fatemeh; Rejeh, Nahid; Bahrami, Tahereh; Heravi-Karimooi, Majideh; Tadrissi, Seyed Davood; Griffiths, Pauline; Vaismoradi, Mojtaba	2019	The effect of the eye movement desensitization and reprocessing intervention on anxiety and depression among patients undergoing hemodialysis: A randomized controlled trial	Perspectives in psychiatric care	55	4	652–660	Abstract Purpose This study examined the effect of the eye movement desensitization and reprocessing intervention on depression and anxiety in patients undergoing hemodialysis. Design and Methods In this randomized controlled trial, 90 patients were enrolled. The intervention group received six sessions of the eye movement desensitization and reprocessing intervention. Data were collected before and 2 weeks after the intervention using the Hospital Anxiety and Depression Scale. Findings Measured levels of anxiety and depression were significantly reduced in the intervention group compared with preintervention levels and to the control group. Practice implications Nurses can use the eye movement desensitization and reprocessing intervention in clinical practice in combination with psychotropic drugs for the reduction of depression and anxiety in patients undergoing hemodialysis.
Rajagopal, A.; Byars, A.; Schapiro, M.; Lee, G. R.; Holland, S. K.	2014	Success rates for functional MR imaging in children	AJNR. American journal of neuroradiology	35	12	2319–2325	BACKGROUND AND PURPOSE: Functional MR imaging is widely used for research in functional brain development in healthy children. However, obtaining high-quality brain imaging data from pediatric research participants requires cooperation that is challenging for

							<p>young children. In this study, we examined success rates for fMRI in typically developing children in both longitudinal and cross-sectional research study designs to inform the recruitment needs of future pediatric brain imaging studies. MATERIALS AND METHODS: In the cross-sectional study, 459 healthy children (5-18 years of age, 215 girls) were recruited. A subset of 30 healthy children 5-7 years of age from the cross-sectional cohort were selected and scanned for 10 consecutive years in the longitudinal arm of the study. Following anatomic scans, each participant attempted 4 functional MR imaging tasks. Success rate was defined as the proportion of fMRI tasks completed. Differences in success rates across sexes and in cross-sectional-versus-longitudinal cohorts were evaluated by using the Fischer exact test. RESULTS: In the cross-sectional study, 74% of the children completed all tasks. Success rates for individual tasks ranged from 34% to 67% for children 5-7 years of age and 76%-100% for those 8-18 years of age. In the longitudinal study, 89% of children completed all tasks in all 10 years. We established significance (<math>P &lt; .0001</math>) between the cross-sectional and longitudinal cohorts for both 0% and 100% task completion rates. There was no significance between sexes. CONCLUSIONS: When designing pediatric fMRI studies in children, the sample sizes indicated by power analysis should be scaled up according to age (ie, 33% for ages 8-18 years, 50% for ages 5-7 years).</p>
Rajiah, Kingston; Saravanan, Coumaravelou	2014	The effectiveness of psychoeducation and systematic desensitization to reduce test anxiety among first-year pharmacy students	American journal of pharmaceutical education	78	9	163	<p>OBJECTIVE: To analyze the effect of psychological intervention on reducing performance anxiety and the consequences of the intervention on first-year pharmacy students. METHODS: In this experimental study, 236 first-year undergraduate pharmacy students from a private university in Malaysia were approached between weeks 5 and 7 of their first semester to participate in the study. The completed responses for the Westside Test Anxiety Scale (WTAS), the Kessler Perceived Distress Scale (PDS), and the Academic Motivation Scale (AMS) were received from 225 students. Out of 225 students, 42 exhibited moderate to high test anxiety according to the WTAS (score ranging from 30 to 39) and were randomly placed into either an experiment group (n=21) or a waiting list control group (n=21). RESULTS: The prevalence of test anxiety among pharmacy students in this study was lower compared to other university students in previous studies. The present study's anxiety management of psychoeducation and systematic education for test anxiety reduced lack of motivation and psychological distress and improved grade point average (GPA). CONCLUSION: Psychological intervention helped significantly reduce</p>

							scores of test anxiety, psychological distress, and lack of motivation, and it helped improve students' GPA.
Rathschlag, Marco; Memmert, Daniel	2014	Reducing anxiety and enhancing physical performance by using an advanced version of EMDR: a pilot study	Brain and behavior	4	3	348–355	BACKGROUND: The main aim of this pilot study was to investigate an advanced version of eye movement desensitization and reprocessing (EMDR) for reducing anxiety. METHODS: Fifty participants were asked at two times of measurement (T1 and T2 with a rest of 4 weeks) to generate anxiety via the recall of autobiographical memories according to their anxiety. Furthermore, the participants were randomly assigned to an experimental group and a control group, and the experimental group received an intervention of 1-2 h with the advanced version of EMDR in order to their anxiety 2 weeks after T1. At T1 as well as T2, we measured the intensity of participants' anxiety with a Likert scale (LS) and collected participants' state (temporary) and trait (chronic) anxiety with the State-Trait Anxiety Inventory (STAI). In addition, we measured participants' physical performance in a test for the finger musculature under the induction of their anxiety. RESULTS: The results showed that participant's ratings of their perceived intensity of anxiety (measured by a 9-point LS) and the state and trait anxiety decreased significantly in the experimental group but not in the control group from T1 to T2. Moreover, the physical performance under the induction of participants' anxiety increased significantly in the experimental group from T1 to T2 and there were no significant changes in the control group. CONCLUSIONS: The study could show that the advanced version of EMDR is an appropriate method to reduce anxiety.
Rattensberger, Verena; Andreatta, Pia	2009	Das Trauma einer Fehlgeburt: Akute Belastungsreaktion, Erschütterung des Selbst- und Weltverständnisses und Kohärenzgefühl	Zeitschrift für Psychotraumatologie, Psychotherapiewissenschaft, Psychologische Medizin	7	4	81–94	Fehlgeburt wird als potentiell traumatisches Ereignis untersucht. Es werden traumatische Situationsfaktoren beschrieben und an einer Stichprobe von 45 Frauen wurden akute Belastungsreaktionen (Akute Belastungsstörung ABS) wenige Tage nach der Kurretage erhoben. Die in Folge einer Traumatisierung auftretende Erschütterung des Selbst- und Weltverständnisses wurde mit der "World Assumptions Scale" nach Janoff-Bulman erfasst. Weiters wurde einer protektiven Wirkung des Kohärenzsinn, erhoben über die "Sense of Coherence-Skala", für Belastungsfolgen nachgegangen. Die Ergebnisse der Fragebogenuntersuchung zeigten, dass bei 66,6 % der Frauen die Diagnose einer ABS vorlag, wobei alle 45 Frauen die Traumakriterien erfüllten. Sie waren in ihrem Selbst- und Weltbild v. a. hinsichtlich der Grundannahmen Wohlwollen der Welt/der Menschen, der Kontrollierbarkeit, der Selbststeuerbarkeit und der Gerechtigkeit erschüttert, wobei sich ein besonderes Ergebnismuster zeigte.

							Darüber hinaus traten unter höher ausgeprägtem Kohärenzgefühl weniger Belastungsreaktionen auf.
Reddemann, Luise	2006	"Wo aber Gefahr ist, wächst das Rettende auch...&quot	Psychotherapie im Dialog	7	4	418–422	In einem Interview erläutert L. Reddemann die Entwicklung und den aktuellen Stand der Psychotraumatologie in Deutschland. Im Einzelnen werden erste Ansätze der Beschäftigung mit Traumatisierungen in Deutschland, der Beitrag der Frauenbewegung zur Entwicklung der Psychotraumatologie, Veränderungen der Psychotherapie durch die Psychotraumatologie in Richtung einer integrativen Ausrichtung und Entideologisierung, die Etablierung eines guten Versorgungsangebots für akut traumatisierte Menschen, der Kunstfehler der unkritischen Übertragung von Methoden aus der Arbeit mit akut traumatisierten Patienten (etwa Augenbewegungsdesensibilisierung (EMDR)) auf die Psychotherapie von Patienten mit komplexen Traumastörungen, die Notwendigkeit einer Stabilisierung schwer traumatisierter Patienten sowie die Balance zwischen Progression und Regression in der Arbeit mit Traumapatienten behandelt.
Redican, Enya; Sachser, Cedric; Pfeiffer, Elisa; Martsenkovskyi, Dmytro; Hyland, Philip; Karatzias, Thanos; Shevlin, Mark	2023	Validation of the Ukrainian caregiver-report version of the Child and Adolescent Trauma Screen (CATS) in children and adolescents in Ukraine	Psychological trauma : theory, research, practice and policy			No Paginat on Specifie d-No Paginat ion Specifie d	Objective: Emerging research indicates that the ongoing conflict in Ukraine has led to an increased prevalence of war-related posttraumatic stress disorder (PTSD) in children and adolescents. The current study sought to test the psychometric properties of a Ukrainian-translated measure of PTSD for children and adolescents; the Child and Adolescent Trauma Screen (CATS; Sachser et al., 2017). Method: Participants were an opportunistic sample of N = 2,004 parents living in Ukraine who provided data on themselves and one target child in their household as part of The Mental Health of Parents and Children in Ukraine Study. The latent structure of the parent-reported CATS was tested using confirmatory factor analysis, composite reliability estimates were estimated, and criterion validity was assessed. Results: The latent structure of the parent-reported CATS was best reflected by a three-factor model and a four-factor model in the preschool and child and adolescent samples, respectively. Estimates of internal reliability were high for both samples. Criterion validity was supported through associations with external measures of internalizing, externalizing, and attention problems. Parent-report child milestone development delays and prior psychological or pharmacological support were associated with higher average scores on the CATS symptom scales. The prevalence of probable PTSD for the preschool sample was 15.4% (n = 77) and the prevalence of probable PTSD for the child and adolescent sample was 14.4% (n = 217). Discussion: This study supports the psychometric

							properties of the Ukrainian parent-reported CATS which can be used routinely in clinical practice for the caregiver-rated assessment of PTSD. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Reed, Ruth V.; Fazel, Mina; Goldring, Lorna	2013	Posttraumatic stress disorder	Praxis	102	1	45-48	
Regehr, Cheryl; Alaggia, Ramona; Dennis, Jane; Pitts, Annabel; Saini, Michael	2013	Interventions to Reduce Distress in Adult Victims of Sexual Violence and Rape: A Systematic Review	Campbell Systematic Reviews (Campbell Systematic Reviews)	9	1	1-133	The Campbell systematic review aims to examine the effectiveness of psychotherapeutic interventions in reducing symptoms of distress and trauma for victims of sexual assault and rape. Six studies including 405 participants met eligibility criteria, with data from 358 participants available for analysis. Results of this systematic review provide tentative evidence that cognitive and behavioural interventions, in particular Cognitive Processing Therapy, Prolonged Exposure therapy, Stress Inoculation Therapy, and Eye Movement Desensitization and Reprocessing can be associated with decreased symptoms of Post-Traumatic Stress Disorder (PTSD), depression and anxiety in victims of rape and sexual assault. There is a need for further well-designed controlled studies which differentiate victims of sexual assault and rape from other traumatic events. Executive summary/Abstract BACKGROUND Beginning with the articulation of Rape Trauma Syndrome (Burgess 1974), the traumatic aftermath of sexual assault on victims has become a focus of social and legal policy, scholarly inquiry, and mental health interventions. The wide variety of psychosocial treatment modalities for victims of sexual violence reported in the literature and used in practice are predominantly based on psychodynamic, cognitive-behavioural or feminist-informed theoretical frameworks. Some modalities have been specifically designed for victims of sexual violence while others have been adapted from use with other traumatized populations. Although there is evidence of effective treatments for addressing traumatic stress in victims of many types of trauma, modalities specific to victims of sexual assault have not been systematically tested. Evidence suggests that trauma associated with rape or sexual assault differs from trauma stemming from other experiences, in part due to the strong element of self-blame, the individualized nature of this type of trauma, social support and social acceptance factors, and the higher incidence of concurrent depression. Therefore, it is critical to examine the effectiveness of interventions specific to victims of sexual violence and rape. OBJECTIVES To examine the effectiveness of psychotherapeutic interventions in reducing symptoms of distress and trauma for victims of sexual assault and rape. SEARCH STRATEGY Both published and unpublished work was considered eligible for the

						<p>review. Electronic searches were conducted in June 2009 and in April 2011 within the following databases: Cochrane Central Register of Controlled Trials (CENTRAL); Cochrane Database of Systematic Reviews (CDSR); MEDLINE; EMBASE; EMBASE Classic; All EBM Reviews; PsycINFO; ASSIA (Applied Social Sciences Indexes and Abstracts); ERIC; Social Sciences Abstracts; Social Services Abstracts; Social Sciences Citation Index; Criminal Justice Abstracts; Violence and Abuse Abstracts; Social Work Abstracts; Dissertation Abstracts International (DAI); CINAHL; Gender Studies Database; and Contemporary Women's Issues. Reference lists of all relevant articles were also screened and requests for additional studies made to authors and key informants. To supplement the electronic searches, seven journals relevant to the sexual assault, rape or sexual violence were hand-searched up to April 2009: Journal of Traumatic Stress; Journal of Interpersonal Violence; Victims and Offenders; Trauma Abuse and Violence; Violence against Women; American Journal of Psychiatry; and British Journal of Psychiatry. SELECTION CRITERIA Studies were eligible for the review if (a) the allocation of study participants to experimental or control groups was by random allocation or quasi-experimental parallel cohort design; (b) participants were adults who had experienced sexual assault or rape as adults; and (c) the intervention specifically focused on victims of sexual assault or rape. Studies with participants that identified primarily as victims of childhood sexual abuse were not included. DATA COLLECTION AND ANALYSIS Two review authors screened abstracts and read the full-text of all eligible articles. Standardised mean differences with 95% confidence intervals were calculated for all relevant outcomes. RESULTS Six studies including 405 participants met eligibility criteria, with data from 358 participants available for analysis. Two of the studies evaluated Cognitive Processing Therapy (CPT, totalling 80 participants); three evaluated Prolonged Exposure (PE, n= 94); two evaluated Stress Inoculation Therapy (SIT, n=26); one evaluated Supportive Psychotherapy (SP, n=12) and two examined Eye Movement Desensitization Reprocessing therapy (EMDR, n=34). Meta-analysis comparing all treatments against no treatment for the randomized controlled trials revealed significant results for PTSD symptoms, both independently observed [SMD -1.81 (95% CI -2.90 to -0.72, four studies)] and self-reported [SMD -1.90 (95% CI -2.73 to -1.07, three studies)] at post-treatment. Meta-analyses of relevant outcomes from the six included studies revealed that all the treatments had a statistically significant effect on PTSD and</p>
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							depression symptoms in comparison to the control groups at post-test. The four studies that included anxiety as an outcome also showed significant improvements. Other outcomes that demonstrated improvements included guilt (following CPT and to a lesser extent, PE) and dissociation (following EMDR treatment). AUTHORS' CONCLUSIONS Results of this systematic review provide tentative evidence that cognitive and behavioural interventions, in particular Cognitive Processing Therapy, Prolonged Exposure therapy, Stress Inoculation Therapy, and Eye Movement Desensitization and Reprocessing can be associated with decreased symptoms of Post-Traumatic Stress Disorder (PTSD), depression and anxiety in victims of rape and sexual assault. There is a need for further well-designed controlled studies which differentiate victims of sexual assault and rape from other traumatic events.
Regehr, Cheryl; Cadell, Susan; Jansen, Karen	1999	Perceptions of control and long-term recovery from rape	American Journal of Orthopsychiatry	69	1	110–115	Examined the relationship between perceptions of control and symptoms of both long-term depression and post-traumatic stress following rape. The subjects were 71 female victims (aged 17–47 yrs) of rape or attempted rape during adulthood. The perceptions of control examined encompassed those specific to the rape experience (attributions of causality), and global perceptions (self-efficacy and locus of control). It was hypothesized that long-term beliefs about personal competence and ability to control events in the world would be more strongly associated with long-term recovery from rape than would attributions specific to the rape. Enduring beliefs of personal competence and control were found to be associated with lower rates of depression and stress and to be stronger predictors of long-term recovery than were rape-specific attributions. Implications for clinical practice are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Regehr, Cheryl; Glancy, Dylan; Pitts, Annabel	2013	Interventions to reduce stress in university students: a review and meta-analysis	Journal of affective disorders	148	1	1–11	BACKGROUND Recent research has revealed concerning rates of anxiety and depression among university students. Nevertheless, only a small percentage of these students receive treatment from university health services. Universities are thus challenged with instituting preventative programs that address student stress and reduce resultant anxiety and depression. METHOD A systematic review of the literature and meta-analysis was conducted to examine the effectiveness of interventions aimed at reducing stress in university students. Studies were eligible for inclusion if the assignment of study participants to experimental or



							<p>control groups was by random allocation or parallel cohort design.</p> <p><b>RESULTS</b></p> <p>Retrieved studies represented a variety of intervention approaches with students in a broad range of programs and disciplines. Twenty-four studies, involving 1431 students were included in the meta-analysis. Cognitive, behavioral and mindfulness interventions were associated with decreased symptoms of anxiety. Secondary outcomes included lower levels of depression and cortisol.</p> <p><b>LIMITATIONS</b></p> <p>Included studies were limited to those published in peer reviewed journals. These studies over-represent interventions with female students in Western countries. Studies on some types of interventions such as psycho-educational and arts based interventions did not have sufficient data for inclusion in the meta-analysis.</p> <p><b>CONCLUSION</b></p> <p>This review provides evidence that cognitive, behavioral, and mindfulness interventions are effective in reducing stress in university students. Universities are encouraged to make such programs widely available to students. In addition however, future work should focus on developing stress reduction programs that attract male students and address their needs.</p>
Reid, Kyla; Berle, David	2020	Parental trajectories of PTSD and child adjustment: Findings from the Building a New Life in Australia study	American Journal of Orthopsychiatry	90	2	288–295	<p>Evidence suggests that the psychosocial adjustment of children of refugees may be compromised when a parent has symptoms of posttraumatic stress disorder (PTSD). We sought to determine whether trajectories of parental PTSD symptoms might relate to child adjustment and whether there is an additive effect when both parents, as opposed to just one, has prominent PTSD symptoms. We report data from the first three years of a prospective study of recent Australian humanitarian migrants: the Building a New Life in Australia study. Parental PTSD symptoms were assessed on three occasions, and latent class growth analysis was used to identify homogenous groups of parents based on their PTSD symptoms. The Strength and Difficulties Questionnaire was administered to assess child psychosocial adjustment. Regression analyses were then conducted to determine whether trajectories of parental PTSD symptoms predicted child adjustment. After controlling for child age and gender, the presence of either one or both parents with persistently high PTSD symptoms was associated with children's having greater emotional difficulties and poorer overall psychosocial adjustment. Children with both parents with persistently high PTSD had higher levels of emotional difficulties than did children with a single parent with high</p>

							PTSD symptoms. For emotional difficulties, though not other domains of child psychosocial adjustment, there indeed appears to be an additive impact of having two parents, rather than just one, with persistently high PTSD symptoms, although the magnitude of these effects was small. The clinical and service provision implications of these findings are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Reidy, Dennis E.; Smith-Darden, Joanne P.; Vivolo-Kantor, Alana M.; Malone, Carolyn A.; Kernsmith, Poco D.	2018	Masculine discrepancy stress and psychosocial maladjustment: Implications for behavioral and mental health of adolescent boys	Psychology of Men & Masculinity	19	4	560–569	Gender role discrepancy (GRD), or nonconformity to socially prescribed gender roles, has been linked to a multitude of adverse mental and behavioral health outcomes. Masculine discrepancy stress (MDS), stress about being perceived not to conform to one's gender role, may explain the relationship between GRD and deleterious health outcomes. However, research on MDS has primarily been restricted to adult males. This leaves a critical gap pertaining to the potential effect of MDS on adolescent boys, who may be more malleable and susceptible to the influence and pressures of gender socialization. In the current study, data are drawn from a sample of adolescent male students (N = 592) who completed self-report questionnaires. We employed structural equation modeling to test the effects of GRD and MDS on psychosocial maladjustment measured via sexual behavior, substance use, violence, mood disorder symptoms, and hopelessness. In addition, we controlled for critical risk factors including sociodemographic characteristics, adverse childhood experiences, trauma symptoms, and neighborhood disorganization. Findings indicate significant potentiating effects of MDS on maladjustment while there were direct protective effects of GRD. These data suggest that developing prevention strategies that incorporate social norms pertaining to gender socialization may have an impact on multiple behavioral and mental health problems. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Reimer, Mats	2007	No big scientific basis behind the EMDR treatment of young persons	Lakartidningen	104	34	2354; discussion 2354-5	
Reinhart, Stefan; Höfer, Benita; Kerkhoff, Georg	2013	Visuell bedingte Lesestörungen nach erworbener Hirnschädigung: Therapie	Sprache - Stimme - Gehör	37	2	105–111	Visuell bedingte Lesestörungen treten häufig aufgrund homonymer Gesichtsfeldausfälle, eines visuellen Neglects, beeinträchtigter elementarer Sehleistungen (Sehschärfe, Kontrastsehen, Augenbewegungsstörungen), beim Bálint-Holmes-Syndrom, der Reinen Alexie oder der Hemialexie auf. Für die Therapie der hemianopen Dyslexie haben sich die Fließtextmethode und Kurzzeitdarbietungen von Worten an der Grenze des blinden

							Gesichtsfeldes bewährt. Für die Neglectdyslexie zeigt die Methode der optokinetischen Therapie gute Effekte im Sinne einer Verminderung der Auslassungen von Worten im vernachlässigten Halbraum. Die taktil-kinästhetische Fazilitierung ist bei der Reinen Alexie und buchstabierendem Lesen wirksam. Schließlich zeigt die Methode der Einzelwortdarbietung an sequenziellen Positionen in der Zeile (Fenster-Textmethode) gute Effekte in der Lesetherapie von Patienten mit Reiner Alexie oder Bálint-Holmes-Syndrom.
Reitmaier, Jessica; Schiller, Anika; Mählberger, Andreas; Pfaller, Michael; Meyer, Marie; Shiban, Youssef	2022	Effects of rhythmic eye movements during a virtual reality exposure paradigm for spider-phobic patients	Psychology and psychotherapy	95	1	57–78	Rhythmic eye movements performed during eye movement desensitization and reprocessing (EMDR) therapy have been shown to evoke a physiological de-arousal pattern. Objectives Here, we examined whether the efficacy of a virtual reality exposure therapy (VRET) paradigm for phobic patients could be improved by adding rhythmic eye movements. Design Spider-phobic patients (N=?53) were randomly assigned to either a group performing rhythmic eye movements or a control group undergoing exposure without such eye movements. Methods During the VRET session, heart rate, electrodermal activity, eye movements, and subjective fear ratings were recorded. Participants underwent behavioural avoidance tests before and after treatment as well as a follow-up 10?14?days later. Questionnaire data were assessed before exposure and at follow-up. Results There were clear treatment effects in both groups with almost no group differences (i.e., the subjective fear ratings and the skin conductance response). Conclusions Contrary to our expectation, the implementation of rhythmic eye movements during virtual exposure did not enhance the effectiveness of the treatment. However, the eye movement group did show a significantly lower heart rate during exposure compared with the control group which might indicate a less stressful treatment. Practitioner points One-session Virtual Reality Exposure Therapy reduced fear of spiders effectively. Performing rhythmic eye movements during exposure did not enhance therapy effects. Rhythmic eye movements during exposure resulted in lower heart rate than standard exposure.
Ren, Z. J.; Deng, Hong; Hsu, L. K. George	2011	PTSD in a one year old girl after the Wenchuan earthquake in Sichuan, China	Psychiatry	74	1	87–92	On May 12, 2008, at 2:28 PM, an earthquake measuring 8.0 on the Richter Scale struck Southwest China, with the epicenter in Wenchuan, a county about 92 km (about 58 miles) north-west of the Sichuan provincial capital of Chengdu. The earthquake destroyed about 6.5 million homes, leaving 4.8 million people homeless. Official figures stated that 69,196 are confirmed dead, including some 5,335 school children, while an additional 18,379 are listed as missing (Sina.com, 2009). An epidemiological survey conducted 2.5 months

							after the earthquake in two counties affected by the earthquake found the prevalence of post-traumatic disorder (PTSD) to be 45.5% in the heavily damaged county and 9.4% in the moderately damaged one (Kun et al., 2009).
Renfrey, G.; Spates, C. R.	1994	Eye movement desensitization: a partial dismantling study	Journal of behavior therapy and experimental psychiatry	25	3	231–239	Twenty-three PTSD subjects were exposed to either: (1) standard eye movement desensitization (EMD), (2) a variant of EMD in which eye movements were engendered through a light tracking task, or (3) a variant of EMD in which fixed visual attention replaced eye movements. All three interventions produced significant positive changes in all dependent measures and these changes were maintained at follow-up. No significant differences between groups were observed. It was concluded that the eye movements peculiar to EMD are not essential to treatment outcome. The implications of the present findings and previous reports are discussed and recommendations for future research provided.
Renner, Walter; Bänninger-Huber, Eva; Peltzer, Karl	2011	Culture-Sensitive and Resource Oriented Peer (CROP)-groups as a community based intervention for trauma survivors: A randomized controlled study with chechnyans	Australasian Journal of Disaster and Trauma Studies	1			Asylum seekers and refugees frequently suffer from post-traumatic stress and culturally sensitive methods towards reducing symptoms should be taken into account. The aim of the work reported here was to examine the effectiveness of Culture-Sensitive and Resource Oriented Peer (CROP) - Groups for Chechen asylum seekers and refugees towards reducing post-traumatic symptoms, anxiety, and depression. Some ninety-four participants were randomly assigned to 15 sessions of CROP - or Cognitive Behavior Therapy (CBT) - Groups, to 3 single sessions of Eye Movement Desensitization and Reprocessing (EMDR), or to a Wait-List (WL). The results indicated that CROP was significantly superior to WL, and was equally effective as CBT in reducing post-traumatic symptoms, anxiety, and depression. Improvements still were present at three and six month follow-up occasions. EMDR yielded negative results. According to this pilot study, CROP-Groups pose a promising, culturally sensitive alternative to psychotherapy with Chechen migrants.
Renshaw, Keith D.; Steketee, Gail; Chambless, Dianne L.	2005	Involving family members in the treatment of OCD	Cognitive behaviour therapy	34	3	164–175	This review focuses on previous research with families of adults and children with obsessive-compulsive disorder (OCD). Three primary areas of research are covered: (i) characteristics of family members and the family environment; (ii) the prediction of treatment response based on family variables; and (iii) the inclusion of family members in treatment. Much of the research supports a hypothesized model of family response to symptoms of OCD that ranges on a continuum from overly accommodating to overly antagonistic. Further research indicates that responses at either extreme of this continuum are associated with poorer response to both exposure and response

							prevention (ERP) and pharmacotherapy. Finally, results of preliminary treatment outcome studies suggest that family-based interventions aimed at reducing such responses and/or including family members in ERP as coaches or co-therapists may enhance patients' response to treatment. Based on current theory and research, suggestions for future research and general recommendations for involving family members in treatment are made.
Resch, Franz; Schulte-Markwort, Michael	2005	Kursbuch für integrative Kinder- und Jugendpsychotherapie					In einem Kursbuch der integrativen Psychotherapie des Kindes- und Jugendalters, das es sich zur Aufgabe macht, aktuelle Entwicklungen in einzelnen Psychotherapieformen in vergleichbarer Weise zugänglich zu machen, unterschiedlichen Denkrichtungen die Möglichkeit zum Austausch zu geben, mit kasuistischer Arbeit eine unmittelbare und praxisbezogene Vergleichbarkeit herzustellen sowie die Verwissenschaftlichung der Psychotherapie des Kindes- und Jugendalters voranzutreiben, werden die Themen der Traumatisierung und Dissoziation in den Mittelpunkt gerückt. - Inhalt: (A) Reviews: Entwicklungsneurobiologische Grundlagen. (1) F. Resch und M. Schulte-Markwort: Einführung zu den Reviews. (2) K. Lehmann und G. Teuchert-Noodt: Trauma und Hirnentwicklung. (3) R. Brunner und F. Resch: Neurobiologische Mechanismen dissoziativer Störungen. - (B) Aktuelle Entwicklungen in den Therapieschulen. (4) F. Resch und M. Schulte-Markwort: Einführung. (5) M. Döpfner: Kinderverhaltenstherapie. (6) H. Hopf: Kinder- und Jugendlichen-Psychoanalyse. (7) W. Rotthaus: Systemische Therapie. - (C) Forum: Trauma und psychische Störung. (8) F. Resch und M. Schulte-Markwort: Editorial - Die Bedeutung des Traumas für psychische Störungen. (9) A. Streeck-Fischer: Trauma und Entwicklung. (10) W. Ihle, D. Jahnke und G. Esser: Vulnerabilitäts-Stress-Modelle der Entstehung von Angst-, posttraumatischen Belastungs- und depressiven Störungen. - (D) Kasuistik: Dissoziative Störung. (11) R. Höfeld: Dissoziative Störung - Kasuistik I. Mit einem Kommentar von Christoph Wewetzer. (12) C. Wewetzer, T. Jans und A. Warnke: Differentialdiagnose einer dissoziativen Bewegungsstörung: Kasuistik II. Mit einem Kommentar von Renate Höfeld. (13) M. Schulte-Markwort und F. Resch: Editorial - Zur Bedeutung der Differentialdiagnostik. - (E) Kasuistik: PTBS. (14) U.-M. Sechtig: Kasuistik I. Mit einem Kommentar von Tanos Freiha. (15) F. Freiha: Behandlung einer PTBS mit EMDR - Kasuistik II. Mit einem Kommentar von Uta-Maria Sechtig. (16) M. Schulte-Markwort: PTBS: Kasuistik III. Mit Kommentaren von Uta-Maria Sechtig und Tanos Freiha. (17) M. Schulte-Markwort und F. Resch: Editorial: Außen und Innen.

Reschke, Konrad	2001	Posttraumatische Belastungsstörungen - Traumaspezifische Frühintervention innerhalb der medizinischen Rehabilitation					Der Umgang mit psychischen Traumen bzw. posttraumatischen Belastungsstörungen (PTBS) innerhalb der medizinischen Rehabilitation wird erläutert. Der Begriff der psychischen Traumatisierung wird definiert, das Störungsbild der posttraumatischen Belastungsstörung wird dargestellt. Einige Kriterien von PTBS werden benannt. Ein Überblick über psychologische Traumatherapien (kognitive Therapie, psychodynamisch-kognitiver Ansatz nach Horowitz, multimodales Vorgehen mit kognitiv-behavioralem Schwerpunkt) wird gegeben, allgemeine Therapieziele werden genannt. Zwei Phasenmodelle für die Therapie psychotraumatischer Belastungssyndrome werden beschrieben. Die Entwicklungsgeschichte, Wirkmechanismen und Indikationsbereiche der Methode "Eye Movement Desensitization and Reprocessing" (EMDR) werden skizziert. Allgemeine Hinweise für die Arbeit mit Traumapatienten werden gegeben, und das therapeutische Vorgehen wird abschließend anhand eines Fallbeispiels illustriert.
Reschke, Konrad	2017	EMDR - Einführung in Theorie und Praxis					Im Rahmen einer Einführung in die Theorie und Praxis von "Eye-Movement-Desensitization and Reprocessing" (EMDR) wird zunächst auf deren historische Entwicklung von einer Außenseitertechnik hin zu einer Richtlinienpsychotherapie eingegangen. EMDR ist heute eine standardisierte psychotherapeutische Behandlungsmethode, die auf eine Verarbeitung von als traumatisch erlebten Ereignissen und Erfahrungen zielt. Nach Ausführungen zum psychischen Trauma und zur posttraumatischen Belastungsstörung (PTBS) in der Rehabilitation wird eine Übersicht zu verschiedenen Formen von Traumatherapie geboten. Ziele und Phasen der Traumatherapie werden skizziert, Entwicklungsgeschichte, Wirkmechanismen und Indikationsbereiche der EMDR werden präsentiert. Themenfelder, in denen Effektivitätsstudien und evuierte klinische Anwendungen vorliegen, werden aufgelistet. Hinweise für die Praxis werden ergänzt durch die Schilderung der Therapieerfahrungen einer Trauma-Patientin in einer Reha-Klinik. Abschließend werden einige Hinweise zur Ausbildung in EMDR gegeben und Materialien für die PTBS-Behandlung mit EMDR werden dokumentiert.
Resick, Patricia A.; Galovski, Tara E.; Uhlmansiek, Mary O'Brien; Scher, Christine D.; Clum, Gretchen A.; Young-Xu, Yinong	2008	A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence	Journal of consulting and clinical psychology	76	2	243–258	The purpose of this experiment was to conduct a dismantling study of cognitive processing therapy in which the full protocol was compared with its constituent components--cognitive therapy only (CPT-C) and written accounts (WA)--for the treatment of posttraumatic stress disorder (PTSD) and comorbid symptoms. The intent-to-treat (ITT) sample included 150 adult women with PTSD who were randomized into 1 of the 3 conditions. Each condition consisted of 2 hr of therapy

							per week for 6 weeks; blind assessments were conducted before treatment, 2 weeks following the last session, and 6 months following treatment. Measures of PTSD and depression were collected weekly to examine the course of recovery during treatment as well as before and after treatment. Secondary measures assessed anxiety, anger, shame, guilt, and dysfunctional cognitions. Independent ratings of adherence and competence were also conducted. Analyses with the ITT sample and with study completers indicate that patients in all 3 treatments improved substantially on PTSD and depression, the primary measures, and improved on other indices of adjustment. However, there were significant group differences in symptom reduction during the course of treatment whereby the CPT-C condition reported greater improvement in PTSD than the WA condition.
Ricciardi, Joseph N.; Luiselli, James K.; Camare, Marianne	2006	Shaping approach responses as intervention for specific phobia in a child with autism	Journal of applied behavior analysis	39	4	445–448	We evaluated contact desensitization (reinforcing approach responses) as intervention for specific phobia with a child diagnosed with autism. During hospital-based intervention, the boy was able to encounter previously avoided stimuli. Parental report suggested that results were maintained postdischarge.
Richter, Anna-Konstantina	2018	Vernachlässigte Folgen sozialer Traumatisierung. Soziale Angststörung - "Stiefkind" in der psychotherapeutischen Versorgung	Trauma & Gewalt	12	4	334–344	Probleme, die mit der Diagnose "Soziale Angststörung" (SAS) verbunden sind, werden besprochen. Erstens ist klinische Diagnostik ohne den Einsatz von strukturierten Interviews und Tests so großmaschig, dass diese Patientinnen und Patienten meist nicht erkannt werden. Zweitens sind die in der evidenzbasierten Leitlinie zu bei SAS empfohlenen Therapien bei einem Großteil der Betroffenen unwirksam, weil die Nonresponder-Quote hoch ist. Drittens führen Chronifizierung durch späten Behandlungsbeginn und hohe Komorbidität zu einer Komplexität in der Fallkonzeption der Behandlung und potenzierten Belastung der Betroffenen. Die sozialen Schäden für die Betroffenen durch mangelnde Qualifizierung, geringes Einkommen und unerwünschtes Single-Dasein können eingedämmt werden durch eine frühzeitige strukturierte Psychodiagnostik und das Erforschen vielversprechender traumatherapeutischer Behandlungsansätze, etwa EMDR.
Richter, Anna-Konstantina	2018	Vernachlässigte Folgen sozialer Traumatisierung. Soziale Angststörung - "Stiefkind" in der psychotherapeutischen Versorgung	Trauma & Gewalt	12	4	334–344	
Richter, Anna-Konstantina	2019	EMDR in der Behandlung eines gehörlosen PTBS-Patienten.	Trauma & Gewalt	13	2	170–182	Das Behindertengleichstellungsgesetz (BGG) hat gleichberechtigte Teilhabe von Menschen mit Behinderung zum Ziel. Barrierefreiheit für

		Vorzüge einer nicht ausschließlich verbalen psychotherapeutischen Intervention - ein Fallbericht					verschiedene Personengruppen soll angestrebt werden, insbesondere für Gehörlose. Da EMDR eine Psychotherapiemethode ist, die verhältnismäßig wenig auf Verbalinterventionen basiert, sondern deren Kern eine Stimulation der Behandelten zur Verarbeitung belastender Erinnerungen ("Reprozessieren") darstellt, wurde ein gehörloser traumatisierter Patient von seiner vorherigen Psychotherapeutin, die die Gebärdensprache beherrscht, aber keine Psychotraumatologin ist, an EMDR-Therapeutinnen bzw. -Therapeuten verwiesen, um seine posttraumatischen Beschwerden behandeln zu lassen. Der Fallbericht aus der Praxis zeigt, wie diese Langzeit-Behandlung vonstattenging, und dient dazu, wichtige Hinweise an die Kollegenschaft zu geben, die vor einer vergleichbaren Behandlungsplanung stehen. Er dient auch dazu, Psychotherapieforscherinnen bzw. -forschern erste Hinweise für eine mögliche Pilotstudie zu geben.
Richter, Anna-Konstantina	2019	Das Trauma des plötzlichen Verlustes oder der Erkrankung Nahestehender. EMDR in der Behandlung von Krankheitsangststörung unter Berücksichtigung des Flashforward-Konzepts - Ein Fallbericht aus der Praxis	Trauma & Gewalt	13	3	242–247	Beschrieben wird, wie das klassische Störungsmodell der Psychotherapiemethode Eye Movement Desensitization Therapy (EMDR) von Shapiro eine Besserung von Krankheitsangstbeschwerden vorhersagt, wie eine Fallkonzeption zur Behandlung von Krankheitsangststörung/Hypochondrie mit EMDR aussehen kann und wie ein solches Fallkonzept in einer Behandlung konkret umgesetzt wurde, um weitere Forschung zum Thema anzuregen. Das Flashforward-Konzept von Logie und de Jongh, das eine Anwendbarkeit auf Hypochondrie postuliert, wird dabei eingebunden.
Richter, Anna-Konstantina	2023	EMDR. Ein Lehrbuch für Psychotherapie-Studium und Weiterbildung					Forschungsergebnisse wie die von Martin Sack (2018) beschreiben die hohe Effektstärke von EMDR in der Behandlung der PTBS und deuten darauf hin, dass auch weitere psychische Störungen mit traumafokussierenden Methoden behandelt werden sollten. In diesem kompakten Lehrbuch erhalten Studierende sowie angehende Psychotherapeut*innen und Berufsanfänger*innen einen praxisnahen Überblick über Grundlagen und Anwendung sowie Aus- und Fortbildungsmöglichkeiten zur Methode EMDR. Die Inhalte wurden von erfahrenen EMDR-Anwender*innen sowie jungen angehenden Psychotherapeut*innen eindrücklich anhand zahlreicher Fallbeispiele und prüfungsnah anhand von Kontrollfragen an jedem Kapitelende verfasst. (c) Der/die Herausgeber bzw. der/die Autor(en), exklusiv lizenziert an Springer-Verlag GmbH - Inhalt: <a href="https://d-nb.info/1245467425/04">https://d-nb.info/1245467425/04</a>
Richter, Anna-Konstantina; Beham, Franziska;	2019	Wie ein EMDR-Interventionspraktikum im nichtärztlichen	Trauma & Gewalt	13	3	232–241	Mit der Reform des Psychotherapeutengesetzes wird ein sogenanntes nicht-ärztliches Psychotherapie-Direktstudium geschaffen. Entwürfen des Curriculums ist zu entnehmen, dass die Studierenden Anrecht auf



Sommerfeld, Hadassa; Göttelmann, Christina; Hamacher, Felix Antonio		Psychotherapiestudium gestaltet werden kann. Die Rundlaufmethode nach Tony Brazil				Patient/-innenkontakt und praktisch fundiertes Kennenlernen der Psychotherapie-Richtlinienverfahren haben. Da EMDR eine seit 2015 in die Psychotherapievereinbarung von Kassenärztlicher Bundesvereinigung und GKV-Spitzenverband aufgenommene Psychotherapiemethode ist, stellte sich aus Reihen der akademischen Lehre die Frage, wie Studierende die Wirkung von EMDR selbst erproben könnten. Auf der EMDR Europe Conference 2018 in Straßburg wurde eine sogenannte EMDR-Rundlauf-Methode vom EMDR-Supervisor Tony Brazil vorgestellt. Dessen Rundlauf-Handout wurde in vier Terminen mit Psychologie-Studierenden in zwei Stufen auf Verstehbarkeit und Umsetzbarkeit überprüft und modifiziert. Die Ergebnisse können als Grundlage für die deutschsprachigen Psychologie- und Psychotherapie-Fachbereiche dienen, Studierende unter Anleitung eines EMDR-Supervisors/einer EMDR-Supervisorin mit der Wirkung des Reprozessierens in den EMDR-Phasen 3 bis 7 praktisch vertraut zu machen.
Richter, Anna-Konstantina; Chavanon, Mira-Lynn; Christiansen, Hanna; Röcker, Sabine	2019	EMDR bei Sozialen Angststörungen				Die Sozialen Angststörungen stellen die dritthäufigste psychische Störung dar und gelten aufgrund der hohen Nonresponderquote als schwer behandelbar. Wissenschaftliche Studien belegen, dass EMDR (Eye Movement Desensitization and Reprocessing) einen direkten Effekt auf soziale Ängste hat. Das therapeutische Vorgehen mit der EMDR-Methode wird erläutert und wichtige neue Befunde zum Störungsbild werden vorgestellt. Die theoretische Fundierung wird mit aktuellen Erkenntnissen über eine gut umsetzbare, praxistaugliche Diagnostik samt Materialsammlung verbunden. PsychotherapeutInnen werden mittels praktischer Fallbeispiele gut auf die Anwendung in Klinik oder eigener Praxis vorbereitet. Das Buch richtet sich an: - Ärztliche und Psychologische PsychotherapeutInnen aller Richtungen, - VerhaltenstherapeutInnen, - PsychoanalytikerInnen, tiefenpsychologisch fundierte PsychotherapeutInnen, - PsychotherapieforscherInnen, - Kinder- und Jugendlichen-PsychotherapeutInnen, - Kinder- und JugendlichenpsychiaterInnen, - Kinder- und JugendlichenärztInnen, - Erziehungsberatungsstellen, - SchulsozialarbeiterInnen, - MitarbeiterInnen schulischer Beratungs- und Förderzentren, SchulpsychologInnen. - Inhalt: (1) Was sind Soziale Angststörungen (SAS)? (Bezeichnung; Definition; Differenzialdiagnosen; Epidemiologie, Verlauf und Prognose; Ätiologie; Risikofaktoren; Komorbidität; Einsatz diagnostischer Verfahren; Zusammenfassung). (2) Wie SAS entstehen und was sie ausmacht: Gemeinsamkeiten der Modelle der anderen Richtlinien Therapien mit dem EMDR-Störungsmodell, neuere

							<p>Erkenntnisse aus der Forschung (Angstnetzwerk-Hypothese von Tillfors; AIP-Modell von Shapiro; Arbeitsgedächtnismodell von Baddeley; Flashforward-Modell nach Engelhard; Informationsverarbeitungsverzerrungen nach Clark und McManus; NSI-Konzept nach Hackmann sowie Schreiber und Steil und Imagery Rescripting nach Arntz und Weertman; Psychoanalytischer Blickwinkel zur strukturellen Entstehung von Schamgefühlen und einem beobachtenden Selbst aus Sicht der Alteritätstheorie nach Seidler; Psychodynamisches Manual für die Kurzzeitbehandlung sozialer Phobien nach Leichsenring und Mitarbeitern). (3) Die Störung erkennen: Bewährte und neue Möglichkeiten der Diagnostik (Erhebung der biographischen Anamnese bzw. der lerngeschichtlichen Entwicklung; Interviews: SKID-I bzw. SKID-II, DIPS Open Access und Mini-DIPS Open Access; Tests: SOZAS-Skalen; Ergänzende Diagnostik wegen der hohen Rate an Komorbidität; Explorationsmöglichkeiten zur Erfassung eines negativ verzerrten Selbstbildes; Berner Inventar für Therapieziele (BIT); Soziale Angststörung - Diagnostik bei Kindern und Jugendlichen; Strukturierung der Diagnostikergebnisse nach dem dreigliedrigen Behandlungsansatz des EMDR mittels EMDR-Arbeitsbogen für SAS; Fallvignette der Diagnostikphase einer Patientin mit SAS). (4) Wie kann man Soziale Angststörungen mit EMDR behandeln?. (5) Was weiß man über die Wirkung von EMDR durch Studien, insbesondere bei Sozialen Angststörungen?. (6) Supervisorische Hinweise für die Anwendung von EMDR.</p>
Richter, Anna-Konstantina; Seidler, Günter H.; Wagner, Frank E.	2019	EMDR in der Vergangenheit, Gegenwart und Zukunft. Einzug von EMDR in das nichtärztliche Psychotherapie-Direktstudium und wie mehr Forschung zu EMDR gelingen kann	Trauma & Gewalt	13	3	248–260	<p>Es gibt verhältnismäßig wenig Psychotherapieforschung über EMDR in Deutschland. Es wird aufgezeigt, woran dies strukturell liegt. EMDR ist wirksam bei PTBS: Nach einer wechselvollen Geschichte aus Erfolgen und Konflikten (ähnlich der Geschichte anderer Therapieschulen) wurden Wirksamkeitsnachweise erbracht, und EMDR wurde von Institutionen auf nationaler und internationaler Ebene anerkannt - für PTBS und dies auch in Deutschland. Dieser Weg der Implementierung und Anerkennung, der in Deutschland in einer Phase fehlender psychotraumatologischer Infrastruktur der 90er-Jahre des 20. Jahrhunderts von wenigen getragen wurde, wird im Folgenden skizziert. Es gibt einige multizentrische Studien, etliche randomisierte kontrollierte Studien und einige Einzelfallstudien, die auf die Wirksamkeit von EMDR bei anderen Traumafolgestörungen und weiteren psychischen Diagnosen hinweisen. Um die Königsdisziplin, Metaanalysen und multizentrische Studien zu EMDR bei anderen Diagnosen als PTBS sowie die Beantragung einer Anerkennung beim wissenschaftlichen Beirat Psychotherapie der deutschen</p>

							Bundesregierung für weitere Diagnosen zu initiieren, wird sowohl für den akademischen als auch für den berufspolitischen Bereich aufgezeigt, welche Gestaltungsmöglichkeiten bestehen und durch das nichtärztliche Psychotherapie-Direktstudium entstehen.
Richter-Appelt, Hertha; Moldzio, Andrea	2004	In: Körner, Wilhelm; Lenz, Albert (Ed.), Sexueller Missbrauch. Band 1: Grundlagen und Konzepte (S. 413-432). Göttingen: Hogrefe, 2004				413-432	
Richter-Appelt, Hertha; Moldzio, Andrea	2004	Psychotherapie mit Patientinnen nach sexueller Traumatisierung					In einem kurzen Überblick zur Psychotherapie mit sexuell traumatisierten, erwachsenen Patientinnen wird zunächst auf die Unterscheidung zwischen sexueller Traumatisierung und traumatisierter Sexualität, Zusammenhänge zwischen Art und Ausmaß der Traumatisierung und der Beziehung zwischen Opfer und Täter sowie auf die psychischen Folgen von Traumatisierung eingegangen. Historische Aspekte und allgemeine Behandlungsprinzipien (Stabilisierung, Konfrontation, Integration) werden benannt, bevor mit Hypnotherapie, Verhaltenstherapie, Eye Movement Desensitization and Reprocessing und psychodynamischen Ansätzen verschiedene Therapien charakterisiert werden. Näher dargestellt wird die psychodynamisch orientierte imaginative traumazentrierte Psychotherapie.
Rießbeck, Helmut	2008	Ego States, EMDR, Imaginationen: ein neues "Bermuda-Dreieck" in der Traumatherapie					Möglichkeiten der Integration verschiedener Therapieansätze im Rahmen der katathym-imaginativen Traumatherapie werden erläutert. Dabei wird deutlich gemacht, dass imaginative Verfahren innerhalb der vergangenen 20 Jahre zu einem tragenden Pfeiler von Psychotherapien geworden sind. Nachdem die psychoanalytische Metapsychologie lange die elementaren Veränderungen der Wahrnehmung bei traumatischen Prozessen ohne Beachtung ließ, ist es aktuell zu einer Renaissance der auf P. Janet fußenden Theoriebildungen gekommen. Ausgehend vom Phänomen der Dissoziation und der sich daraus entwickelnden Teilpersönlichkeiten, werden Grundlagen des "Ego-State"-Ansatzes, der therapeutisch eine Integration von Persönlichkeitsanteilen zu erreichen sucht, besprochen. Schließlich wird aufzuzeigen versucht, wie die katathym-imaginative Psychotherapie den Ansatz der Ego-State-Therapie und das direkt trauma-aktualisierende EMDR (Eye Movement Desensitization and Reprocessing) integrieren kann, um so auf die Belange komplex traumatisierter Patienten multidimensional eingehen zu können. In zwei Fallvignetten wird der Übergang zum Ego-State-Ansatz und zum EMDR-Prozess beschrieben.

<p>Riis, Jenna L.; Granger, Douglas A.; Minkovitz, Cynthia S.; Bandede-Roche, Karen; DiPietro, Janet A.; Johnson, Sara B.</p>	<p>2016</p>	<p>Maternal distress and child neuroendocrine and immune regulation</p>	<p>Social science &amp; medicine (1982)</p>	<p>151</p>		<p>206–214</p>	<p>RATIONALE: Neuroendocrine-immune regulation is essential for maintaining health. Early-life adversity may cause dysregulation in the neuroendocrine-immune network through repeated activation of the stress response, thereby increasing disease risk. OBJECTIVE: This paper examined the extent to which maternal psychological well-being moderates neuroendocrine-immune relations in children. METHODS: We used data from a laboratory-based study of mothers and their five-year old children (n = 125 mother-child pairs) conducted from 2011 to 2013 in Baltimore, Maryland. Child saliva was assayed for markers of immune function (i.e., cytokines: interleukin [IL]-1<math>\beta</math>, IL-6, IL-8, tumor necrosis factor alpha [TNF-<math>\alpha</math>] and hypothalamic-pituitary-adrenal activity (i.e., cortisol). A composite score for depressive symptoms, anxiety, and parenting stress characterized maternal psychological distress. Multilevel mixed models examined the relationship between maternal psychological well-being and child neuroendocrine-immune relations. RESULTS: Significant cytokine <math>\times</math> maternal distress interactions indicated that as maternal distress increased, expected inverse cytokine-cortisol relations within children became weaker for IL-1<math>\beta</math>, IL-6, and TNF-<math>\alpha</math>. Sex-stratified models revealed that these interactions were only significant among girls. Among boys, there were inverse cytokine-cortisol relations for all cytokines, and, while in the same direction as observed among girls, the cytokine <math>\times</math> maternal distress interactions were non-significant. CONCLUSION: The findings suggest that maternal distress is associated with child neuroendocrine-immune relations in saliva and may alter the sensitivity of inflammatory immune processes to cortisol's inhibitory effects. This desensitization may place the child at risk for inflammatory diseases. The findings support efforts for the early detection and treatment of at-risk mothers to protect maternal and child health and well-being.</p>
<p>Riley, Andrew R.; Williams, Cydni N.; Moyer, Danielle; Bradbury, Kathryn; Leonard, Skyler; Turner, Elise; Holding, Emily; Hall, Trevor A.</p>	<p>2021</p>	<p>Parental posttraumatic stress symptoms in the context of pediatric post-intensive care syndrome: Impact on the family and opportunities for intervention</p>	<p>Clinical Practice in Pediatric Psychology</p>	<p>9</p>	<p>2</p>	<p>156–166</p>	<p>Objective: Pediatric intensive care unit (PICU) survivors and their families experience ongoing impacts on physical, cognitive, and psychosocial functioning, described as post-intensive care syndrome. The objective of this study was to determine whether the posttraumatic stress symptoms (PTSS) of parents predict the impact of critical illness on families following PICU admission beyond other factors (e.g., sex, race/ethnicity, age, insurance status, illness severity, family involvement or death). Method: We conducted a retrospective analysis of data from 88 children aged 1 month to 18 years who were hospitalized with critical illness and acquired brain injury in the PICU and their families. Patients and their families</p>

							<p>participated in a 1–3-month postdischarge follow-up assessment, during which data on demographics, medical diagnoses, parent self-report of PTSS, and family impact of critical illness (via the Pediatric Quality of Life Family Impact Module) were collected. We used a hierarchical linear regression to determine whether parent PTSS predicted family impact above and beyond demographic and injury/illness factors. Results: One third of parents reported elevated PTSS. Among those with complete available data (n = 56), PTSS were the only significant predictor of family impact (<math>\beta = -.52</math>, <math>t = -3.58</math>, <math>p = .001</math>), with the overall model accounting for 41% of variance. Conclusion: In addition to the direct effects on parents of children who survive the PICU, PTSS may negatively impact families and interfere with rehabilitative progress. We provide a rationale and conceptual model for integrating interventions designed to address parent PTSS into post-PICU care. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Rizzi, Angela; Di Rienzo, Alessia; Buonomo, Alessandro; Aruanno, Arianna; Carusi, Valentina; Ricci, Anna Giulia; Centrone, Michele; Mezzacappa, Simona; Romeo, Lilli; Schiavino, Domenico; Inchingolo, Riccardo; Gasbarrini, Antonio; Nucera, Eleonora	2020	Impact of nickel oral hyposensitization on quality of life in systemic nickel allergy syndrome	International journal of immunopathology and pharmacology	34		205873 842093 4629	<p>Nickel (Ni) oral hyposensitization treatment (NiOHT) is an effective management approach for Ni allergy. No health-related quality of life (HRQoL) data exist for the pre- and post-treatment with NiOHT in systemic nickel allergy syndrome (SNAS). The aims of this study were (a) to explore HRQoL in SNAS patients, (b) to assess changes of HRQoL after 1 year of NiOHT; (c) to evaluate psychological status of patients. SNAS patients completed the Short-Form 36-Item Health Survey and Psychological General Well-Being Index before and 1 week after the end of NiOHT. Moreover, psychological state was assessed with the Minnesota Multiphasic Personality Inventory (MMPI-2). A total of 52 patients self-reported pre- and post-treatment questionnaires. HRQoL was poor at baseline. After 1 year of NiOHT, all outcome measure scores improved by about 20% with respect to baseline data (<math>P &lt; 0.01</math> for all indices, except depressed mood). Finally, 33 patients performed the MMPI-2. High rates for hypochondriasis and depression were noted. Furthermore, most of the patients had high scores for anxiety, depression, and health concerns. This is the first study showing that NiOHT improves HRQoL of SNAS patients, which can be considered a "personalized medicine" approach.</p>
Robertson, Lloyd Hawkey	2011	Self-mapping in treating suicide ideation: a case study	Death studies	35	3	267– 280	<p>This case study traces the development and use of a self-mapping exercise in the treatment of a youth who had been at risk for re-attempting suicide. A life skills exercise was modified to identify units of culture called memes from which a map of the youth's self was prepared. A successful treatment plan followed the mapping exercise. The process of self-map construction is presented along with an</p>

							interpretive analysis. It is suggested that therapists from a range of perspectives could use this technique in assessment and treatment.
Robillard, Geneviève; Bouchard, Stéphane; Fournier, Thomas; Renaud, Patrice	2003	Anxiety and presence during VR immersion: a comparative study of the reactions of phobic and non-phobic participants in therapeutic virtual environments derived from computer games	Cyberpsychology & behavior : the impact of the Internet, multimedia and virtual reality on behavior and society	6	5	467–476	Virtual reality can be used to provide phobic clients with therapeutic exposure to phobogenic stimuli. However, purpose-built therapeutic VR hardware and software can be expensive and difficult to adapt to individual client needs. In this study, inexpensive and readily adaptable PC computer games were used to provide exposure therapy to 13 phobic participants and 13 non-phobic control participants. It was found that anxiety could be induced in phobic participants by exposing them to phobogenic stimuli in therapeutic virtual environments derived from computer games (TVEDG). Assessments were made of the impact of simulator sickness and of sense of presence on the phobogenic effectiveness of TVEDGs. Participants reported low levels of simulator sickness, and the results indicate that simulator sickness had no significant impact on either anxiety or sense of presence. Group differences, correlations, and regression analyses indicate a synergistic relationship between presence and anxiety. These results do not support Slater's contention that presence and emotion are orthogonal.
Robins, Meridith T.; Lu, Julie; van Rijn, Richard M.	2016	Unique Behavioral and Neurochemical Effects Induced by Repeated Adolescent Consumption of Caffeine-Mixed Alcohol in C57BL/6 Mice	PloS one	11	7	e0158189	The number of highly caffeinated products has increased dramatically in the past few years. Among these products, highly caffeinated energy drinks are the most heavily advertised and purchased, which has resulted in increased incidences of co-consumption of energy drinks with alcohol. Despite the growing number of adolescents and young adults reporting caffeine-mixed alcohol use, knowledge of the potential consequences associated with co-consumption has been limited to survey-based results and in-laboratory human behavioral testing. Here, we investigate the effect of repeated adolescent (post-natal days P35-61) exposure to caffeine-mixed alcohol in C57BL/6 mice on common drug-related behaviors such as locomotor sensitivity, drug reward and cross-sensitivity, and natural reward. To determine changes in neurological activity resulting from adolescent exposure, we monitored changes in expression of the transcription factor $\Delta$ FosB in the dopaminergic reward pathway as a sign of long-term increases in neuronal activity. Repeated adolescent exposure to caffeine-mixed alcohol exposure induced significant locomotor sensitization, desensitized cocaine conditioned place preference, decreased cocaine locomotor cross-sensitivity, and increased natural reward consumption. We also observed increased accumulation of $\Delta$ FosB in the nucleus accumbens following repeated adolescent caffeine-mixed alcohol exposure compared to alcohol or caffeine

							alone. Using our exposure model, we found that repeated exposure to caffeine-mixed alcohol during adolescence causes unique behavioral and neurochemical effects not observed in mice exposed to caffeine or alcohol alone. Based on similar findings for different substances of abuse, it is possible that repeated exposure to caffeine-mixed alcohol during adolescence could potentially alter or escalate future substance abuse as means to compensate for these behavioral and neurochemical alterations.
Robinson, James P.; Theodore, Brian R.; Dansie, Elizabeth J.; Wilson, Hilary D.; Turk, Dennis C.	2013	The role of fear of movement in subacute whiplash-associated disorders grades I and II	Pain	154	3	393–401	Fear and avoidance of activity may play a role in fostering disability in whiplash-associated disorders (WAD). This study examined the role of fear after WAD and assessed the effectiveness of 3 treatments targeting fear. People still symptomatic from WAD grade I-II injuries approximately 3months previously (n=191) completed questionnaires (eg, Neck Disability Index [NDI]) and were randomized to 1 of the treatments: (1) informational booklet (IB) describing WAD and the importance of resuming activities, (2) IB+didactic discussions (DD) with clinicians reinforcing the booklet, and (3) IB+imaginal and direct exposure desensitization (ET) to feared activities. DD and ET participants received three 2-hour treatment sessions. Absolute improvements in NDI were in predicted direction (ET=14.7, DD=11.9, IB=9.9). ETs reported significantly less posttreatment pain severity compared with the IB (Mean=1.5 vs 2.3, P<.001, d=0.6) and DD (M=1.5 vs 2.0, P=.039, d=0.6) groups. Reduction in fear was the most important predictor of improvement in NDI ( $\beta=0.30$ , P<.001), followed by reductions in pain ( $\beta=0.20$ , P=.003) and depression ( $\beta=0.18$ , P=.004). The mediational analysis confirmed that fear reduction significantly mediated the effect of treatment group on outcome. Results highlight the importance of fear in individuals with subacute WAD and suggest the importance of addressing fear via exposure therapy and/or educational interventions to improve function.
Rodenburg, Roos; Benjamin, Anja; Meijer, Anne Marie; Jongeneel, Ruud	2009	Eye movement desensitization and reprocessing in an adolescent with epilepsy and mild intellectual disability	Epilepsy & behavior : E&B	16	1	175–180	Intellectual disability is a comorbid condition in epilepsy. People with epilepsy and intellectual disability are at high risk of developing behavioral problems. Among the many contributors to behavioral problems in people with epilepsy and intellectual disability are those of traumatic experiences. As such, behavioral problems can be seen as a reflection of these traumatic experiences. Among established trauma therapies, eye movement desensitization and reprocessing (EMDR) is an emerging treatment that is effective in adults and also seems to be effective in children. This article is a case report of EMDR in an adolescent with epilepsy and mild intellectual disability, in whom the EMDR children's protocol was used. The aim was to assess

							whether clinical trauma status significantly diminished to nonclinical status posttreatment. Change in trauma symptoms was evaluated with the Reliable Change Index (RCI). Results showed a significant decrease in trauma symptoms toward nonclinical status from pretreatment to posttreatment. EMDR consequences for epilepsy and intellectual disability are discussed.
Rodenburg, Roos; Benjamin, Anja; Roos, Carlijn de; Meijer, Ann Marie; Stams, Geert Jan	2009	Efficacy of EMDR in children: a meta-analysis	Clinical psychology review	29	7	599–606	The efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic stress symptoms was meta-analytically examined from the perspective of incremental efficacy. Overall post-treatment effect size for EMDR was medium and significant ( $d=.56$ ). Results indicate efficacy of EMDR when effect sizes are based on comparisons between the EMDR and the non-established trauma treatment or the no-treatment control groups, and the incremental efficacy when effect sizes are based on comparisons between the EMDR and the established (CBT) trauma treatment. The discussion focuses on the future replication of EMDR findings and further research on post-traumatic stress in children.
Rodríguez, B. I.; Craske, M. G.; Mineka, S.; Hladek, D.	1999	Context-specificity of relapse: effects of therapist and environmental context on return of fear	Behaviour research and therapy	37	9	845–862	Context-specificity of fear extinction was tested among 65 participants who were fearful of spiders by manipulating the contexts used for exposure treatment and two-week follow-up assessment. Context was defined by both meaningful (presence of a particular therapist) and incidental (room location and furnishings) environmental cues. Distinct phobic stimuli were used to examine interactions of context with stimulus. Physiological, behavioral and verbal indices of fear were measured. Results provided modest support for context-specific return of fear. With one stimulus, participants assessed in a non-treatment context at follow-up exhibited greater returns in heart rate levels. In addition, three of four participants who could not touch the stimulus at follow-up had been tested in a non-treatment context. Future investigations may benefit from greater distinctions between contexts or manipulation of contextual features more directly relevant to fear. Finally, post hoc analyses identified high trait anxiety, slow treatment response, recovery of phobic cognitions and long duration/high intensity phobic encounters post-treatment as significant predictors of increased return of fear.
Roesch, Alexander; Boerzsoenyi, Julia; Babilas, Philipp; Landthaler, Michael; Szeimies, Rolf-Markus	2008	Outcome survey of insect venom allergic patients with venom immunotherapy in a rural population	Journal der Deutschen Dermatologischen Gesellschaft = Journal of the	6	4	292–297	BACKGROUND: Hymenoptera venom anaphylaxis is a frightening event that affects physical and psychical functioning. PATIENTS AND METHODS: Retrospective survey of 182 Hymenoptera venom allergic patients living in a rural area using a questionnaire targeting on patients' satisfaction during therapy, fear of anaphylactic recurrences



			German Society of Dermatology : JDDG				and changes in lifestyle before and after venom immunotherapy (VIT). Additionally, patients' self-assessment of quality of life, daily outdoor time and re-sting rate were recorded. RESULTS: 146 patients returned the questionnaire (58.9% male, 41.1% female, 25.3% honey bee allergic, 67.8% wasp allergic, 41.1% re-sting rate, mean follow-up time 6.5 years). Measurement of the parameters fear, satisfaction and changes in lifestyle revealed a significant improvement after VIT. This correlated with the patients' self-assessment of quality of life, when 89.7% declared an improvement after VIT. Although the improvement was higher in patients with re-stings, also patients without re-stings clearly benefited from VIT. Interestingly, females were significantly more affected by Hymenoptera venom allergy than males, whereas both genders showed a similar improvement after VIT. CONCLUSIONS: Patients with Hymenoptera venom sting allergy significantly benefit from VIT in regard to both biological and psychological outcome. VIT should still be provided to all Hymenoptera venom allergic patients as standard of care.
Rogel, Aina; Loomis, Alysse M.; Hamlin, Ed; Hodgdon, Hilary; Spinazzola, Joseph; van der Kolk, Bessel	2020	The impact of neurofeedback training on children with developmental trauma: A randomized controlled study	Psychological trauma : theory, research, practice and policy	12	8	918–929	Objective: Developmental trauma or chronic early childhood exposure to abuse and neglect by caregivers has been shown to have a long-lasting pervasive impact on mental and neural development, including problems with attention, impulse control, self-regulation, and executive functioning. Its long-term effects are arguably the costliest public health challenge in the United States. Children with developmental trauma rarely have a satisfactory response to currently available evidence-based psychotherapeutic and pharmacological treatments. Neurofeedback training (NFT) is a clinical application of brain computer interface technology, aiming to alter electrical brain activity associated with various mental dysfunctions. NFT has shown promise to improve posttraumatic stress disorder (PTSD) symptoms. Method: This randomized controlled study examined the effects of NFT on 37 children, aged 6–13 years with developmental trauma. Participants were randomly divided into active NFT (n = 20) or treatment-as-usual control (n = 17). Both groups underwent 4 assessments during equivalent timelines. The active group received 24 NFT sessions twice a week. Results: This pilot study demonstrated that 24 sessions of NFT significantly decreased PTSD symptoms, internalizing, externalizing, other behavioral and emotional symptoms, and significantly improved the executive functioning of children aged 6–13 years with severe histories of abuse and neglect who had not significantly benefited from any previous therapy. Conclusions: NFT offers the possibility to improve learning, enhance self-efficacy, and

							develop better social relationships in this hitherto largely treatment-resistant population. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Rogers, Susan; Silver, Steven M.	2002	Is EMDR an exposure therapy? A review of trauma protocols	Journal of clinical psychology	58	1	43–59	Abstract This article presents the well established theoretical base and clinical practice of exposure therapy for trauma. Necessary requirements for positive treatment results and contraindicated procedures are reviewed. EMDR is contrasted with these requirements and procedures. By the definitions and clinical practice of exposure therapy, the classification of EMDR poses some problems. As seen from the exposure therapy paradigm, its lack of physiological habituation and use of spontaneous association should result in negligible or negative effects rather than the well researched positive outcomes. Possible reasons for the effectiveness of EMDR are discussed, ranging from the fundamental nature of trauma reactions to the nonexposure mechanisms utilized in information processing models. ? 2002 John Wiley & Sons, Inc. J Clin Psychol 58: 43?59, 2002.
Röhrle, Bernd; Caspar, Franz; Schlottke, Peter	2008	Lehrbuch der klinisch-psychologischen Diagnostik					
Rojas-Flores, Lisseth; Clements, Mari L.; Hwang Koo, J.; London, Judy	2017	Trauma and psychological distress in Latino citizen children following parental detention and deportation	Psychological trauma : theory, research, practice and policy	9	3	352–361	The mental health impact of parental detention and deportation on citizen children is a topic of increasing concern. Forced parent–child separation and parental loss are potentially traumatic events (PTEs) with adverse effects on children’s mental health. Objective: This study examines posttraumatic stress disorder (PTSD) symptoms and psychological distress among 91 Latino U.S.-born children (ages 6 to 12), living in mixed-status families with a least 1 undocumented parent at risk for detention or deportation. Method: Multiagent (child, parent, teacher, clinician) and standardized assessments were conducted at baseline to assess for child trauma and psychological distress. Results: Analyses indicate that PTSD symptoms as reported by parent were significantly higher for children of detained and deported parents compared to citizen children whose parents were either legal permanent residents or undocumented without prior contact with immigration enforcement. Similarly, findings revealed differences in child internalizing problems associated with parental detention and deportation as reported by parent as well as differences in overall child functioning as reported by clinician. In addition, teachers reported higher externalizing for children with more exposure to PTEs. Conclusions: These findings lend support to a reconsideration and revision of immigration enforcement practices to take into consideration the best interest of Latino citizen children. Trauma-informed assessments and interventions are recommended

							for this special population. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Rolfsnes, Erika S.; Idsoe, Thormod	2011	School-based intervention programs for PTSD symptoms: a review and meta-analysis	Journal of traumatic stress	24	2	155–165	This is a review and meta-analysis of school-based intervention programs targeted at reducing symptoms of posttraumatic stress disorder (PTSD). Nineteen studies conducted in 9 different countries satisfied the inclusionary criteria. The studies dealt with various kinds of type I and type II trauma exposure. Sixteen studies used cognitive-behavioral therapy methods; the others used play/art, eye movement desensitization and reprocessing, and mind-body techniques. The overall effect size for the 19 studies was $d = 0.68$ ( $SD = 0.41$ ), indicating a medium-large effect in relation to reducing symptoms of PTSD. The authors' findings suggest that intervention provided within the school setting can be effective in helping children and adolescents following traumatic events.
Rolli, Nadja Julia	2023	Integrating EMDR Standard Treatment Protocol into Child Psychotherapy at a Primary School with a 5-year-old Boy Who Suffered Complex Trauma: A Single Case Study	British Journal of Psychotherapy (British Journal of Psychotherapy)	39	4	714–731	Schools are making an important contribution to providing access to professional counselling for young people and their families. The population of children who access school counselling includes young people who have experienced severe and complex trauma in their early life, which presents itself as post-traumatic stress disorder (PTSD). Eye movement desensitization and reprocessing (EMDR) therapy is a recommended method of intervention for PTSD, with effective results in a short time. However, school counsellors are rarely specifically trained to work with complex trauma or PTSD. This article presents a case study exploring the integration of the EMDR eight-phase protocol into child psychotherapy in an English primary school setting with a 5-year-old boy who suffered complex trauma. Following treatment, the Strengths and Difficulties Questionnaire (SDQ) score and Generalized Anxiety Disorder Assessment (GAD-7) score?filled in by the child's parent and schoolteacher because of the child's age?decreased to non-clinical levels. The six-month follow-up assessment confirmed the improvement in the emotional well-being of the client. The promising results suggest the value of having adequately qualified child psychotherapists linked to primary schools to support emotionally vulnerable pupils.
Rooke, Aimee; Terte, Ian de	2020	The working life of a surf lifesaver: The traumatic experiences and consequences of New Zealand surf lifeguards	Traumatology		10	No Paginat on Specifie d-No Paginat on	Surf lifeguards are exposed to a range of potentially traumatic events, yet little is known about the impact of this work. A cross-sectional online survey gathered information on personal and surf lifesaving trauma exposure, posttraumatic stress symptoms, posttraumatic growth, perceived social support, and perceived self-efficacy. Statistical analyses were performed to explore hypothesized relationships between these constructs and demographic variables. A

					onic)	Specific d	total of 181 lifeguards, 17 years and older, were included in the final analysis. Men reported significantly higher trauma exposure; women presented with higher posttraumatic stress; and adolescent participants reported higher posttraumatic stress and posttraumatic growth. However, personal traumatic events alone showed a small but significant relationship with posttraumatic stress and posttraumatic growth. The expected relationships between perceived social support and perceived self-efficacy and between perceived self-efficacy and posttraumatic stress were not verified. Perceived social support and perceived self-efficacy did show a small significant positive relationship with posttraumatic growth. Exploratory analysis did show that age moderated the relationship between trauma exposure and both posttraumatic stress and posttraumatic growth. Key findings suggest that young lifeguards may be more vulnerable to posttraumatic stress yet have the potential to develop posttraumatic growth with increased trauma exposure, and women may be more vulnerable to posttraumatic stress than men. Although more research is needed to support the current findings, identifying those at risk for posttraumatic stress may be an important focus for the surf lifesaving community. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Roos, Carlijn de; Greenwald, Ricky; Hollander-Gijsman, Margien den; Noorthoorn, Eric; van Buuren, Stef; Jongh, Ad de	2011	A randomised comparison of cognitive behavioural therapy (CBT) and eye movement desensitisation and reprocessing (EMDR) in disaster-exposed children	European journal of psychotraumatology	2	1		
Roos, Carlijn de; van der Oord, Saskia; Zijlstra, Bonne; Lucassen, Sacha; Perrin, Sean; Emmelkamp, Paul; Jongh, Ad de	2017	Comparison of eye movement desensitization and reprocessing therapy, cognitive behavioral writing therapy, and wait-list in pediatric posttraumatic stress disorder following single-incident trauma: a multicenter randomized clinical trial	J Child Psychol Psychiatr (Journal of Child Psychology and Psychiatry)	58	11	1219–1228	
Roos, Carlijn de; Zijlstra, Bonne; Perrin, Sean; van der Oord, Saskia; Lucassen,	2021	Predictors and moderators of treatment outcome for single incident paediatric PTSD: a multicentre randomized clinical trial	European journal of psychotraumatology	12	1	1968138	BACKGROUND: With few RCTs having compared active treatments for paediatric PTSD, little is known about whether or which baseline (i.e. pre-randomization) variables predict or moderate outcomes in the evaluated treatments. OBJECTIVE: To identify predictors and moderators of paediatric PTSD outcomes for Eye Movement

Sacha; Emmelkamp, Paul; Jongh, Ad de						<p>Desensitization and Reprocessing Therapy (EMDR) and Cognitive Behavioural Writing Therapy (CBWT). METHOD: Data were obtained as part of a multi-centre, randomized controlled trial of up to six sessions (up to 45 minutes each) of either EMDR therapy, CBWT, or wait-list, involving 101 youth (aged 8-18 years) with a PTSD diagnosis (full/subthreshold) tied to a single event. The predictive and moderating effects of the child's baseline sociodemographic and clinical characteristics, and parent's psychopathology were evaluated using linear mixed models (LMM) from pre- to post-treatment and from pre- to 3- and 12-month follow-ups. RESULTS: At post-treatment and 3-month follow-up, youth with an index trauma of sexual abuse, severe symptoms of PTSD, anxiety, depression, more comorbid disorders, negative posttraumatic beliefs, and with a parent with more severe psychopathology fared worse in both treatments. For children with more severe self-reported PTSD symptoms at baseline, the (exploratory) moderator analysis showed that the EMDR group improved more than the CBWT group, with the opposite being true for children and parents with a less severe clinical profile. CONCLUSIONS: The most consistent finding from the predictor analyses was that parental symptomatology predicted poorer outcomes, suggesting that parents should be assessed, supported and referred for their own treatment where indicated. The effect of the significant moderator variables was time-limited, and given the large response rate (&gt;90%) and brevity (&lt;4 hours) of both treatments, the present findings suggest a focus on implementation and dissemination, rather than tailoring, of evidence-based trauma-focused treatments for paediatric PTSD tied to a single event.</p>
Roque-Lopez, Susana; Llenez-Anaya, Elkin; Álvarez-López, María Jesús; Everts, Megan; Fernández, Daniel; Davidson, Richard J.; Kaliman, Perla	2021	Mental health benefits of a 1-week intensive multimodal group program for adolescents with multiple adverse childhood experiences	Child abuse & neglect	122	105349	<p>BACKGROUND: Adverse childhood experiences (ACEs) are associated with a wide range of diseases, unsafe behavior and shorter life expectancy. However, there is scarce evidence on effective interventions for children or adolescents who report multiple ACEs, including abuse, neglect and household dysfunction. OBJECTIVE: The aim of this study was to evaluate the mental health outcomes of a multimodal program designed for adolescents with multiple ACEs. PARTICIPANTS: Forty-four girls (aged 13-16 years, mean ACE score &gt; 5) were randomized to an intervention group or a care-as-usual control group. METHODS: The intervention included mindfulness-based practices, expressive arts and EMDR (Eye Movement Desensitization and Reprocessing Integrative) group treatment. We used questionnaires for adolescents to assess trauma (SPRINT, CPSS) and attention/awareness-related outcomes (MAAS-A) at baseline (T1),</p>

							post-intervention (T2) and two-months post-discharge (T3). RESULTS: Linear mixed effects model analyses showed significant Group by Time interactions on all the scales ( $F = 11.0, p = 0.015$ ; $F = 12.5, p < 0.001$ ; and $F = 6.4, p = 0.001$ , for SPRINT, CPSS and MAAS-A, respectively). After completing the program, the intervention group showed significant reduction in trauma-related outcomes (SPRINT, $\Delta\%((T2-T1)) = -73\%, p < 0.001$ ; CPSS, $\Delta\%((T2-T1)) = -26\%, p < 0.001$ ) while attention/awareness-related outcomes were improved by 57% ( $p < 0.001$ ). These changes remained stable two months after discharge. SPRINT and CPSS scales were highly correlated ( $r = 0.833, p < 0.001$ ) and outcomes from both trauma-related scales negatively correlated with mindfulness scores (MAAS-A/SPRINT, $r = -0.515, p = 0.007$ ; MAAS-A/CPSS, $r = -0.553, p < 0.001$ ). CONCLUSIONS: Results presented here support this multimodal group intervention as a feasible and promising program for reducing the psychological burden in adolescents with a history of multiple ACEs.
Rosas Uribe, Myrna Estela; López Ramírez, Ernesto O.; Jarero Mena, Ignacio	2010	Effect of the EMDR psychotherapeutic approach on emotional cognitive processing in patients with depression	The Spanish journal of psychology	13	1	396–405	The current investigation, framed within the emotional cognitive science field, was conducted with three patients with major depression. They participated in a therapeutic process which involved EMDR (Eye Movement Desensitization and Reprocessing). Data were obtained in the clinical practice through a longitudinal one subject study design, including: emotional valence identification within affective priming experiments; and depressive emotional representation studies, the data of which was analyzed using multidimensional scaling. The first ones had the purpose of observing the therapeutic impact over the emotional cognitive bias mechanism regarding depresogenic words related to traumatic experiences; and the second, to analyze modifications on depressive schemata. The results showed that EMDR had a positive effect both on emotional cognitive processing and on long-term memory conceptual organization. In the discussion section, interesting remarks are made on the incorporation of emotional cognitive science tools to the EMDR clinical practice.
Rosenberg, Harriet J.; Jankowski, M. Kay; Fortuna, Lisa R.; Rosenberg, Stanley D.; Mueser, Kim T.	2011	A pilot study of a cognitive restructuring program for treating posttraumatic disorders in adolescents	Psychological trauma : theory, research, practice and policy	3	1	94–99	The study explored the feasibility and efficacy of a manualized cognitive restructuring program for treating adolescents suffering from posttraumatic stress disorder (PTSD). Nine girls and 3 boys (mean age 16 years; range = 14–18), with PTSD, were recruited from a community mental health center and a tertiary health care center and enrolled in a pilot study. The adolescents were seen weekly for 12–16 weeks of individual treatment. Variables assessed included: trauma history, PTSD diagnosis and severity, depression, substance abuse, and client

							satisfaction. Twelve adolescents consented to treatment; 9 completed the program. The number of types of traumas reported averaged 6.5 (range = 1–13). Paired t tests were used to test prepost change for PTSD symptoms and depression, in completers. From baseline to posttreatment, there were statistically significant improvements in PTSD and depression. Treatment gains were maintained at 3 month follow-up. Preliminary results suggest the feasibility of implementing a manualized cognitive restructuring program to treat PTSD in adolescents. Completers rated themselves as improved and satisfied at posttreatment and 3-month follow-up. Feedback from referring clinicians also indicated high satisfaction. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Rosenberg, Harriet J.; Vance, John E.; Rosenberg, Stanley D.; Wolford, George L.; Ashley, Susan W.; Howard, Michael L.	2014	Trauma exposure, psychiatric disorders, and resiliency in juvenile-justice-involved youth	Psychological Trauma: Theory, Research, Practice, and Policy	6	4		Recent studies suggest that juvenile-justice-involved youth have high levels of trauma exposure, and that trauma correlates with psychiatric disorders. We assessed the relationships between trauma, posttraumatic stress disorder (PTSD), depression, substance abuse, and resiliency factors in a population of justice-involved youth in New Hampshire (NH) and Ohio. We screened 350 youth at 5 NH family courts, the NH juvenile detention center, NH residential treatment facilities, and at one Ohio county juvenile court. The Web-based screen measured trauma, PTSD, depression, substance abuse, and resiliency factors. Ninety-four percent reported at least 1 trauma; the mean was 5.4. Screening showed 45.7% of youth positive for PTSD, 49.4% for depression, 61.2% for substance abuse, and 26.3% positive for all 3 disorders. Trauma exposure was significantly correlated with PTSD ( $p = .009$ ). Juveniles reporting 5.4 traumas had almost 8 times the probability of PTSD compared with those reporting 1 trauma, 7 times the likelihood of depression, and over 6 times the likelihood of substance abuse. Total resiliency score was not a moderator, but one subscale (Involvement) significantly moderated depression ( $p = .036$ ) and showed a trend to moderate PTSD ( $p = .102$ ). Results support recent findings reporting high levels of trauma exposure and related psychiatric disorders in juvenile-justice-involved youth. Multiply traumatized youth appear at risk for PTSD, depression, and substance use disorder. The apparent moderating effects of one resiliency subscale on depression and PTSD should be further explored. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Rosenblatt, Christian; Bischof, Nicole; Hölscher, Bärbel; Bader, Birgit; Hansen,	2017	Themenschwerpunkt: Therapeutische Techniken. (Mit 8 Einzelbeiträgen)	Praxis Kommunikation	3	1	42–69	Insgesamt acht Beiträge zum Themenschwerpunkt "Therapeutische Techniken" werden vorgelegt. - (1) C. Rosenblatt: Nicht nur sauber, sondern rein. Zum Umgang mit Aufstellungen und anderen methodischen Ansätzen in NLP-Ausbildungen (S. 42-44). (2) N.

Guenther; Pilot, Karin; Gerecke, Peter; Melle, Daniel							Bischof: Wie werde ich glücklich im Beruf? Eine Visualisierungstechnik für das Karrierecoaching (S. 46-48). (3) B. Hölscher: In Balance. Wie der Muskeltonus Wahrnehmung und Kommunikation steuert. Und wie wir unseren Körper zentrieren können (S. 50-52). (4) B. Bader: Die Tür der Vergebung. Ein Tagtraum. Und eine Übung zum Thema Schuld (S. 54-57). (5) G. Hansen: Zur Frage, wer wir sind. Fremdbild, Selbstbild. Ein Format zu den neuro-logischen Ebenen, mit dem sich die Ich-Identität gut klären lässt (S. 58-60). (6) K. Pilot: Ich hab den Ton noch im Ohr. Was ein "harmloser" akustischer Trigger bewirken kann. Und wie rasch Wingwave isolierte Blockaden auflösen vermag (S. 61-63). (7) P. Gerecke: Schritt für Schritt zum Ziel. EMDR und die Überwindung von Ängsten (S. 64-66). (8) D. Melle: Was ist dein "wozu"? Die persönliche Message als Markenkern - Basis für authentisches Marketing (S. 68-69).
Rosenkranz, Susan E.; Muller, Robert T.; Henderson, Joanna L.	2014	The role of complex PTSD in mediating childhood maltreatment and substance abuse severity among youth seeking substance abuse treatment	Psychological Trauma: Theory, Research, Practice, and Policy	6	1		Research has indicated that childhood maltreatment is associated with youth substance use problems; however, this association is not yet fully understood. Consistent with theories that describe substance use problems as reflecting impaired self-regulation abilities, we hypothesized that complex posttraumatic stress disorder (Complex PTSD), reflecting disruptions in the development of self-regulatory capacities, would mediate the association between maltreatment and substance use problem severity. Questionnaires assessing severity of drug and alcohol problems, maltreatment, and Complex PTSD symptoms were collected from 144 young men and 72 young women (N = 216) aged 16–24 years entering an outpatient substance abuse program. Results indicated the mediation model was an adequate fit to the data, $\chi^2(49, N = 216) = 102.23, p < .05$ . Because 25.3% of the variance in substance use problem severity was predicted by this model, future research expanding upon the model is recommended. The findings provide preliminary support for the development of treatment methods that address Complex PTSD among youth with maltreatment histories who abuse substances. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Rosner, Rita; Henkel, Christine; Ginkel, Katharina; Mestel, Robert	2010	Was passiert nach der stationären Stabilisierung mit komplex traumatisierten PTB-Patientinnen? Die Bedeutung von Stabilisierung und Konfrontation für die Behandlung traumatisierter Frauen	Zeitschrift für Psychiatrie, Psychologie und Psychotherapie	58	2	127–135	Die vorliegende Arbeit hat zwei Ziele: Erstens wird eine quantitative Literaturübersicht zur Wirksamkeit von Stabilisierung und Konfrontation bei komplex Traumatisierten mit Posttraumatischen Belastungsstörungen (PTB) gegeben. Dabei zeigt sich, dass Stabilisierung überwiegend kleine bis mittlere Effekte erzielt und dass kognitiv-verhaltenstherapeutische Interventionen insgesamt erfolgreicher erscheinen. Zweitens werden die Effekte einer integrativen stationären Behandlung sowie die Inanspruchnahme von



							<p>Folgebehandlungen nach stationärer Stabilisierung empirisch untersucht. Denn bei komplex traumatisierten PTB-Patienten erfolgt in Deutschland im stationären Setting überwiegend eine Stabilisierung, wobei angenommen wird, dass die erfolgreich Stabilisierten in einer ambulanten Folgetherapie mit einem traumakonfrontativen Verfahren behandelt werden. Insgesamt 147 sexuell traumatisierte Frauen (Durchschnittsalter: 34 Jahre), die eine stationäre, vorwiegend stabilisierende integrative Behandlung erhalten hatten, wurden sowohl ein als auch vier Jahre später nachuntersucht. Während sich die allgemeine psychische Belastung am Ende des stationären Aufenthalts stark verbesserte, zeigten sich nur kleine bis mittlere Effekte im Bereich der posttraumatischen Symptomatik. Nur ein geringer Teil der Stichprobe erhielt eine Traumakonfrontation in den vier Jahren nach der stationären Behandlung. Daraus und aus der Literaturübersicht kann abgeleitet werden, dass das stationäre Setting für Traumabearbeitung genutzt werden sollte.</p>
Rosner, Rita; Nocon, Agnes; Olff, Miranda	2013	Behandlung der posttraumatischen Belastungsstörung	PSYCH up2date	7	5	301–315	<p>Die Kernsymptomatik der posttraumatischen Belastungsstörung (PTBS) besteht in Symptomen des Wiedererlebens, der Vermeidung und der Übererregung. Die Häufigkeit der PTBS ist interkulturell abhängig von der Häufigkeit und Intensität traumatischer Ereignisse in der entsprechenden Region. Für Mitteleuropa liegen die 12-Monats-Prävalenzen bei 0,7 Prozent (Deutschland) bis 2,4 Prozent (Frankreich), wobei Frauen häufiger als Männer eine PTBS entwickeln. Die anstehenden Revisionen des DSM und der ICD werden die Kriterien leicht verändern. Bei der PTBS handelt es sich um eine Störung mit chronischem Verlauf und hoher Komorbidität. Es finden sich Hinweise auf eine Reihe von langfristig schwerwiegenden Gesundheitskonsequenzen. Häufig treten Depressionen, andere Angststörungen, Substanzmissbrauch und Suizidalität auf. Die besten Therapieerfolge zeigen sich für unterschiedliche Formen der traumafokussierten Verhaltenstherapie (darunter auch EMDR), wobei erfolgreiche Interventionen im Wesentlichen auf zwei Strategien aufbauen, nämlich der In-sensu-Konfrontation und der kognitiven Neubewertung des traumatischen Ereignisses und seiner Konsequenzen sowie der In-vivo-Konfrontation der Traumatrigger. Die derzeit am besten evaluierten Interventionen sind die kognitive Verarbeitungstherapie (Cognitive Processing Therapy; CPT), die prolongierte Exposition (PE) und die Eye Movement Desensitization and Reprocessing Therapie (EMDR). Für eine Reihe weiterer Interventionen liegen positive Ergebnisse in geringerem Maß vor. Gruppentherapien</p>

							erscheinen im Vergleich zu Einzeltherapien als weniger wirksam. Psychopharmaka sind nicht das Mittel der Wahl.
Rosshandler, Yasmin; Hall, Brian J.; Canetti, Daphna	2016	An application of an ecological framework to understand risk factors of PTSD due to prolonged conflict exposure: Israeli and Palestinian adolescents in the line of fire	Psychological trauma : theory, research, practice and policy	8	5	641–648	Objective: Adolescents living in Israel and the Palestinian authority are exposed to political violence. This review examines psychosocial risk factors for posttraumatic stress disorder (PTSD) organized within an ecological framework. Method: Relevant articles were identified through PubMed and PsycINFO. Studies measuring risk and/or protective factors for PTSD in the Palestinian and/or Israeli adolescent populations because of conflict exposure from 1990 to present were included. Results: A total of 20 studies met inclusion criteria. Greater violence exposure, poor economic resources, living in rural compared with urban areas, poor family and peer relations, and poor coping skills were associated with PTSD symptoms. Conclusions: The ecological framework is a useful approach to understanding factors affecting adolescent PTSD. Future research should focus on socioecological levels that have received limited attention. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Rossi, Eleonora; Cassioli, Emanuele; Cecci, Lucia; Arganini, Francesca; Martelli, Michela; Redaelli, Carolina Alberta; Anselmetti, Simona; Bertelli, Sara; Fernandez, Isabel; Ricca, Valdo; Castellini, Giovanni	2024	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	J. Trauma. Stress. (Journal of traumatic stress)	32	2	322–337	Abstract Objective This quasi-experimental study aimed to compare the outcome of patients with Anorexia Nervosa (AN) reporting moderate/severe childhood maltreatment (CM) treated exclusively with Enhanced Cognitive Behaviour Therapy (CBT-E) or with CBT-E plus Eye Movement Desensitisation and Reprocessing (EMDR). Method A total of 75 patients with AN reporting moderate/severe CM 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. Discussion The addition of EMDR to CBT-E may benefit patients with AN reporting moderate/severe CM.
Rost, Christine	2001	EMDR - eine neue Behandlungsmethode bei					Es wird im Überblick informiert über den Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) im Rahmen der

		posttraumatischen Belastungsstörungen					Behandlung von Patienten mit einer posttraumatischen Belastungsstörung. Zunächst werden ausgewählte Befunde zur Wirksamkeit dieser Behandlungsmethode vorgestellt. Dann wird erörtert, was im Gehirn während einer traumatischen Situation geschieht, und es wird beschrieben, wie EMDR wirkt. Eingegangen wird auch auf das methodische Vorgehen, Indikationen und Kontraindikationen für EMDR sowie auf den Einsatz dieser Methode in der Behandlung von Patienten mit chronischen Erkrankungen und Krebserkrankungen.
Rost, Christine	2003	EMDR in der Behandlung von chronischem Schmerz	Zeitschrift für Psychotraumatologie und Psychologische Medizin	1	3	7-15	Chronische Schmerzen sind in unserer Gesellschaft weit verbreitet und stellen das Medizinsystem noch immer vor große Probleme. Auffällig ist das häufige gleichzeitige Auftreten von psychischen Störungen. Die Bedeutung der Emotionen in der Schmerzwahrnehmung und Verarbeitung ist erst in den letzten Jahren näher untersucht worden. Bisher gibt es aber erst wenige Untersuchungen über die Bedeutung von Traumata in der Vorgeschichte und das gleichzeitige Auftreten von chronischen Schmerzen und einer Posttraumatischen Belastungsstörung. Diese Kombination führte zu Behandlungsversuchen von chronischen Schmerzen mit Eye Movement Desensitization and Reprocessing (EMDR). Die Ergebnisse erster Pilotstudien zum Einsatz von EMDR bei chronischen Schmerzen und Phantomschmerzen ergaben deutliche Verbesserungen. Die eigenen positiven Erfahrungen in der Behandlung von Patienten mit chronischen Schmerzen mit EMDR werden auch anhand eines Fallbeispiels geschildert.
Rost, Christine	2008	Ressourcenarbeit mit EMDR. Bewährte Techniken im Überblick					Vor dem Hintergrund, dass in der Traumatherapie nicht mehr automatisch nur auf das Schwere fokussiert wird, sondern bewusst mit Klienten nach solchen Ereignissen in ihrem Leben gesucht wird, die gelungen, erfolgreich oder schön waren, werden Techniken der Ressourcenaktivierung mit "Eye Movement Desensitization and Reprocessing" (EMDR) vermittelt. Inhalt: (1) F. Ebner und C. Rost: Einleitung - Ressourcenaktivierung mit EMDR. (2) C. Rost: Position of Power. (3) C. Rost und M. Novy: Die Rolle des Körpers in der Traumatherapie - Der Körper als Ressource im EMDR. (4) C. Rost: Verbindung von "Innerer Kinderarbeit" und Ego-state-Therapie mit EMDR. (5) C. Rost: CIPOS - Constant Installation of Present Orientation and Safety. (6) C. Rost: Ressourcenaktivierung mit EMDR in der Schwangerschaft. (7) D. Eckers: Ressourcenaktivierung und EMDR bei Kindern und Jugendlichen. (8) R. Plassmann: Stationäre Psychotherapie mit essgestörten Patientinnen - die bipolare EMDR-Technik. (9) M. Hase: Stabilisierungstechniken bei Abhängigen mit der

							EMDR-Methode. (10) F. Ebner und B. Kühn von Burgsdorff: Vom Überleben zum Leben - Ressourcenaktivierung mit EMDR im stationären Kontext. (11) S. Leutner: Einheit von Stabilisieren und Prozessieren.
Rost, Christine	2009	Die Arbeit mit dem Positiven - Ressourcenorganisation mit EMDR					Die Bedeutung der Ressourcenorientierung in der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung wird erörtert. Dabei wird unter anderem betont, dass es wichtig ist, den richtigen Zeitpunkt und die richtigen Worte für die Arbeit mit Ressourcen zu finden. In der Therapie wird zwischen allgemeinen und spezifischen Ressourcen unterschieden. Die Aktivierung von Ressourcen geschieht durch Aufrufen eines Teils des Ressourcennetzwerks der Erinnerung. Durch Kreativität und Informationen können neue Ressourcen gebildet werden. Ressourcenprotokolle können zur Bewältigung von Alltagsproblemen und zur besseren Affektsteuerung beitragen. Beim Einsatz von EMDR in der Ressourcenaktivierung ist die Anpassung der Dosis und Geschwindigkeit der Stimulation wichtig. Risiken der Ressourcenaktivierung mit EMDR sind das "Abkippen" des Patienten in negatives Material und belastende Zustände. Das Hauptproblem bei Ressourcenaktivierung mit EMDR ist die Möglichkeit der gleichzeitigen Aktivierung von negativem Material: Es kann auch deutlich werden, dass der Zugang zur Ressource nicht gelingt bzw. dass keine Verstärkung trotz Stimulation erfolgt. Ressourcen sind aber über die gesamte Zeit der EMDR-Behandlung wichtig und hilfreich.
Rost, Christine	2009	EMDR in der Behandlung von Trauma bedingten Angststörungen					Möglichkeiten der Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) in der Behandlung von traumabedingten Angststörungen werden erörtert. Zunächst wird betont, dass EMDR an konkreten Ereignissen oder Auslösern arbeitet, wohingegen sich frei flottierende Angststörungen nicht für die Behandlung mit EMDR anbieten. Außerdem wird darauf hingewiesen, dass die vollständige Bearbeitung der Angsterkrankung nur dann möglich ist, wenn alle Aspekte der Erkrankung - körperliche, emotionale und kognitive Reaktionen - wahrgenommen und durchgearbeitet werden. Unterschiede in der Angstbehandlung mit Verhaltenstherapie und mit EMDR werden herausgearbeitet, und das praktische Vorgehen in der Angsttherapie mit EMDR wird geschildert. Das Standardprotokoll für Ängste und Phobien sieht vor, dass im Bereich der Vergangenheit das erste bzw. konditionierende Ereignis, das schlimmste bzw. repräsentativste Ereignis und dann das letzte Ereignis mit EMDR bearbeitet wird. Im Bereich der Gegenwart sollen

							dann alle angstauslösenden Stimuli und Triggersituationen bearbeitet werden. Zuletzt wird die Zukunftsvorstellung bearbeitet.
Rost, Christine	2014	Ressourcenarbeit mit EMDR. Bewährte Techniken im Überblick					<p>Vor dem Hintergrund, dass in der Traumatherapie nicht mehr automatisch nur auf das Schwere fokussiert wird, sondern bewusst mit Klienten nach solchen Ereignissen in ihrem Leben gesucht wird, die gelungen, erfolgreich oder schön waren, werden Techniken der Ressourcenaktivierung mit "Eye Movement Desensitization and Reprocessing" (EMDR) vermittelt. - Inhalt: (1) Franz Ebner und Christine Rost: Einleitung: Ressourcenaktivierung mit EMDR. (2) Christine Rost: Kombination von Geschichten mit EMDR. (3) Christine Rost: Position of Power. (4) Arne Hofmann: Absorptionstechnik. (5) Christine Rost und Mark Novy: Die Rolle des Körpers in der Traumatherapie - der Körper als Ressource im EMDR. (6) Christine Rost: Verbindung von "Innerer Kindarbeit" und Ego-State-Therapie mit EMDR. (7) Christine Rost: CIPOS - Constant Installation of Present Orientation and Safety. (8) Christine Rost: Ressourcenaktivierung mit EMDR in der Schwangerschaft. (9) Dagmar Eckers: Ressourcenaktivierung und EMDR bei Kindern und Jugendlichen. (10) Reinhard Plassmann: Stationäre Psychotherapie mit essgestörten Patientinnen: die bipolare EMDR-Technik. (11) Michael Hase: Stabilisierungstechniken bei Abhängigen mit der EMDR-Methode. (12) Franz Ebner und Björke Kühn von Burgsdorff: Vom Überleben zum Leben - Ressourcenaktivierung mit EMDR im stationären Kontext. (13) Susanne Leutner: Einheit von Stabilisieren und Prozessieren. (14) Christine Rost: Der Einsatz von Metaphern im EMDR. (15) Visal Tumani: Ressourcenaktivierung und EMDR in der psychotherapeutischen Arbeit mit Menschen aus anderen Kulturen. - Das Buch wurde für die vorliegende dritte Auflage um einige Beiträge erweitert.</p>
Rost, Christine	2016	Das umgedrehte Standardprotokoll					<p>Das von A. Hofmann entwickelte umgedrehte Standardprotokoll in der EMDR-(Eye Movement Desensitization and Reprocessing-)Arbeit mit komplex traumatisierten Menschen wird beschrieben. Zunächst werden vier von Hofmann formulierte Testfragen benannt, die dem Therapeuten bei der Einschätzung helfen können, wann er von der reinen Stabilisierung in Richtung Konfrontation gehen kann. Dann wird in Form einer schematischen Darstellung gezeigt, wie diese Testfragen die Behandlungsplanung beeinflussen können. Anschließend werden drei Arbeitsinhalte erläutert: Arbeit an zukünftigen Belastungen, Arbeit an Triggern in der Gegenwart, Arbeit an Traumata aus der Vergangenheit. Es wird betont, dass das vorgestellte umgedrehte Standardprotokoll in die Behandlungsplanung integriert wird: Am Ende</p>

							einer Traumatherapie steht nicht die Traumakonfrontation, sondern die Integrationsphase, in der Trauer über das Schlimme, was geschehen ist, eine Rolle spielen kann. Es kann aber auch gewürdigt werden, was trotzdem möglich war und was nach der Therapie-Arbeit in der Zukunft möglich sein wird.
Rost, Christine	2016	Die acht Phasen der EMDR-Methode					Die zentralen Inhalte der acht Phasen der als Kassenleistung im Rahmen der Psychotherapie von Posttraumatischen Belastungsstörungen anerkannten EMDR-(Eye Movement Desensitization and Reprocessing-)Methode werden beschrieben: (1) Beginn der EMDR-Behandlung (Indikation und Kontraindikation, Beziehungsaufbau, Anamnese, Erstellen einer "Ressourcen- und Traumalandkarte"). (2) Vorbereitung und Stabilisierung (Aufklärung über EMDR, Fokussierung auf soziale und körperliche Stabilität, Aufbau von Ressourcen). (3) Beobachtungs- und Wertungsphase. (4) Das Prozessieren (Umgang mit Blockaden, emotionales Prozessieren (Abreaktion), Regulation eigener Gefühle). (5) Verankern der positiven Kognition. (6) Der Körpertest. (7) Abschluss. (8) Nachbefragung.
Rost, Christine	2016	Die drei Stränge im EMDR-Standardprotokoll					Das "Standardprotokoll", mit dem im EMDR (Eye Movement Desensitization and Reprocessing) gearbeitet wird, wird beschrieben. Es basiert auf der Arbeit mit den drei "Strängen" (Englisch: "three Pronged protocol") Vergangenheit (Traumafolgestörungen basieren auf einem unverarbeiteten Erlebnis in der Vergangenheit), Gegenwart (bei der Durcharbeitung traumatischer Ereignisse werden Trigger und vermeidendes Verhalten in der Gegenwart überprüft) und Zukunft (Arbeiten mit Zukunftsprojektionen bei Katastrophengedanken bzw. für herausfordernde Situationen und positive Form der Zukunftsprojektion). Es wird betont, dass ohne den Blick in die Zukunft die EMDR-Behandlung nicht vollständig ist: In der Zukunftsprojektion werden Vorstellungen entwickelt, wie man in Zukunft mit einer herausfordernden Situation umgehen kann, und dabei wird geprüft, ob dies belastungsfrei möglich ist. Dies scheint auch eine protektive Wirkung vor erneuter Traumatisierung zu haben. Die Zukunftsprojektion verstärkt also die Resilienz. Dies scheint aber nur für Situationen zu gelten, die das gleiche Muster aufweisen wie das frühere Erlebnis und in denen das komplette Standardprotokoll angewendet wurde.
Rost, Christine	2016	Die Entstehung von EMDR					Die Entstehung und zentrale Grundlagen der von Francine Shapiro zwischen 1987 und 1989 entwickelten Methode EMDR (Eye Movement Desensitization and Reprocessing) werden beschrieben. Deren Entdeckung beruhte auf ihrer Beobachtung, dass die Belastung von traumatischen Erinnerungen reduziert wird, wenn sich gleichzeitig die

							Augen schnell hin und her bewegen. Folgende Punkte werden behandelt: (1) Forschung zu den Wirkmechanismen von EMDR, (2) das Modell der adaptiven Informationsverarbeitung, (3) dysfunktionell gespeicherte Erinnerungen, (4) veränderte Speicherung nach Traumakonfrontation mit EMDR, (5) das EMDR-Ablaufschema, (6) Struktur der EMDR-Methode, (7) Kreativität im EMDR-Prozess, (8) Veränderungen im EMDR-Ablaufschema und neue Techniken.
Rost, Christine	2016	Einsatz von Geschichten in Kombination mit EMDR bei Erwachsenen					Der Einsatz von Geschichten in der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung von Erwachsenen wird beschrieben. In Geschichten werden dabei oft lösungsorientierte Konzepte entwickelt, die helfen, neue Herangehensweisen an Probleme denkbar zu machen. Eingegangen wird auf folgende Aspekte: (1) Der Einsatz von Imagination in der Therapie. (2) Die Arbeit mit dem Inneren Kind. (3) Der Einsatz von Geschichten in Kombination mit EMDR. (4) Die Technik der Rettungsgeschichte für ein Kind (bei der in der belastenden Situation ein Retter auftauchen darf). (5) Die von J. Lovett entwickelte Technik der Geschichte zum Leben (bei der nicht nur auf das belastende Ereignis fokussiert wird, sondern dieses in den Gesamtzusammenhang der Lebens des Klienten gestellt wird).
Rost, Christine	2016	EMDR zwischen Struktur und Kreativität					
Rost, Christine	2016	EMDR zwischen Struktur und Kreativität. Bewährte Abläufe und neue Entwicklungen					Einsatzfelder, bewährte Techniken und neue Vorgehensweisen der EMDR-(Eye Movement Desensitization and Reprocessing -)Therapie werden beschrieben. Neben der Methode und der Struktur der EMDR werden ihr Einsatz bei bestimmten Symptomatiken und Patientengruppen, ihre Integration in andere Methoden und Settings sowie kreative Ansätze von EMDR erläutert. - Inhalt: (1) Christine Rost: Die Entstehung von EMDR. (2) Franz Ebner: Affekte in Gehirn und Körper und in der EMDR-Praxis. - (A) Die EMDR-Methode und ihre Struktur. (3) Christine Rost: Die acht Phasen der EMDR-Methode. (4) Christine Rost: Die drei Stränge im EMDR-Standardprotokoll. (5) Christine Rost: Das umgedrehte Standardprotokoll. (6) Raimund Dörr und Hanne Hummel: Behandlungsplanung zwischen Struktur und Kreativität. (7) Eva Münker-Kramer und Christine Rost: Bewährte Techniken im EMDR. (8) Christine Rost: Stabilisierung in der Phase 2. (9) Eva Münker-Kramer: Gezielte individuelle Ressourcenaktivierung auf allen Repräsentationsebenen. (10) Christine Rost: Stabilisierung in der Phase 3. - (B) Einsatz von EMDR bei bestimmten Symptomatiken und Patientengruppen. (11) Christine Rost und Eva Münker-Kramer: EMDR - nach kurz zurückliegenden Traumatisierungen: EEI - Early EMDR Intervention. (12) Maria Lehnung: EMDR in der Behandlung von

							<p>psychosomatischen Erkrankungen. (13) Maria Lehnung, Arne Hofmann und Michael Hase: EMDR bei depressiven Erkrankungen. (14) Michael Hase, Helge Höllmer und Hanne Hummel: EMDR und transgenerationale Traumatisierung. (15) Tanos Freiha: EMDR in der Behandlung von psychischen Traumata bei jugendlichen Diabetikern mit Diabetes Mellitus Typ 1. (16) Lucien Burkhardt: Behandlung der dissoziativen Identitätsstörung mit EMDR. - (C) Die Integration von EMDR in andere Methoden/Settings. (17) Heike Gerhardt: Integration von EMDR in tiefenpsychologisch fundierte Psychotherapie. (18) Eva Münker-Kramer: Die Integration von EMDR in verhaltenstherapeutische Behandlungen. (19) Eva Münker-Kramer: Der Einsatz von EMDR im Bereich von nicht-klinischer Einzelsupervision, Coaching und Beratung. - (D) Kreative Ansätze im EMDR. (20) Dorothee Lansch: Die Vier-Felder-Technik. (21) Esther Ebner: Triggerbearbeitung durch Differenzierung im Schema der Vier-Felder-Technik. (22) Tanos Freiha: Mit EMDR am Symptom Albtraum arbeiten. (23) Dagmar Eckers: EMDR-Erzählgeschichten bei Kindern. (24) Christine Rost: Einsatz von Geschichten in Kombination mit EMDR bei Erwachsenen. (25) Gisela Roth: EMDR und Sandspielarbeit.</p>
Rost, Christine	2016	EMDR zwischen Struktur und Kreativität. Bewährte Abläufe und neue Entwicklungen					
Rost, Christine	2016	In: Rost, Christine (Ed.), EMDR zwischen Struktur und Kreativität. Bewährte Abläufe und neue Entwicklungen (S. 88-95). Paderborn: Junfermann, 2016				88-95	
Rost, Christine	2016	Stabilisierung in der Phase 2					<p>Techniken, die in der Phase 2 im EMDR (Eye Movement Desensitization and Reprocessing) eingesetzt werden, werden dargestellt. In dieser Phase der EMDR-Therapie wird gezielt auf eine Verbesserung der Affekttoleranz der Klienten hingearbeitet. Die beschriebenen Techniken stehen stellvertretend für viele mögliche Übungen: Die von A. Leeds entwickelte Lobe-Übung soll die Toleranz für positive Gefühle verbessern, die Vier-Elemente-Übung nach E. Shapiro kombiniert drei Körperübungen und eine imaginative Übung und dient der Selbstberuhigung, die von F. Shapiro eingeführte Lichtstrom-Technik kann gezielt bei körperlichen Rückerinnerungen angewendet werden.</p>
Rost, Christine	2016	Stabilisierung in der Phase 3					<p>Der Stellenwert der stabilisierungsorientierten Arbeit in der Phase 3 im EMDR (Eye Movement Desensitization and Reprocessing) wird erörtert. Bei klassischer Posttraumatischer Belastungsstörung ist in</p>



							dieser Phase meistens keine Stabilisierung mehr nötig, da diese bereits ausreichend in Phase 2 durchgeführt wurde. Es kann aber sinnvoll erscheinen, Klienten vor dem Beginn der Traumakonfrontation mit EMDR noch einmal in Verbindung mit ihrer Fähigkeit zur Selbstberuhigung zu bringen. Dafür wurde in Phase 2 die Imagination des "Sicheren Ortes" oder eine andere entsprechende Übung erlernt. In Phase 3 kann sich jedoch zeigen, dass die Belastung größer ist als erwartet. Dann ist es sinnvoll, den Zugang zu Ressourcen und zur Selbstwirksamkeit erneut zu aktivieren. Dies kann an unterschiedlichen Stellen geschehen. Die verschiedenen Möglichkeiten werden kurz im Einzelnen vorgestellt: (1) Beginn von Phase 3: Stabilisierung durch Einsatz des Sicheren Ortes oder der Methode "Position of Power". (2) Mitte von Phase 3: Stabilisierung durch Einsatz der Position of Power. (3) Ende von Phase 3: Stabilisierung durch CIPOS (Constant Installation of Positive Orientation and Safety). (4) Ende von Phase 3: Stabilisierung über die Körperressource.
Rost, Christine	2022	Ressourcenarbeit mit EMDR - neue Entwicklungen. Vom Aushalten zum Verändern					Neuere Entwicklungen in der Ressourcenarbeit mit Eye Movement Desensitization and Repression (EMDR) werden beschrieben. In diesem Kontext stellen sich folgende Fragen: Was entscheidet darüber, ob eine Traumatherapie erfolgreich ist oder nicht? Wie kann man Klientinnen und Klienten in einem vegetativ-entspannten Zustand aktivieren und ihnen so Zugang zu ihren Stärken ermöglichen? Welche Rolle spielen Bindungserfahrungen und Bindungsfähigkeit? Techniken der Ressourcenarbeit mit Kindern, Jugendlichen und Erwachsenen werden anhand von Beispielen aufgezeigt. - Inhalt: <a href="https://d-nb.info/1246379333/04">https://d-nb.info/1246379333/04</a>
Rost, Christine; Hofmann, Arne	2000	Die Therapie der posttraumatischen Belastungsstörung mit EMDR, einer neueren Methode der Traumabehandlung	Psychologie in Österreich	20	5	281–283	Es wird im Überblick informiert über EMDR (Eye Movement Desensitization and Reprocessing), eine neue Methode im Bereich der Behandlung posttraumatischer Belastungsstörungen. Die Methode wurde von 1987 bis 1989 von F. Shapiro entwickelt. Es werden die bisher vorliegenden Forschungsergebnisse vorgestellt, und die Behandlungsschritte sowie Indikation und Kontraindikation werden benannt. Bei EMDR werden die Großhirnhemisphären abwechselnd stimuliert durch optische, akustische oder sensorische Reize. Es gibt verschiedene Hypothesen über den Wirkmechanismus. Während der EMDR-Sitzung kann eine beschleunigte Verarbeitung von Informationen sowie eine kognitive Umstrukturierung beobachtet werden. EMDR muss in ein gesamtes traumatisches Behandlungskonzept eingebettet werden und lässt sich gut mit den anerkannten Psychotherapieverfahren kombinieren.

Rost, Christine; Hofmann, Arne	2013	Ressourcenarbeit mit EMDR					Der Einsatz von ressourcenorientierten Techniken bei EMDR (Eye Movement Desensitization and Reprocessing) mit traumatisierten Klienten wird erläutert. Nach einem Einblick in die Grundlagen der EMDR-Therapie wird die Ressourcenarbeit beleuchtet, wobei auf allgemeine und spezifische Ressourcen, die Ressourcenaktivierung und die Nutzung von Ressourcenprotokollen mit EMDR eingegangen wird. Zudem werden Risiken bei der Ressourcenaktivierung mit EMDR skizziert. Als Beispiele für Ressourcetechniken, die sich bei EMDR einsetzen lassen, werden der "Sichere Ort", die Methode "Position of Power" und die Absorptionstechnik vorgestellt.
Rost, Christine; Münker-Kramer, Eva	2016	EMDR - nach kurz zurückliegenden Traumatisierungen: EEI - Early EMDR Intervention					Das von F. Shapiro im Zuge der Arbeit mit Erdbebenopfern entwickelte "Recent Event Protocol" (Deutsch: EMDR-Akut-Protokoll) wird erörtert. Hintergrund ist das Phänomen der noch fragmentierten Speicherung eines erst kürzlich zurückliegenden traumatischen Ereignisses: Nach dem Ereignis gibt es einen längeren Zeitraum, in dem die Erinnerung noch nicht konsolidiert ist. Dadurch ist es nicht möglich, auf das im EMDR übliche "repräsentative Ereignis" zu fokussieren. Über die genaue Dauer dieses "Zeitraumes" sind sich auch die gängigen Diagnosemanuale nicht ganz einig. Ein Erklärungsversuch für die Notwendigkeit eines eigenen Vorgehens bei kurz zurückliegenden Erfahrungen ist, dass durch die mangelnde "Repräsentanz" durch den schlimmsten Teil der Erinnerung die Generalisierung der Entlastung (noch) nicht funktioniert, weil die Entlastung eben nur für diese eine Belastungsspitze ("Hotspot") reprozessiert wird. Nach einleitenden Anmerkungen zu den daraus resultierenden Schwierigkeiten im Bereich der Notfallpsychologie und der Akutintervention und auch zur Frage, ob eine frühe Intervention sinnvoll ist, werden folgende Punkte behandelt: (1) Traumtypen, Selbstheilung, Risiken und Resilienz sowie WHO-Empfehlungen zur Psychologischen Ersten Hilfe. (2) Indikationen für therapeutische Interventionen (F. Shapiro: EMDR-Akut-Protokoll; A. Hofmann: Notfall-EMDR; G. Quinn: Emergency Response Procedure (ERP); F. Shapiro: EMD-Protokoll; I. Kutz: Single Session Modified EMDR; E. Shapiro und B. Laub: Recent Traumatic Episode Protocol (R-TEP); Jarero, Artigas und Hartung: das Integrative Gruppentherapie-Protokoll (EMDR-IGPT)). (3) Behandlung von Akuttrauma, Resilienzförderung und "posttraumatic growth".
Rostaminejad, Akbar; Alishapour, Maryam; Jahanfar, Abdolhadi; Fereidouni, Zhila;	2022	Eye movement desensitization and reprocessing as a therapy for rape victims: A case series	Clin Case Rep (Clinical Case Reports)	10	3	e05620	Abstract A case series was conducted on three rape victims who were hospitalized with a diagnosis of major depressive disorder (MDD). Eye movement desensitization and reprocessing (EMDR) was employed to reduce their risk of suicide or suicidal ideations. EMDR can be an

Behnammoghadam, Mohammad							effective treatment to reduce the level of suicidal ideation in rape victims.
Roth, Gisela	2016	EMDR und Sandspielarbeit					Die Anwendung von EMDR bei Kindern (und zu einem geringen Teil bei Erwachsenen) unter Einbeziehung des Sandspiels vorgestellt. Am Anfang werden einige theoretische Grundlagen des Spiels, des Sandspiels und des EMDR bei Kindern (im Unterschied zum EMDR bei Erwachsenen) skizziert. Dann werden Vorteile der Kombination von Sandspiel und EMDR besprochen. Es folgen Beispiele (sechsjähriges Mädchen, achtjähriger Junge), die zeigen, wie EMDR und Sandspiel synergetisch zusammenwirken.
Rothbaum, B. O.	1997	A controlled study of eye movement desensitization and reprocessing in the treatment of posttraumatic stress disorder sexual assault victims	Bulletin of the Menninger Clinic	61	3	317–334	Eye movement desensitization and reprocessing (EMDR) is a new method developed to treat posttraumatic stress disorder (PTSD). This study evaluated the efficacy of EMDR compared to a no-treatment wait-list control in the treatment of PTSD in adult female sexual assault victims. Twenty-one subjects were entered, and 18 completed. Treatment was delivered in four weekly individual sessions. Assessments were conducted pre- and posttreatment and 3 months following treatment termination by an independent assessor kept blind to treatment condition. Measures included standard clinician- and self-administered PTSD and related psychopathology scales. Results indicated that subjects treated with EMDR improved significantly more on PTSD and depression from pre- to posttreatment than control subjects, leading to the conclusion that EMDR was effective in alleviating PTSD in this study.
Rothbaum, Barbara Olasov; Astin, Millie C.; Marsteller, Fred	2005	Prolonged Exposure versus Eye Movement Desensitization and Reprocessing (EMDR) for PTSD rape victims	J. Traum. Stress (Journal of traumatic stress)	18	6	607–616	Abstract This controlled study evaluated the relative efficacy of Prolonged Exposure (PE) and Eye Movement Desensitization and Reprocessing (EMDR) compared to a no-treatment waitlist control (WAIT) in the treatment of PTSD in adult female rape victims (n = 74). Improvement in PTSD as assessed by blind independent assessors, depression, dissociation, and state anxiety was significantly greater in both the PE and EMDR group than the WAIT group (n = 20 completers per group). PE and EMDR did not differ significantly for change from baseline to either posttreatment or 6-month follow-up measurement for any quantitative scale.
Rowe, Cynthia L.; La Greca, Annette M.; Alexandersson, Anders	2010	Family and individual factors associated with substance involvement and PTS symptoms among adolescents in greater New Orleans after Hurricane Katrina	Journal of consulting and clinical psychology	78	6	806–817	Objective: This study examined the influence of hurricane impact as well as family and individual risk factors on posttraumatic stress (PTS) symptoms and substance involvement among clinically referred adolescents affected by Hurricane Katrina. Method: A total of 80 adolescents (87% male; 13–17 years old; mean age = 15.6 years; 38% minorities) and their parents were interviewed at the adolescent's intake into substance abuse treatment, 16 to 46 months postdisaster.

						<p>Independent measures included hurricane impact variables (initial loss/disruption and perceived life threat); demographic and predisaster variables (family income, gender, predisaster adolescent substance use, predisaster trauma exposure, and parental substance abuse); postdisaster family factors (parental psychopathology, family cohesion, and parental monitoring); and postdisaster adolescent delinquency. Results: Hierarchical multivariate regression analyses showed that adolescent substance involvement was associated with higher family income, lower parental monitoring (adolescent report), and more adolescent delinquency. Adolescent-reported PTS symptoms were associated with greater hurricane-related initial loss/disruption, lower family cohesion (adolescent report), and more adolescent delinquency, whereas parent-reported adolescent PTS symptoms were associated with greater parental psychopathology, lower parental monitoring (adolescent report), and lower family cohesion (parent report). Conclusions: The results suggest that hurricane impact was related only to adolescent-reported PTS. However, certain postdisaster family and individual risk factors (low family cohesion and parental monitoring, more adolescent delinquency) were associated both with adolescent substance involvement and with PTS symptoms. Identification of these factors suggests directions for future research as well as potential target areas for screening and intervention with substance-abusing adolescents after disasters. (PsycINFO Database Record (c) 2017 APA, all rights reserved)</p>
Ruch, Simon; Schmidig, Flavio Jean; Knüsel, Leona; Henke, Katharina	2022	Closed-loop modulation of local slow oscillations in human NREM sleep	NeuroImage, 2022			<p>Slow-wave sleep is the deep non-rapid eye-movement (NREM) sleep stage that is most relevant for the recuperative function of sleep. Its defining property is the presence of slow oscillations (&lt;math&gt;\approx 2\text{ Hz}&lt;/math&gt;) in the scalp electroencephalogram (EEG). Slow oscillations are generated by a synchronous back and forth between highly active UP-states and silent DOWN-states in neocortical neurons. Growing evidence suggests that closed-loop sensory stimulation targeted at UP-states of EEG-defined slow oscillations can enhance the slow oscillatory activity, increase sleep depth, and boost sleep's recuperative functions. However, several studies failed to replicate such findings. Failed replications might be due to the use of conventional closed-loop stimulation algorithms that analyze the signal from one single electrode and thereby neglect the fact that slow oscillations vary with respect to their origins, distributions, and trajectories on the scalp. In particular, conventional algorithms nonspecifically target functionally heterogeneous UP-states of distinct origins. After all, slow oscillations</p>

							at distinct sites of the scalp have been associated with distinct functions. Here we present a novel EEG-based closed-loop stimulation algorithm that allows targeting UP- and DOWN-states of distinct cerebral origins based on topographic analyses of the EEG: the topographic targeting of slow oscillations (TOPOSO) algorithm. We present evidence that the TOPOSO algorithm can detect and target local slow oscillations with specific, predefined voltage maps on the scalp in real-time. When compared to a more conventional, single-channel-based approach, TOPOSO leads to fewer but locally more specific stimulations in a simulation study. In a validation study with napping participants, TOPOSO targets auditory stimulation reliably at local UP-states over frontal, sensorimotor, and centro-parietal regions. Importantly, auditory stimulation temporarily enhanced the targeted local state. However, stimulation then elicited a standard frontal slow oscillation rather than local slow oscillations. The TOPOSO algorithm is suitable for the modulation and the study of the functions of local slow oscillations.
Ruggiero, Kenneth J.; Morris, Tracy L.; Scotti, Joseph R.	2001	Treatment for children with posttraumatic stress disorder: Current status and future directions	Clinical Psychology: Science and Practice	8	2	210–227	Although the treatment-efficacy literature for adults with posttraumatic stress disorder (PTSD) has advanced considerably with the publication of several methodologically rigorous contributions during the past decade, the child-focused PTSD literature has yet to extend beyond case illustrations and open trials. Central to this article is a review of the treatment-outcome literature for children with PTSD. Because few treatment studies have targeted trauma-exposed children relative to their adult counterparts, results of some methodologically rigorous investigations with adults are also cited in this review. From these investigations and from the available treatment-outcome data with children, suggestions for future research are derived. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Ruisch, J. E.; Nederstigt, A.H.M.; van der Vorst, A.; Boersma, S. N.; Vink, M. T.; Hoeboer, C. M.; Olf, M.; Sobczak, S.	2023	Treatment of post-traumatic stress disorder in people with dementia: a structured literature review	Psychogeriatrics (Psychogeriatrics)	23	3	523–534	Post-traumatic stress disorder (PTSD) is associated with cognitive dysfunctions and is an independent risk factor for dementia. A recent study has found the prevalence of PTSD in people with dementia is 4.7%–7.8%. However, little is known about the effectiveness of PTSD treatment for people with dementia. The primary aim of the current study is to review previous studies on the treatment of PTSD in people with dementia. A structured literature review was performed using a Preferred Reporting Items for Systematic Reviews and Meta-Analyses analysis in PubMed, Embase, PsycINFO and CINAHL. Two independent researchers screened titles and abstracts. The inclusion criteria were: PTSD symptoms present, diagnosis of dementia, PTSD

							<p>treatment form described and effects of the treatment mentioned. Articles that matched these criteria were included and content and quality were analyzed. We included nine articles, all case reports, with a total of 11 cases. The discussed treatment options are eye movement desensitisation and reprocessing (EMDR) (n=3), prolonged exposure (n=1), cognitive behavioural therapy (n=1) and pharmacological treatment (n=4). All articles reported a positive effect of the intervention on several monitored symptoms. Evidence for positive effects and feasibility of EMDR were most reliable, and it was applied in two articles of sufficient quality published in 2018 and 2019. EMDR 'on-the-spot' was described with positive effect in one article in which three cases were discussed. The quality of included papers ranged from insufficient to sufficient. This review shows that people with PTSD and dementia can benefit from PTSD treatment. EMDR, prolonged exposure, acceptance and commitment therapy and pharmacological treatment are applicable in this population. EMDR treatment is most described in this population (n=5) and shows positive results, and the studies are of sufficient quality (n=3). Further research in the form of a randomised controlled trial is required to study the effectivity of different treatment interventions in this population.</p>
Rye, M. S.; Ullman, D.	1999	The successful treatment of long-term selective mutism: a case study	Journal of behavior therapy and experimental psychiatry	30	4	313–323	<p>This study describes the successful treatment of a seventh grade boy who had selective mutism in school since kindergarten. Treatment consisted of systematic desensitization, consultation with school personnel, and training in social speaking skills. The student made significant gains with respect to frequency of verbalizations to teachers and peers, number of individuals spoken to, anxiety related to speaking, school attendance, and involvement in school-based extracurricular activities. At one year follow-up, the student's rate of speech was indistinguishable from his classmates'. Special issues concerning the treatment of long-term selective mutism are discussed.</p>
Šabanović, Šemsa; Draganović, Selvira	2018	Socio-Demographic Characteristics of Clients Who Were Treated with EMDR Therapy in Humanitarian Nongovernmental Organization Islamic Relief World Wide in Bosnia and Herzegovina	Psychiatria Danubina	30	Suppl 5	253–256	<p>INTRODUCTION: Mental health services after the war 1992-1995 in Bosnia and Herzegovina (B-H) are primarily reduced to the public care, though, there are not enough professionals in existing conditions, and they are not able to respond to cover all the cases. This leaves the room to non governmental organizations (NGO) and private mental health care professionals in providing psycho-social services to vulnerable populations. Islamic Relief World Wide (IRWW), United Kingdom (UK) based humanitarian organisation, whose personal working within Orphans department, took part in this mission to</p>

							contribute B-H citizens wellbeing. IRWW in B-H, since 2013 successfully provided psycho-social and EMDR psychotherapy services and help throughout its projects primarily designed for orphans, widows and socially endangered population. All EMDR therapies were delivered from the first author of this presentation. AIM: Our aim is to present socio demographic characteristics of clients seeking psychological support and help in IR WW B-H who were treated with EMDR therapy. METHODS: We did overview of protocols for the clients to whom we helped by using standardised EMDR protocols. RESULTS: In the period from 2013 to 2017, we used EMDR protocols for 154 clients: 122 (79.2%) were females, 130 (84.4%) were adults (25-56 years old), 21 (13.6%) adolescents (13-25 years) and 3 (1.95%) school children. In terms of their socio-economic status 54 (35.1%) clients were employed, 42 (27.3%) unemployed and 19 (12.3%) from socially endangered category. There were 30 (19.5%) university students, 55 (35.7%) were with university degree, 63 (40.9%) with high school education, 5 (3.3%) with primary school. Therapy type (completed, ongoing, incomplete), primary complains or reasons for seeking therapy, diagnoses and number of EMDR therapy sessions offered, will be addressed too. CONCLUSION: Our results showed that EMDR therapy is very useful in helping to B-H population in very difficult post-war conditions for the wide varieties of clients.
Šabanović, Šemsa; Hasanović, Mevludin	2020	EMDR in the War Childhood Museum Sarajevo - to Repair the Damage Caused by the War in Bosnia and Herzegovina 1992-1995	Psychiatria Danubina	32	3-4	438–440	
Sabbah, A.	1992	Current ideas on hay fever and its treatment	Allergie et immunologie	24	5	180–182	Etiological treatment of atopic dermatitis cannot be considered without taking account of all the data of the syndrome: Search for the etiological; mechanism; Treatment of the cause and skin changes; Preventative treatment of infection; Above all, treatment of pruritus that determines the final state of the skin by the consequent scratching and the future psychological condition from the implicated prolonged suffering. Even though it may be difficult, responsible allergens must be detected and the entire range of allergy treatments tried. The local treatments to give a good skin condition must be understood. Finally, it is essential to educate the parents for the best possible family effort.
Sachsse, Ulrich	2002	Traumatherapie - was ist erfolgreich?					

Sachsse, Ulrich	2010	Trauma-Syntheseverfahren					Methoden der Traumasyntese werden im Überblick dargestellt und in ihrer Anwendbarkeit bei komorbiden Suchtkranken diskutiert. Dabei handelt es sich um Trauma-Expositionsverfahren, die das Erleben, das bei der Traumatisierung fraktioniert wurde, kongruent wiederbeleb- und erlebbar machen sollen. Wort, Bild, Affekt und Körperempfindungen sollen in das Erleben einbezogen werden. Als zentrales Element der Verfahren wird der Aufbau von Kontrolle über intrusive Symptomatik und Dissoziationen beschrieben. Zwei Verfahren der Trauma-Synthese, die Beobachter-Technik und die Bildschirm-Technik (Screen-Technik) werden kurz vorgestellt. Eine dritte Methode, das "Eye Movement Desensitization und Reprocessing" (EMDR), wird eingehend erläutert. Der Ablauf der Trauma-Exposition anhand des Behandlungsplans mit EMDR und das Setting der Behandlung werden beschrieben. Anhand von Ergebnissen aus kontrollierten Studien wird die Wirksamkeit der Methode diskutiert. Besonderheiten in der Anwendung bei Suchtkranken, speziell in den Einzelphasen des EMDR, werden illustriert. Der Umgang mit problematischen Reaktionen während der Therapie, wie Vermeidung, Dissoziation, Abreaktion und Suchtverlangen werden beschrieben und anhand von kurzen Fallbeispielen verdeutlicht. Substanzbedingte Problemstellungen in der Therapie, die Bearbeitung von Intoxikationsstates sowie Traumasyntese bei anterograden Amnesien und drogeninduzierten Hypermnesien werden beschrieben. An einem Fallbeispiel wird der Verlauf einer EMDR-Behandlung unter Substitution demonstriert. Schließlich wird das EMDR-Verfahren als Mittel zur Behandlung von Sucht kritisch diskutiert, Grenzen der Methode werden aufgezeigt.
Sachsse, Ulrich; Özkan, Ibrahim; Streeck-Fischer, Annette	2002	Traumatherapie - Was ist erfolgreich?					
Sachsse, Ulrich; Özkan, Ibrahim; Streeck-Fischer, Annette	2002	Traumatherapie - Was ist erfolgreich?					Verschiedene psychotherapeutische Ansätze zur Behandlung von Patienten mit posttraumatischen Belastungsstörungen werden vorgestellt und die Wirksamkeit dieser Ansätze wird erörtert. Schulenübergreifend wird festgestellt, dass eine stabilisierende Ressourcenorientierung und vorsichtig gesteuerte Begegnungen mit den traumatischen Erfahrungen erfolgreich sind und den Patienten eine neue Lebensqualität geben können. - Inhalt: (1) B. Overkamp: Erfolgreiche Diagnostik dissoziativer Symptome und Störungen. Ein Überblick. (2) V. Engl: Faktoren einer erfolgreichen stationären Psychotherapie von traumatisierten Patientinnen und Patienten. (3) U.



							Sachsse, S. Schröder und C. Vogel: Klinisch erfolgreich - Empirisch erfolgreich? Zwischenergebnisse zur Behandlung traumatisierter Patientinnen vom Phänotyp der Borderline-Persönlichkeitsstörung mit selbstverletzendem Verhalten. (4) A. Streeck-Fischer und Mitarbeiter: Gezeichnet fürs Leben. Stationäre Psychotherapie am Beispiel eines schwer traumatisierten Kindes. (5) I. Özkan: Problembereiche in der traumazentrierten Arbeit mit ethnischen Minoritäten. (6) D. Fuckert: Traumazentrierte Psychotherapie in der Nachfolge Wilhelm Reichs. Ein integratives körpertherapeutisches Modell. (7) K. Hille: Gestalttherapie und Trauma. (8) M. Shelliem und V. Tumani: Neurolinguistisches Programmieren (NLP) in der Traumatherapie. (9) F. Lamprecht: Erfolgreiche Traumatherapie mit EMDR und nachfolgende Traumatisierung. (10) L.-U. Besser: Vom Vergessen zum Wiederholen medizinischer Traumata zum heilsamen Erinnern. Posttraumatische Belastungs- und Somatisierungsstörungen bei Frühgeborenen und Kleinkindern.
Sachsse, Ulrich; Schilling, Lars; Tumani, Visal	1998	Stationäre Psychotherapie von traumatisierten Patientinnen mit selbstverletzendem Verhalten auf einer Spezialstation					Im Rahmen eines Erfahrungsberichts wird informiert über die stationäre Psychotherapie von traumatisierten Patientinnen mit selbstverletzendem Verhalten (SVV). Nach einleitenden Anmerkungen zu den psychopathologischen und psychodynamischen Grundlagen von SVV wird der Einsatz einer traumazentrierten Psychotherapie, die bei der Behandlung dieser Patienten übernommen und fortentwickelt wurde, beschrieben. Dabei werden drei Phasen der Behandlung (Stabilisierungsphase, Traumaexposition und Abtrauern, Neuorientierung) unterschieden, und die in diesen Phasen eingesetzten therapeutischen Interventionstechniken (Bildschirmtechnik, Fahrstuhltechnik, Augenbewegungsdesensibilisierung) werden erläutert. Die bisher erhobenen Daten zur Wirksamkeit dieses Ansatzes belegen, dass SVV-Patientinnen erfolgreich behandelt werden können.
Sachsse, Ulrich; Schröder, Silke; Vogel, Christina	2002	Klinisch erfolgreich - Empirisch erfolgreich? Zwischenergebnisse zur Behandlung traumatisierter Patientinnen vom Phänotyp der Borderline-Persönlichkeitsstörung mit selbstverletzendem Verhalten					Es wird ein Zwischenbericht zum Erfolg der stationären psychotherapeutischen Behandlung traumatisierter Patientinnen mit Borderline-Persönlichkeitsstörung (BPS) und selbstverletzendem Verhalten (SVV) gegeben. Die Therapie umfasste eine zwei- bis dreiwöchige Stabilisierung mit anschließender Wartepause, drei- bis fünfmonatige Traumaexposition und Traumasynthese mit vier bis acht Intervallbehandlungen mittels EMDR (Eye Movement Desensitization and Reprocessing) und eventueller Wiederholung sowie Trauer und Neuorientierung. Zwischen 1996 und 1998 wurden 59 Patientinnen zu vier Messzeitpunkten mit dem "Borderline-Persönlichkeits-Inventar" (BPI), dem "Fragebogen zu dissoziativen Symptomen" und der

							<p>"Symptom-Checkliste" (SCL-90-R) untersucht. Eine Untergruppe beantwortete zusätzlich den "Stressverarbeitungsbogen". Zu Beginn der Behandlung verfügten Patientinnen mit SVV und BPS über ein geringeres Coping-Repertoire als Patientinnen mit Bulimie und BPS und Gesunde. Es zeigte sich, dass pathologische Abwehrmechanismen am Ende der Therapie seltener auftraten, über 20 Prozent der Patientinnen nach BPI-Kriterien keine BPS mehr aufwiesen und die Dissoziativität sank. Nicht signifikant besserten sich fast alle SCL-90-R-Werte. Das Warten auf die Therapie hatte keinen Effekt. 17 Ein-Jahres-Katamnesen weisen auf weitere kontinuierliche Verbesserungen hin.</p>
Sack, Martin	2009	Der Körper trägt die Last. Intrusive Körpersymptome als Folgen von Traumatisierungen	Ärztliche Psychotherapie und Psychosomatische Medizin	4	3	147–149	<p>Erörtert werden intrusive Körpersymptome als Folgen von Traumatisierungen und ihre Therapie. Demnach leiden psychisch traumatisierte Patienten, beziehungsweise Personen mit einer Posttraumatischen Belastungsstörung (PTBS), vergleichsweise häufig an Körpersymptomen wie Körpererinnerungen. Beispiele hierfür sind Schmerzen oder funktionelle Störungen. Als noch wenig bekannt werden dagegen traumaassoziierte intrusive somatoforme Symptome vorgestellt, die mit hoher subjektiver Belastung einhergehen können. Anhand phänomenologischer Kriterien werden intrusive Körpererinnerungen von somatoformen Symptomen oder Konversionssymptomen differenziert. Traumatische Körpererinnerungen können im Rahmen traumakonfrontativer Behandlungen modifiziert werden. Hierfür ist es notwendig, die belastende und unangenehme Körpererinnerung auf gezielte Weise, in einem Halt gebenden und sicheren therapeutischen Rahmen, zu aktualisieren und mit funktionaler Information zu verknüpfen. Körpertherapeutische Behandlungstechniken, die sich ergänzend zur Stabilisierung, zur Exploration des Körpergedächtnisses und zur Verbesserung der Körperwahrnehmung sowie des Körpergefühls einsetzen lassen, werden genannt. Am Beispiel einer 27 Jahre alten Lehrerin wird die Traumatherapie mit "Eye Movement Desensitization and Reprocessing" (EMDR) bei einer Schmerzsymptomatik dargestellt.</p>
Sack, Martin	2009	Aktuelle Befunde zu Wirkfaktoren der EMDR-Behandlung					<p>Aktuelle Befunde zu Wirkfaktoren der EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie werden zusammengefasst: Die Wirksamkeit der EMDR-Behandlung bei Patienten mit posttraumatischer Belastungsstörung ist inzwischen in über 20 kontrollierten Studien überzeugend nachgewiesen. Eigene Studien zur Untersuchung der Frage, ob es während der einzelnen Stimulationsphasen zu charakteristischen Veränderungen der psychophysiologischen Messwerte kommt, wie man sie bei</p>

							<p>Orientierungsreaktionen erwarten würde, zeigten einen hoch signifikanten und sehr klar mit Beginn der Expositionsphase und der Stimulierung durch Augenbewegungen assoziierten Abfall der Herzschlagfrequenz sowie einen Anstieg der Herzratenvariabilität zu Beginn der Stimulationsphase. Die Befunde werden als Bestätigung für die Hypothese, dass es während EMDR-Sitzungen zu Orientierungsreaktionen kommt, gewertet. Weitere Befunde lassen sich als Ausdruck einer Stressreaktion im Kontext der Traumaexposition während der Stimulationsphasen verstehen. Auf methodische Einschränkungen der vorgestellten Befunde wird abschließend hingewiesen.</p>
Sack, Martin	2013	Komplexe Traumafolgestörungen					<p>Komplexe Traumafolgestörungen sicher diagnostizieren und gezielt behandeln Erfahrungen von schwerer Gewalt und Vernachlässigung vor allem in Kindheit und Jugend können zu einer Vielzahl psychischer und psychosomatischer Symptome führen. Typische Folgen sind Probleme mit der Affektregulation, der Selbstakzeptanz, Scham- und Schuldgefühle sowie Schwierigkeiten im zwischenmenschlichen Bereich. Nicht selten leiden Betroffene auch unter körperlichen Beschwerden ohne hinreichende organische Ursache, Angststörungen, dissoziativen Störungen oder Suchterkrankungen. Das breite Spektrum an Beschwerden lässt sich unter dem Begriff komplexe Traumafolgestörungen zusammenfassen. Die Vielzahl an gleichzeitig vorliegenden Symptomen und die hohe Beeinträchtigung der Patienten stellen eine Herausforderung für Diagnostik und Therapie dar. Dieses Werk bietet eine umfassende und praxisorientierte Übersicht über die gesamte Bandbreite der Folgen schwerer und langdauernder Traumatisierungen und deren Behandlung. Grundlegende Kapitel beschreiben Diagnostik, Differenzialdiagnostik und Behandlungsstrategien. Darüber hinaus gehen die Autoren u.a. auch auf die besonderen Erfordernisse der Behandlung von Kindern und Jugendlichen, älteren Menschen, Opfern organisierter Gewalt und Patienten mit komorbiden Essstörungen oder Suchterkrankungen ein. Psychotherapeuten, Psychiater und Traumatherapeuten erhalten somit ein wertvolles Instrument an die Hand, um komplexe Traumafolgestörungen sicher zu diagnostizieren und erfolgreich zu behandeln.</p> <p>Komplexe Traumafolgestörungen sicher diagnostizieren und gezielt behandeln Erfahrungen von schwerer Gewalt und Vernachlässigung vor allem in Kindheit und Jugend können zu einer Vielzahl psychischer und psychosomatischer Symptome führen. Typische Folgen sind</p>

							Probleme mit der Affektregulation, der Selbstakzeptanz, Scham- und Schuldgefühle sowie Schwierigkeiten im zwischenmenschlichen Bereich. Nicht selten leiden Betroffene auch unter körperlichen Beschwerden ohne hinreichende organische Ursache, Angststörungen, dissoziativen Störungen oder Suchterkrankungen. Das breite Spektrum an Beschwerden lässt sich unter dem Begriff komplexe Traumafolgestörungen zusammenfassen. Die Vielzahl an gleichzeitig vorliegenden Symptomen und die hohe Beeinträchtigung der Patienten stellen eine Herausforderung für Diagnostik und Therapie dar. Dieses Werk bietet eine umfassende und praxisorientierte Übersicht über die gesamte Bandbreite der Folgen schwerer und langdauernder Traumatisierungen und deren Behandlung. Grundlegende Kapitel beschreiben Diagnostik, Differenzialdiagnostik und Behandlungsstrategien. Darüber hinaus gehen die Autoren u.a. auch auf die besonderen Erfordernisse der Behandlung von Kindern und Jugendlichen, älteren Menschen, Opfern organisierter Gewalt und Patienten mit komorbiden Essstörungen oder Suchterkrankungen ein. Psychotherapeuten, Psychiater und Traumatherapeuten erhalten somit ein wertvolles Instrument an die Hand, um komplexe Traumafolgestörungen sicher zu diagnostizieren und erfolgreich zu behandeln.
Sack, Martin	2017	EMDR					
Sack, Martin; Gromes, Barbara	2014	In: Egle, Ulrich Tiber; Joraschky, Peter; Lampe, Astrid; Seiffge-Krenke, Inge; Cierpka, Manfred (Ed.), Sexueller Missbrauch, Misshandlung, Vernachlässigung. Erkennung, Therapie und Prävention der Folgen früher Stresserfahrungen (S. 583-590). Stuttgart: Schattauer, 2016				583–590	
Sack, Martin; Gromes, Barbara	2016	Eye Movement Desensitization and Reprocessing (EMDR)					
Sack, Martin; Lempa, Wolfgang; Lamprecht, Friedhelm	1999	Eine neue psychotherapeutische Behandlungsmethode für Patienten mit Posttraumatischer Belastungsstörung: EMDR. Behandlungsdurchführung und Ergebnisse einer Pilotstudie	Psychomed	11	3	164–169	Mit EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie wird ein neues psychotherapeutisches Verfahren zur Behandlung von Patienten mit posttraumatischer Belastungsstörung (PTSD) vorgestellt. Nach einer Skizze der einzelnen Stufen von EMDR wird dessen Ablauf am Fallbeispiel einer 43-jährigen Patientin veranschaulicht, die als Opfer eines Verkehrsunfalls eine leichte bis mittelstarke PTSD aufwies. Des Weiteren werden Ergebnisse einer

							Pilotstudie zur Evaluation von EMDR beschrieben: Auf der Basis des EMDR-Manuals von F. Shapiro wurden 20 Patienten in bis zu fünf Sitzungen behandelt, und der Interventionserfolg wurde über mehrere Messzeitpunkte (Therapiebeginn und -ende, zwei Wochen nach der ersten Sitzung, drei bis sechs Monate nach Therapieende) erfasst. Über verschiedene Fragebögen wurden deutliche Effekte der Behandlung bezüglich der PTSD-spezifischen Symptome (Intrusionen, Vermeidungsverhalten), der subjektiven Belastung, der Gesamtbeschwerden und der Lebenszufriedenheit nachgewiesen.
Sack, Martin; Lempa, Wolfgang; Lamprecht, Friedhelm	2001	Metaanalyse der Studien zur EMDR-Behandlung von Patienten mit posttraumatischen Belastungsstörungen. Der Einfluss der Studienqualität auf die Effektstärken	Psychotherapie, Psychosomatik, Medizinische Psychologie	51	9-10	350–355	Die Wirksamkeit der EMDR-Behandlungstechnik (Eye Movement Desensitization and Reprocessing) in der Therapie von Patienten mit posttraumatischen Belastungsstörungen kann inzwischen als empirisch gut belegt gelten. Dennoch wird dieses neue Therapieverfahren in Fachkreisen teilweise sehr polemisch kritisiert. Im Rahmen einer Metaanalyse (18 Studien) wurde die Annahme überprüft, dass sich bei EMDR-Behandlungsstudien unterschiedliche methodische Qualitätsstandards in unterschiedlichen Ergebnissen niederschlagen. Es zeigte sich, dass in methodisch sorgfältig geplanten Studien mit Behandlung durch gut ausgebildete und erfahrene Therapeuten und mit einer ausreichend hohen Zahl an Behandlungssitzungen deutlich bessere Behandlungsergebnisse erzielt wurden, als in Studien, die mit niedrigeren methodischen Standards durchgeführt wurden.
Sack, Martin; Lempa, Wolfgang; Lamprecht, Friedhelm	2003	EMDR in der Behandlung dissoziativer Störungen	Zeitschrift für Psychotraumatologie und Psychologische Medizin	1	3	25–33	Die Eye Movement Desensitization and Reprocessing (EMDR)-Behandlungsmethode wird als eine sehr wirksame Technik zur Behandlung von traumatischen Erinnerungen bei Patienten mit dissoziativen Störungen erläutert. Ziel der Traumabearbeitung bei dissoziativen Patienten ist neben der Reduktion der Belastung durch posttraumatische Symptome das Verfügbarmachen der zuvor abgespaltenen Erinnerungen im Sinne einer Integration dissoziierter Erlebnis-inhalte. Die EMDR-Behandlung von dissoziativen Patienten muss durch Modifikation des Standard-Protokolls auf die individuelle Belastbarkeit angepasst werden. Da dissoziative Erinnerungsbarrieren durch eine EMDR-Behandlung unter Umständen sehr rasch unterlaufen werden, verbunden mit der Gefahr einer Überflutung durch aversive Reize, sollte diese nur von ausreichend erfahrenen Therapeuten und mit Sorgfalt im Kontext einer umfassenden Traumatherapie eingesetzt werden.
Sack, Martin; Lempa, Wolfgang; Steinmetz, Adrian; Lamprecht,	2008	Alterations in autonomic tone during trauma exposure using eye movement desensitization and	Journal of anxiety disorders	22	7	1264–1271	EMDR combines stimuli that evoke divided attention--e.g. eye movements--with exposure to traumatic memories. Our objective was to investigate psycho-physiological correlates of EMDR during

Friedhelm; Hofmann, Arne		reprocessing (EMDR)--results of a preliminary investigation					treatment sessions. A total of 55 treatment sessions from 10 patients with PTSD was monitored applying impedance cardiography. Onset of every stimulation/exposure period (n=811) was marked and effects within and across stimulation sets on heart rate (HR), heart rate variability (HRV), pre-ejection period (PEP) and respiration rate were examined. At stimulation onsets a sharp increase of HRV and a significant decrease of HR was noticed indicating de-arousal. During ongoing stimulation, PEP and HRV decreased significantly while respiration rate significantly increased, indicating stress-related arousal. However, across entire sessions a significant decrease of psycho-physiological activity was noticed, evidenced by progressively decreasing HR and increasing HRV. These findings suggest that EMDR is associated with patterns of autonomic activity associated with substantial psycho-physiological de-arousal over time.
Sack, Martin; Nickel, Lucienne; Lempa, Wolfgang; Lamprecht, Friedhelm	2003	Psychophysiologische Regulation bei Patienten mit PTSD: Veränderungen nach EMDR-Behandlung	Zeitschrift für Psychotraumatologie und Psychologische Medizin	1	3	47-57	Es wird der Frage nachgegangen, ob die Eye Movement Desensitization and Reprocessing (EMDR)-Behandlung bei Patienten mit Posttraumatischer Belastungsstörung (PTSD) neben einer Symptomreduktion auch mit einer verbesserten psychophysiologischen Regulationsfähigkeit einhergeht. 15 Patienten mit PTSD nach Einzeltraumatisierung wurden vor und nach einer EMDR-Behandlung sowie in einer 6-Monate Katamnese per Fragebogen (PDS, IES, STAI, SCL-90-R) sowie mit psychophysiologischen Parameter (HR, HRV) während Konfrontation mit der individuellen traumatischen Erinnerung (Traumaskript) untersucht. Im Vergleich Prä-/Post, sowie Prä-/Katamnese kam es zu einer signifikanten Abnahme der Beschwerden in allen Symptombereichen. Gleichzeitig konnte nach Behandlung und in der Katamnese eine signifikante Verminderung des Anstiegs der Herzfrequenz während Konfrontation mit dem Traumaskript beobachtet werden. Die EMDR-Behandlung erwies sich als wirksam hinsichtlich einer Reduktion der traumaassoziierten Symptomatik und einer Reduktion des psychophysiologischen Arousal bei Konfrontation mit der belastenden Erinnerung. Die Zunahme der Herzratenvariabilität im Behandlungsverlauf im Sinne eines höheren Parasympathikotonus lässt auf eine Verbesserung der psychophysiologischen Regulationsfähigkeit schließen.
Sack, Martin; Sachsse, Ulrich; Schellong, Julia	2013	Komplexe Traumafolgestörungen. Diagnostik und Behandlung von Folgen schwerer Gewalt und Vernachlässigung					

Sack, Martin; Stingl, Markus	2019	Traumakonfrontative Behandlung mit EMDR - neue Entwicklungen und Studienergebnisse	PiD - Psychotherapie im Dialog	20	2	61-65	Eye Movement Desensitization and Reprocessing (EMDR) ist eine manualisierte Therapiemethode zur konfrontativen Bearbeitung von traumaassozierten Symptomen. Sie wird vornehmlich zur Behandlung der posttraumatischen Belastungsstörung (PTBS) eingesetzt, inzwischen aber auch bei weiteren Störungen mit Traumabezug. Der Beitrag ordnet EMDR als Methode der Bearbeitung von Traumafolgesymptomen ein und zeigt neue Studienergebnisse dazu auf.
Sack, Martin; Zehl, Stefanie; Otti, Alexander; Lahmann, Claas; Henningsen, Peter; Kruse, Johannes; Stingl, Markus	2016	A comparison of dual attention, eye movements, and exposure only during eye movement desensitization and reprocessing for posttraumatic stress disorder: Results from a randomized clinical trial	Psychotherapy and psychosomatics	85	6	357-365	Investigated the effects of different types of dual-attention tasks on symptoms of posttraumatic stress disorder (PTSD) during treatment with eye movement desensitization and reprocessing (EMDR). 139 patients (aged 18-70 years) with PTSD were randomized into three treatment conditions including exposure while fixating on the therapist's moving or nonmoving hand, or exposure without explicit external focus of attention (control condition). Participants received a total of eight treatments. Measures included the Clinician-Administered PTSD Scale (CAPS), the Structured Clinical Interview (SCID-PTSD module), the Beck Depression Inventory (BDI-II), the Dissociative Experience Scale (DES), and the Impact of Event Scale (IES). Results showed that both dual-attention tasks enhanced the effects of exposure therapy. Limitations of the study included the lack of information regarding the stability of treatment over time and the possibility that dual attention may have occurred during the control condition which was not objectively measured.
Saigh, Philip A.; Yasik, Anastasia E.; Halamandaris, Phill V.; Bremner, J. Douglas; Oberfield, Richard A.	2015	The parent ratings of traumatized children with or without PTSD	Psychological trauma : theory, research, practice and policy	7	1	85-92	Two clinical and 2 structured clinical interviews were used to identify children with posttraumatic stress disorder (PTSD), traumatized children without PTSD, and nontraumatized controls. Parents evaluated child conduct by marking the Conners' Parent Rating Scale-48 (CPRS-48; Conners, 1989). Data analysis indicated that the CPRS-48 Total scores and the Anxiety and Psychosomatic subscales scores of the PTSD group significantly exceeded the scores of the comparison groups. Children with PTSD and traumatized children without PTSD did not significantly differ on the Hyperactivity Index. The Hyperactivity Index scores of traumatized children without PTSD and nontraumatized controls were not significantly different. Nonsignificant differences were observed between groups on the CPRS-48 Impulsivity-Hyperactivity, Conduct Problems, and Learning subscales. Overall, PTSD was marked by higher internalizing scores and trauma exposure without PTSD was not associated with increased psychological morbidity. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Saigh, Philip A.; Yasik, Anastasia E.; Mitchell, Pamela; Abright, A. Reese	2011	The psychological adjustment of a sample of New York City preschool children 8–10 months after September 11, 2001	Psychological trauma : theory, research, practice and policy	3	2	109–116	This investigation compared the adjustment of two groups of New York City preschool children 8–10 months after September 11, 2001. One group was within 1 mile (1.61 km) of the World Trade Center and exposed to one or more traumatic events. The second group was 2 to 14 miles (3.28–22.54km) away and not exposed to traumatic events. Parents evaluated their children by marking a DSM–IV based PTSD questionnaire and a standardized norm-referenced index of childhood adjustment. Parents also rated their personal adjustment by completing self-report measures of PTSD, anxiety, and depression. None of the trauma-exposed children warranted a current, probable PTSD diagnosis. Moreover, scores on the norm-referenced measure of childhood adjustment did not significantly vary between groups. These outcomes were consistent after adjusting for the potentially confounding influence of parental PTSD, anxiety, and depression symptoms. The findings suggest that the traumatized children in this sample were relatively resilient to the events of September 11, 2001 at the diagnostic level and on a norm-referenced index of childhood psychopathology. The outcomes may also suggest that the DSM–IV PTSD avoidance-symptom diagnostic threshold may have been too high to reflect morbidity at the diagnostic level for this sample. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Saigh, Philip A.; Yasik, Anastasia E.; Oberfield, Richard A.; Halamandaris, Phill V.; Bremner, J. Douglas	2006	The intellectual performance of traumatized children and adolescents with or without posttraumatic stress disorder	Journal of abnormal psychology	115	2		This study compared the Wechsler Intelligence Scale for Children-III (WISC-III) scores of traumatized youth with posttraumatic stress disorder (PTSD) to the scores of trauma-exposed and nonexposed comparison groups without PTSD. All groups were free of additional major childhood psychiatric disorders. The PTSD group scored significantly lower than the comparison groups on verbal subtests, but not on performance subtests. The scores of the trauma-exposed PTSD negatives and nontrauma exposed controls were not significantly different. Accordingly, PTSD and not a history of trauma exposure in the absence of PTSD was associated with lower verbal IQ. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Saigh, Philip A.; Yasik, Anastasia E.; Oberfield, Richard A.; Halamandaris, Phill V.; McHugh, Margaret	2002	An analysis of the internalizing and externalizing behaviors of traumatized urban youth with and without PTSD	Journal of abnormal psychology	111	3	462–470	To test the differential validity of the posttraumatic stress disorder (PTSD) classification, 3 groups of youths (PTSD, traumatized PTSD negatives, and controls) were examined. Youth with major comorbid disorders were excluded. On the basis of an analysis of parent-derived Child Behavior Checklist (CBCL) ratings, significant variations in CBCL scores were associated with PTSD but not with exposure to exceptional stress in the absence of PTSD. The results also indicated that traumatic exposure without the development of PTSD was not



							associated with higher estimates of psychopathology. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Saita, N.; Fukuda, K.; Koukita, Y.; Ichinohe, T.; Yamashita, S.	2013	Relationship between gagging severity and its management in dentistry	Journal of oral rehabilitation	40	2	106–111	The purpose of this study was to investigate how grading according to our new gagging reflex index correlated with patient background and subsequent management. After obtaining institutional approval and informed consent, 110 patients with a gagging problem were enrolled. The patients completed the State-Trait Anxiety Inventory (STAI), the Dental Anxiety Scale (DAS), and a health questionnaire at initial consultation. On the second visit, an intra-oral examination was carried out and the severity of gag reflex determined according to our new, 5-level Classification of Gagging Problem (CGP) index: normal gagging but not desensitised (G1 = score 1); mild gagging (G2 = score 2); moderate gagging (G3 = score 3); severe gagging (G4 = score 4); and very severe gagging (G5 = score 5). No difference was found in grade based on age or STAI or DAS scores. The CGP score in male patients was significantly higher than that in female. The management classification method and degree of desensitisation were investigated retrospectively in each patient at 3 months and 1 year after initial consultation. The higher the CGP grade, the more often intravenous sedation or general anaesthesia was required due to difficulty in desensitisation. The present results suggest that determining whether it is possible to examine the molar area without inducing the gag reflex offers the key to deciding the treatment strategy.
Salaberría, K.; Echeburúa, E.	1998	Long-term outcome of cognitive therapy's contribution to self-exposure in vivo to the treatment of generalized social phobia	Behavior modification	22	3	262–284	The aim of this work was to test the contribution of cognitive therapy to exposure in vivo in the group treatment of generalized social phobia. Seventy-one severely disabled social phobics, selected according to DSM-III-R criteria, were assigned at random to: (a) self-exposure in vivo, (b) self-exposure in vivo with cognitive therapy, or (c) a waiting-list control group. A multigroup experimental design with repeated measures of assessment (pretreatment, posttreatment, and 1-, 3-, 6-, and 12-month follow-ups) was used. Additionally, half of the patients in both therapeutic groups were given self-help manuals for managing anxiety. Most patients that were treated (64%) showed significant improvement at the 12-month follow-up, but there were no differences between the two therapeutic models. No improvement was shown by the control-group participants at the 6-month follow-up. The results of the present trial do not support the beneficial effects of adding cognitive therapy or a self-help manual to exposure alone. Finally, several topics that may contribute to future research in this field are discussed.

<p>Salas, Martha M.; Brooks, Audrey J.; Rowe, Jack E.</p>	<p>2011</p>	<p>The immediate effect of a brief energy psychology intervention (Emotional Freedom Techniques) on specific phobias: a pilot study</p>	<p>Explore (New York, N.Y.)</p>	<p>7</p>	<p>3</p>	<p>155–161</p>	<p>BACKGROUND: Specific phobia is one of the most prevalent anxiety disorders. Emotional Freedom Techniques (EFT) has been shown to improve anxiety symptoms; however, their application to specific phobias has received limited attention. OBJECTIVE: This pilot study examined whether EFT, a brief exposure therapy that combines cognitive and somatic elements, had an immediate effect on the reduction of anxiety and behavior associated with specific phobias. DESIGN: The study utilized a crossover design with participants randomly assigned to either diaphragmatic breathing or EFT as the first treatment. SETTING: The study was conducted at a regional university in the Southwestern United States. PARTICIPANTS: Twenty-two students meeting criteria for a phobic response to a specific stimulus (<math>\geq 8</math> on an 11-point subjective units of distress scale). INTERVENTION: Participants completed a total of five two-minute rounds in each treatment intervention. OUTCOME MEASURES: Study measures included a behavioral approach test (BAT), Subjective Units of Distress Scale (SUDS), and Beck Anxiety Inventory (BAI). RESULTS: Emotional Freedom Techniques significantly reduced phobia-related anxiety (BAI <math>P = .042</math>; SUDS <math>P = .002</math>) and ability to approach the feared stimulus (BAT <math>P = .046</math>) whether presented as an initial treatment or following diaphragmatic breathing. When presented as the initial treatment, the effects of EFT remained through the presentation of the comparison intervention. CONCLUSIONS: The efficacy of EFT in treating specific phobias demonstrated in several earlier studies is corroborated by the current investigation. Comparison studies between EFT and the most effective established therapies for treating specific phobias are recommended.</p>
<p>Salewski-Renner, Michaela</p>	<p>2009</p>	<p>Glaube und Psychologie - Wirksame Faktoren der Krisenbewältigung?</p>					<p>Religiöse und psychologische Aspekte des Umgangs mit schweren Krisen werden beleuchtet. Im Anschluss an eine Verdeutlichung der spezifischen Effekte von Krisen und Traumatisierungen auf Gedächtnis, Emotionen, Körper und Aktivitäten werden Risikofaktoren einer erschwerten Krisenbewältigung skizziert, und das siebenstufige Krisenbewältigungsmodell von S. Spencer und J. Adams wird erläutert. Im Folgenden wird dann auf Möglichkeiten eingegangen, die Glaube und Religiosität (etwa Gebet, Wertereflexion, Getragensein durch Gottesbeziehung) sowie Psychologie (etwa Zielsetzungen, Versicherung der Normalität des eigenen Erlebens und Empfindens, soziale Unterstützung, Augenbewegungsdesensibilisierung, Psychotherapie) bei der Krisenbewältigung zur Verfügung stellen können. Abschließend wird ausgewählte Literatur zur</p>

							Krisenbewältigung, die sich vor allem auch an Laien richtet, empfohlen.
Saltzman, William R.; Pynoos, Robert S.; Layne, Christopher M.; Steinberg, Alan M.; Aisenberg, Eugene	2001	Trauma- and grief-focused intervention for adolescents exposed to community violence: Results of a school-based screening and group treatment protocol	Group Dynamics: Theory, Research, and Practice	5	4	291–303	This study assessed the prevalence of trauma exposure among middle school students and evaluated the effectiveness of a school-based, trauma- and grief-focused group psychotherapy protocol in treating a subset of students with severe exposure, posttraumatic stress disorder (PTSD), and functional impairment. Using a stratified screening procedure, 812 students completed a screening survey; 58 students (7.1% of those surveyed) met criteria for group treatment, and 26 students participated in the group. Group participation was associated with improvements in posttraumatic stress and complicated grief symptoms and in academic performance. Results suggest that students who are exposed to severe levels of community violence often may not be identified or treated. The findings also suggest that severe PTSD in adolescence may be associated with impaired school functioning, and that a reduction in PTSD symptoms may be related to academic remediation. (PsycINFO Database Record (c) 2017 APA, all rights reserved)
Samarah, Esaa Mohammad Sabti	2022	Narrative exposure therapy to address PTSD symptomology with refugee and migrant children and youth: A review	Traumatology				Evidence suggests that narrative exposure therapy (NET) is an effective treatment to address trauma among diverse populations of adults who are refugees; however, less is known about the efficacy of NET to address trauma symptoms among children who are refugees. This review aimed to evaluate existing research on the effectiveness of NET for children and youth aged 18 years and younger who are refugees or migrants seeking shelter from violence. A review of the literature was conducted using the search terms “narrative exposure therapy or narrative exposure or narrative therapy” and “refugee children or migrant children” located in titles and abstracts. Methodological search filters were used to identify randomized controlled trials (RCTs). Publications were limited to English language journal articles published between January 2000 and December 2021. This search was initiated in February 2022 and completed in March 2022. Four RCT studies met the inclusion criteria. The identified studies were conducted using diverse samples of children. Significant posttreatment differences in posttraumatic stress disorder (PTSD) symptomology between NET and comparator groups were found in two of four studies. Two additional RCTs evaluating the effectiveness of NET on treating trauma among both children and young adults were included as supplemental evidence. Significant posttreatment differences were found in both studies. Considerations for clinical relevance and future research are discussed. In conclusion, these

							results highlight the limited number of RCTs available on this topic. There exists a need for rigorous research exploring the use of NET with children and youth who are refugees with a focus on decreasing posttraumatic stress disorder symptoms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Sandman, C. A.; Wadhwa, P. D.; Chicz-DeMet, A.; Dunkel-Schetter, C.; Porto, M.	1997	Maternal stress, HPA activity, and fetal/infant outcome	Annals of the New York Academy of Sciences	814		266–275	Preliminary conclusions from our research include the possibility that each of the HPA products evaluated, even though correlated (e.g., ACTH and beta E), may be linked to unique and specific outcomes. Maternal stress during the 28-30 weeks of gestation is associated with birth outcome. Increased levels of psychosocial stress were significantly related to gestational age at birth and infant birth weight. Maternal stress during the third trimester was associated with increased maternal plasma levels of ACTH and cortisol. This finding is consistent with possible mechanisms whereby psychosocial stress influences birth outcome. CRH controls the timing of labor and delivery. Precocious elevation of CRH is related to the risk of preterm delivery. This system may be "stress-sensitive." Even though pregnant women may be immunized from stress, the stress signal that is transmitted (release of ACTH and cortisol) is amplified by the placental release of CRH. This possibility has at least two consequences: (1) influencing the timing of delivery and (2) desensitization of hypophyseal corticotrophs and further "protection" of the pregnant women from the results of stress (i.e., release of ACTH and beta E). Beta E appears to influence fetal learning and perhaps the developing nervous system.
Santa-Maria, Maria L.; Cornille, Thomas	2007	Traumatic stress, family separations, and attachment among Latin American immigrants	Traumatology	13	2	26–31	This study investigates traumatic stress, family separations, and attachment among Latin American immigrants. Those separated from family and those who are minors have a higher incidence of posttraumatic stress disorder (PTSD) than their counterparts. Exposure to violence is the most bothersome event reported. Family separation has a significant effect on attachment anxiety. Marital status has a significant effect on attachment avoidance. Clinical implications are discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Santiago, Catherine DeCarlo; Lennon, Jaclyn M.; Fuller, Anne K.; Brewer, Stephanie K.; Kataoka, Sheryl H.	2014	Examining the impact of a family treatment component for CBITS: When and for whom is it helpful?	Journal of Family Psychology	28	4	560–570	This study compared the Cognitive Behavioral Intervention for Trauma in Schools (CBITS), as it is typically delivered, to CBITS-plus-family treatment component (CBITS + Family), developed through a community partnership. This study used a quasi-experimental design, capitalizing on ongoing CBITS implementation within a school system. In total, 32 parent/student dyads were recruited in CBITS groups and 32 parent/student dyads were recruited in CBITS + Family groups.

							Parents and students in both conditions completed pre- and posttreatment measures, in addition to a 6-month posttreatment follow-up assessing symptoms. Families were low-income and predominately Latino. Children were 59% female with an average age of 11.70. Participating parents were 84% female with an average age of 38.18. The majority of parents (80%) were immigrants and 70% reported not finishing high school. Parents who received CBITS + Family showed significant improvements in attitudes toward mental health, school involvement, and primary control coping, while demonstrating significant reductions in involuntary engagement and inconsistent discipline. CBITS + Family appears to be most beneficial for children with high symptom severity in terms of reducing posttraumatic stress disorder symptoms and disengagement coping. Finally, greater improvements in parent variables predicted larger symptom reductions among children within the CBITS + Family group. This study suggests that CBITS + Family is beneficial for parents of children exposed to trauma and may be especially helpful for children with high initial symptom severity. Children in CBITS + Family appear to benefit most when their parents show larger improvements in school involvement and greater reductions in parental inconsistency and involuntary engagement. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Santiago, Catherine DeCarlo; Raviv, Tali; Ros, Anna Maria; Brewer, Stephanie K.; Distel, Laura M. L.; Torres, Stephanie A.; Fuller, Anne K.; Lewis, Krystal M.; Coyne, Claire A.; Cicchetti, Colleen; Langley, Audra K.	2018	Implementing the Bounce Back trauma intervention in urban elementary schools: A real-world replication trial	School Psychology Quarterly	33	1	1-9	The current study provides the first replication trial of Bounce Back, a school-based intervention for elementary students exposed to trauma, in a different school district and geographical area. Participants in this study were 52 1st through 4th graders (Mage = 7.76 years; 65% male) who were predominately Latino (82%). Schools were randomly assigned to immediate treatment or waitlist control. Differential treatment effects (Time × Group Interaction) were found for child-reported posttraumatic stress disorder (PTSD) and parent-reported child coping, indicating that the immediate treatment group showed greater reductions in PTSD and improvements in coping compared with the delayed group. Differential treatment effects were not significant for depression or anxiety. Significant maintenance effects were found for both child-reported PTSD and depression as well as parent-reported PTSD and coping for the immediate treatment group at follow-up. Significant treatment effects were also found in the delayed treatment group, showing reductions in child-reported PTSD, depression, and anxiety as well as parent-reported depression and coping upon receiving treatment. In conclusion, the current study suggests that Bounce Back is an effective intervention for reducing

							PTSD symptoms and improving coping skills, even among a sample experiencing high levels of trauma and other ongoing stressors. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Sarri, Margarita; Ruff, Christian C.; Rees, Geraint; Driver, Jon	2010	Neural correlates of visual extinction or awareness in a series of patients with right temporoparietal damage	Cognitive Neuroscience	1	1	16–25	Examined whether unconscious activation in response to extinguished stimuli occurs in the right visual cortex of patients with spatial neglect showing the neurological phenomenon of visual extinction. Individual retinotopic mapping and online eye tracking during fMRI were used to study activity in the stimulus-responsive retinotopic visual cortex while 4 extinction patients (aged 41-72 years) viewed brief flickering checkerboards with right unilateral, left unilateral, or bilateral concurrent stimulation and indicated whether stimuli were present or not. Results showed consistent activation of retinotopic right visual cortex for bilateral visual stimulation that resulted in left extinction. This residual unconscious activation included areas V1 to V3 and was not due to inadvertent eye movements. It is argued that the results provide evidence for the emerging view that awareness may require activity of frontal and parietal regions well beyond visual cortex.
Sartory, G.; MacDonald, R.; Gray, J. A.	1990	Effects of diazepam on approach, self-reported fear and psychophysiological responses in snake phobics	Behaviour research and therapy	28	4	273–282	The effects of diazepam was assessed on a number of measures of phobic anxiety. Snake-phobic subjects underwent two sessions on either diazepam or placebo in a crossover design. In addition to a habituation series, a slide with the phobic object was displayed as well as a live snake which subjects were asked to approach. The anxiolytic effect of diazepam was manifest in only one measure of fear, namely self-rated fear at the point of closest approach when it also attained the highest level. The result would indicate that diazepam has an anxiolytic only on high levels of subjective anxiety. The magnitude of the phasic cardiac reaction to the slide was highly and positively correlated with self-rated fear of the slide.
Sayer, MacKenzie A.; Wise, Anna E.; Rabinowitz, Emily P.; Ostrowski-Delahanty, Sarah; Christopher, Norman C.; Lee, Timothy; Delahanty, Douglas L.	2023	Maternal, but not paternal, ratings of child preinjury functioning predict child posttraumatic stress	Journal of Family Psychology	37	2		Pretrauma internalizing and externalizing behaviors have been found to predict posttraumatic stress disorder (PTSD) symptoms (PTSS) in children following injury. However, child in-hospital self-report of pretrauma symptoms may be impacted by their injury and associated medical care (e.g., sedation/pain medications). Parental report of child pretrauma risk factors may be easier to capture; however, mothers and fathers differ in the extent to which they report, and agree on, internalizing versus externalizing behaviors in their child. The present study examined the differential utility of maternal versus paternal ratings of child preinjury internalizing, externalizing, and prosocial behaviors in predicting child PTSS 3- and 6-months postinjury. Eighty-four children were recruited from an emergency department after emergency medical services transport following

							injury, along with their parent(s). Dyadic (one parent and a child) analyses revealed that maternal reports of internalizing behaviors were significantly associated with child PTSS 3 months, $F(5, 64) = 9.48$ , $pp = .01$ , and 6 months, $F(5, 48) = 5.57$ , $pp = .03$ , postinjury. Paternal reports were not associated with child PTSS at either time point. In a subsample of triads (mother–father–child), mothers’ and fathers’ reports were only moderately correlated ( $r_s = .30–.53$ ), and neither maternal nor paternal ratings individually predicted child PTSS when both parents’ reports were included in the model. Exploratory analyses revealed that family conflict and maternal initial PTSS moderated the relationship between maternal ratings of internalizing behaviors and child 3-month PTSS. Results suggest that maternal reports of child preinjury internalizing behaviors should be considered as predictors of later child PTSS development. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Schäfer, Ingo; Chuey-Ferrer, Laycen; Hofmann, Arne; Lieberman, Peter; Mainusch, Günter; Lotzin, Annett	2017	Effectiveness of EMDR in patients with substance use disorder and comorbid PTSD: study protocol for a randomized controlled trial	BMC psychiatry	17	1	95	BACKGROUND: Eye Movement Desensitization and Reprocessing (EMDR) is an evidence-based treatment for PTSD. However, it is unclear whether EMDR shows the same effectiveness in patients with substance use disorders (SUD) and comorbid PTSD. In this trial, we examine the effectiveness of EMDR in reducing PTSD symptoms in patients with SUD and PTSD. METHODS/DESIGN: We conduct a single-blinded RCT among 158 patients with SUD and comorbid PTSD admitted to a German addiction rehabilitation center specialized for the treatment of patients with SUD and comorbid PTSD. Patients are randomized to receive either EMDR, added to SUD rehabilitation and non-trauma-focused PTSD treatment (TAU), or TAU alone. The primary outcome is change from baseline in PTSD symptom severity as measured by the Clinician-Administered PTSD Scale at 6-month follow-up. Secondary outcomes are change from baseline in substance use, addiction-related problems, depressive symptoms, dissociative symptoms, emotion dysregulation and quality of life. Assessments are carried out by blinded raters at admission, at end of treatment, and at 3- and 6-month follow-up. We expect that EMDR plus TAU will be more effective in reducing PTSD symptoms than TAU alone. Mixed models will be conducted using an intention-to-treat and per-protocol approach. DISCUSSION: This study aims to expand the knowledge about the effectiveness of EMDR in patients with SUD and comorbid PTSD. The expected finding of the superiority of EMDR in reducing PTSD symptoms compared to non-trauma-focused PTSD treatment may enhance the use of trauma-focused treatment approaches for patients with SUD and co-morbid PTSD. TRIAL

							REGISTRATION: German Clinical Trials Register: DRKS00009007 ; U1111-1172-9213. Retrospectively registered 01 Juni 2016.
Schäfer, Ingo; Ehring, Thomas; Knaevelsrud, Christine; Maercker, Andreas; Michael, Tanja; Schellong, Julia	2020	Diagnostik und Behandlung der posttraumatischen Belastungsstörung. Empfehlungen der neuen S3-Leitlinie	Psychotherapeut	65	6	521–532	Die aktualisierte S3-Leitlinie zur posttraumatischen Belastungsstörung der Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften enthält 15 Empfehlungen zu Diagnostik und Behandlung im Erwachsenenalter. Von zentraler Bedeutung sind die traumafokussierte kognitive Verhaltenstherapie oder Eye Movement Desensitization and Reprocessing. Die Effekte nichttraumafokussierter "stabilisierender" Verfahren reichen nicht an die traumafokussierter Ansätze heran. Auch eine Pharmakotherapie stellt keine hinreichende Alternative dar. Adjuvante Verfahren, wie Ausdauersport oder Biofeedback, können zusätzlich von Nutzen sein. Bei der neuen ICD-11-Diagnose komplexe PTBS sollen Interventionen zur Verbesserung der Emotionsregulation und von Beziehungsstörungen ergänzt werden. Komorbiditäten wie Substanzstörungen oder psychotische Syndrome sind keine Kontraindikation für ein traumafokussiertes Vorgehen, solange sie nicht zu schwerwiegenden Störungen der Verhaltenskontrolle führen. (c) Springer Medizin Verlag GmbH
Schäfer, Ingo; Krausz, Michael	2006	Trauma und Sucht. Konzepte, Diagnostik, Behandlung					Neue Forschungsergebnisse haben einen häufigen Zusammenhang zwischen Traumatisierungen in verschiedenen Lebensabschnitten und Suchtverhalten nachgewiesen. Hier werden erstmals Konzepte und Behandlungsansätze zu diesem komplexen Problem vorgestellt. - Inhalt: (A) Perspektivenwechsel. (1) I. Schäfer: Die Bedeutung von Traumatisierungen für die Entwicklung und den Verlauf von Suchterkrankungen. (2) S. Zumbeck: Prostitution, Sucht und Gewalt. (3) M. Klein: Gewalt und Traumatisierung durch Suchtkranke. (4) M. Kaya und M. H. Friedrich: Von der frühkindlichen Traumatisierung zur Abhängigkeit im Jugendalter. (B) Klinischer Umgang mit traumatisierten Suchtpatienten. (5) W. Langeland und W. van den Brink: Psychiatrische Komorbidität bei traumatisierten Suchtpatienten. (6) M. Driessen und Mitarbeiter: Diagnostische Aspekte bei Trauma und Substanzabhängigkeit. (7) S. Teunißen und M. Engels: Geschlechtsdifferenzierende integrative Therapie von Sucht und Traumafolgestörungen. (8) M. Vogelgesang: Verhaltenstherapeutische Behandlung der Posttraumatischen Belastungsstörung bei SuchtpatientInnen, (9) H. Hinz: Stationäre Entwöhnungsbehandlung suchtkranker Patienten mit komplexen Traumatisierungen auf der Basis eines tiefenpsychologisch fundierten Therapiekonzeptes. (10) L. Reddemann und S. Teunißen: Ressourcenorientierung in der Behandlung traumatisierter



							suchtkranker Patientinnen und Patienten. - (C) Konzeptbildung. (11) Michael Hase und Arne Hofmann: Behandlung traumatisierter Abhängiger mit der EMDR-Methode. (12) M. Krausz und J. Reimer: Sucht und Trauma - Verstehen und Konzeptionalisierung auf der Basis empirischer Forschung und aktueller Krankheitstheorien. (13) I. Schäfer: Versorgungsmodelle und Anforderungen an das Hilfesystem.
Schales, Horst	2000	Trauma, Trance und Treatment: Hypnosystemische Behandlung bei PTBS (Workshop mit 2 Demonstrationen)					Im Rahmen eines Workshops erarbeitet Horst Schales eine Zusammenfassung des gegenwärtigen Erkenntnisstandes der EMDR-(Eye Movement Desensitization Therapy-)Methode. Höhepunkt ist eine 45-minütige Demonstration, in der Schales in Zusammenarbeit mit den Teilnehmern den prozesshaften Verlauf des spezifischen Settings vorführt. Technische Einzelheiten, etwa die bilaterale Stimulation und die Sitzhaltung, werden anschaulich in Szene gesetzt und mit den dazu gehörenden Inhalten, den Fokussierungen in Beziehung gebracht. Schales erläutert die verbindenden Wirkungsmechanismen der Interventionen und stellt psychometrische Variablen vor, die den Fortschritt der Traumaverarbeitung anzeigen. Er stellt unterschiedliche Ausprägungen traumatischen Erlebens vor und beschäftigt sich ausführlich mit den neurobiologischen Voraussetzungen der EMDR-Behandlung. Außerdem verdeutlicht er die hypnosystemische Vorgehensweise bei der Behandlung von Trauma-Erleben und Patienten mit posttraumatischer Belastungsstörung, und er erläutert das EMDR-Standard-Paradigma nach F. Shapiro. Die Demonstration verdeutlicht die Therapeut-Klient-Interaktion.
Schamber, Georg; Meinicke, Eva; Schäfer, Thomas	2020	EMDR ohne Therapeuten? Konzeption und doppelblind-randomisierte kontrollierte Evaluation eines EMDR-Stressbewältigungsprogramms (EMDR-SBP)	Verhaltenstherapie und Verhaltensmedizin	41	1	41-57	Ein EMDR (Eye Movement Desensitization and Reprocessing) - Stressbewältigungsprogramm zur Selbstanwendung (EMDR-SBP) wurde entwickelt und seine Effekte auf psychophysiologische Parameter unter strengen methodischen Standards untersucht. In 60-minütigen Einzelsitzungen durchliefen insgesamt 95 Versuchspersonen den "Trier Social Stress Test" (TSST), nachdem diese zufällig zu drei Gruppen zugewiesen wurden: (1) EMDR-SBP mit bilateraler auditiver Stimulation, (2) Schein-EMDR-SBP ohne bilaterale Stimulation und (3) einfache Ruhebedingung. Dabei wurden der subjektive Belastungsgrad und die Herzrate zu mehreren Zeitpunkten erhoben. Im Vergleich zu den beiden Kontrollbedingungen zeigte sich bei dem EMDR-SBP eine signifikante Senkung der Herzrate während der Intervention und eine signifikant geringere subjektive Belastung während des TSST. Die ersten Ergebnisse werden als Hinweise für die Wirksamkeit des EMDR ohne Therapeuten im Hinblick auf die Stressbewältigung im nichtklinischen Kontext interpretiert.

Schärli, Jacqueline	2000	"Honey, stell dir vor, du sitzt im Flugzeug". Die Überwindung von Flugangst dank amerikanischem Pragmatismus. Eine Wunderheilung	MultiMind - NLP aktuell	9	1	6-8	An einem Fallbeispiel wird die Behandlung einer Flugphobie mit der "Eye Movement Desensitization and Reprocessing"-Methode (EMDR) beschrieben.
Scheck, M. M.; Schaeffer, J. A.; Gillette, C.	1998	Brief psychological intervention with traumatized young women: the efficacy of eye movement desensitization and reprocessing	Journal of traumatic stress	11	1	25-44	To study the efficacy of eye movement desensitization and reprocessing (EMDR) with traumatized young women, 60 women between the ages of 16 and 25 were randomly assigned to two sessions of either EMDR or an active listening (AL) control. Factorial ANOVA interaction effects and simple main effects for outcome measure (Beck Depression Inventory, State-Trait Anxiety Inventory, Penn Inventory for Posttraumatic Stress Disorder, Impact of Event Scale, Tennessee Self-Concept Scale) indicated significant improvement for both groups and significantly greater pre-post change for EMDR-treated participants. Pre-post effect sizes for the EMDR group averaged 1.56 compared to 0.65 for the AL group. Despite treatment brevity, the posttreatment outcome variable means of EMDR-treated participants compared favorably with nonpatient or successfully treated norm groups on all measures.
Scheeringa, Michael S.; Salloum, Alison; Arnberger, Ruth A.; Weems, Carl F.; Amaya-Jackson, Lisa; Cohen, Judith A.	2007	Feasibility and effectiveness of cognitive-behavioral therapy for posttraumatic stress disorder in preschool children: two case reports	Journal of traumatic stress	20	4	631-636	New evidence raises concerns that posttraumatic stress disorder (PTSD) in preschool children is unremitting over years even with unstructured community treatment. This report presents proof of concept of the feasibility and effectiveness of a structured therapy, cognitive-behavioral therapy (CBT), for preschool PTSD that follows a range of different traumatic events. Two cases are presented, including transcribed dialogue, from a motor vehicle accident and Hurricane Katrina, respectively. Three key CBT feasibility questions were examined; it was concluded that (a) young children can cooperate meaningfully in structured, trauma-related exposure exercises; (b) they can utilize relaxation techniques successfully; and (c) highly anxious parents do not inhibit their children's improvement per se as long as they can facilitate the manual techniques. Clinicians need to be aware of emerging evidence-based treatment for preschool children.
Scheeringa, Michael S.; Zeanah, Charles H.; Myers, Leann; Putnam, Frank	2004	Heart period and variability findings in preschool children with posttraumatic stress symptoms	Biological psychiatry	55	7	685-691	BACKGROUND: Traumatic experiences for young children might result in profound neurodevelopmental changes, compared with adults. Our aim was to examine autonomic control of heart rate in traumatized young children. METHODS: Sixty-two children who had suffered traumas and 62 nontraumatized control children, aged 20 months to 6 years, were assessed for posttraumatic stress disorder (PTSD) symptoms, interbeat interval, respiratory sinus arrhythmia (RSA),

							family rehearsal of the trauma, and parent-child relationship quality. RESULTS: Traumatized children with PTSD and traumatized children without PTSD both had decreased heart period in response to a trauma stimulus relative to the nontraumatized group (both $p < .0167$ ). there was no main effect for RSA change scores, however, there was a significant interaction effect between parental positive discipline with PTSD symptoms and RSA. The most sympathetic children had decreased RSA during the trauma stimulus when they had caregivers with less positive discipline during a clean-up and family rehearsal with PTSD symptoms. CONCLUSIONS: These findings underscore that psychopathology in young children ought to be assessed in the context of psychophysiology and parent-child relationship to optimally understand the mechanisms of maladaptation during this complex developmental period.
Schewe-Bütefür, Christel	2021	Einblick in die Praxis der Traumatherapie: Behandlung von komplexen Traumata mit EMDR	Kindesmisshandlung und -vernachlässigung	24	2	168–171	Nachfolgend wird EMDR (Eye Movement Desensitization and Reprocessing) als Behandlungsmethode von komplex traumatisierten Menschen vorgestellt. Durch eine beidseitige sogenannte bilaterale Stimulierung und Aktivierung der Sinne findet eine beschleunigte Verarbeitung statt. Die beiden Gehirnhälften werden stärker vernetzt, sodass nicht verarbeitete Traumata versprachlicht und die überwältigenden, meist dissoziierten Emotionen aufgelöst werden können. Klinische Symptome können durch diese Form der Behandlung deutlich reduziert werden bzw. lösen sich komplett auf. So können selbst komplexe Traumatisierungen erfolgreich behandelt werden.
Schientle, Anne; Schäfer, Axel; Hermann, Andrea; Rohrmann, Sonja; Vaitl, Dieter	2007	Symptom provocation and reduction in patients suffering from spider phobia: an fMRI study on exposure therapy	European archives of psychiatry and clinical neuroscience	257	8	486–493	Neurofunctional mechanisms underlying cognitive behavior therapy (CBT) are still not clearly understood. This functional magnetic resonance imaging (fMRI) study focused on changes in brain activation as a result of one-session CBT in patients suffering from spider phobia. Twenty-six female spider phobics and 25 non-phobic subjects were presented with spider pictures, generally disgust-inducing, generally fear-inducing and affectively neutral scenes in an initial fMRI session. Afterwards, the patients were randomly assigned to either a therapy group (TG) or a waiting list group (WG). The scans were repeated one week after the treatment or after a one-week waiting period. Relative to the non-phobic participants, the patients displayed increased activation in the amygdala and the fusiform gyrus as well as decreased activation in the medial orbitofrontal cortex (OFC) during the first exposure. The therapy effect consisted of increased medial OFC activity in the TG relative to the WG. Further, therapy-related reductions in experienced somatic anxiety symptoms were positively

							<p>correlated with activation decreases in the amygdala and the insula. We conclude that successful treatment of spider phobia is primarily accompanied by functional changes of the medial OFC. This brain region is crucial for the self-regulation of emotions and the relearning of stimulus-reinforcement associations.</p>
Schlichting, Erica; Welter, Chris; Schaeffer, Tammi; Strout, Tania D.	2021	Serotonin Syndrome Associated With Vilazodone Overdose in a 22-Month-Old Treated With Dexmedetomidine	The Journal of emergency medicine	60	2	e19-e21	<p>BACKGROUND: Vilazodone was approved by the U.S. Food and Drug Administration in 2011 as a treatment for major depression disorder. Vilazodone is a selective serotonin reuptake inhibitor and 5-HT1A agonist used in the treatment of depression in adults. Vilazodone increases the availability and activity of serotonin and its neural pathways. Vilazodone blocks the serotonin reuptake pump and desensitizes serotonin receptors (especially 5HT1A autoreceptors), therefore increasing serotonergic neurotransmission. Its partial agonist actions at presynaptic somatodendritic 5HT1A autoreceptors theoretically enhance serotonergic activity, contributing to antidepressant actions. There are limited reports exploring its effects in children after unintentional ingestion. Typical adult dosing is titrated from an initial dose of 10 mg up to a maximum dose of 40 mg daily. Serotonin syndrome classically manifests with restlessness, hyperthermia, tachycardia, mydriasis, and increased tone, and is typically treated with benzodiazepines, cyproheptadine, and supportive care. Dexmedetomidine has also been used in case reports to treat serotonin syndrome. CASE REPORT: We report the case of a toddler with a laboratory-confirmed vilazodone overdose exhibiting symptoms of serotonin syndrome, including restlessness, hyperthermia, mydriasis, dystonia, agitation, seizure-like activity, roving eye movement, tachycardia, and elevated creatine kinase. The patient was admitted and initially treated with supportive care and lorazepam per recommendations of the poison center, which did not recommend cyproheptadine use. On decompensation with suspected serotonin syndrome, the patient was treated with dexmedetomidine. In addition, urine toxicology screening (Amphetamines II assay; Roche, Indianapolis, IN) was positive for amphetamines; however, confirmatory testing (gas chromatography-mass spectrometry) was negative. The patient improved and was discharged after returning to her baseline status at 74 h post ingestion. Importantly, this patient did not require intubation and mechanical intubation, in spite of the large amount of vilazodone ingested. WHY SHOULD AN EMERGENCY PHYSICIAN BE AWARE OF THIS?: With increasing prescription of vilazodone, emergency physicians should have a high level of suspicion so as not to miss this toxidrome. The possibility of false-</p>

							positive amphetamine screenings when an overdose of vilazodone is suspected should be investigated. Finally, systematic evaluation of the use of dexmedetomidine as treatment for serotonin syndrome or vilazodone ingestion should be done to confirm efficacy.
Schmidt, Gunther	2003	Die Integration von hypnotherapeutischen Ansätzen in systemische Konzepte					In mehreren Teilen werden theoretische Aspekte und Übungen vorgestellt. Inhalt: (1) Einführung. (2) Methoden der Aufmerksamkeitsfokussierung, Zielentwicklung im therapeutischen Prozess und Interventionen, Fragetechniken zur Lösungsförderung, Hypothesenbildung, Metakommunikation, Übungen. (3) Kommunikationstechniken indirekter Tranceinduktion für unterschiedliche Anwendungsbereiche im systemischen Arbeiten, Einstreutechniken, Übungen. (4) Überschneidung systemischer Konzepte mit philosophisch-spirituellen Ansätzen, Arbeit mit Metaphern und Symbolisierungen. (5) Systemische Konzepte für die Gruppentherapie. (6) Konflikte und Umgang mit Konflikten, Stand systemischer Konzepte im politischen Kontext, Trauma aus systemischer Sicht, Interventionsmethoden, EMDR und ADS aus Sicht der systemischen Therapie.
Schmitter-Boeckelmann, Anne	2013	Körperpsychotherapeutische Interventionen in der Arbeit mit komplex traumatisierten Kindern und Jugendlichen					Es wird informiert über die eigene körperpsychotherapeutische Arbeit mit komplex traumatisierten Kindern und Jugendlichen. Dabei wird zunächst der theoretische Hintergrund beschrieben, der, basierend auf einer Ausbildung in integrativer Biodynamik, in erster Linie das Methodenspektrum der Bioenergetik, Biodynamik und Biosynthese umfasst und Erkenntnisse der Bindungsforschung und der Psychotraumatologie integriert. Dann wird das konkrete Vorgehen am Beispiel der Arbeit mit einem zu Behandlungsbeginn sechsjährigen, komplex traumatisierten Jungen verdeutlicht. Nach Hinweisen auf Anamnese und Symptomatik werden die folgenden Übungen, die in der Behandlung eingesetzt wurden, dargestellt: Arbeit am Grounding; Einsatz von Trommeln; Übungen zur Sensibilisierung für Körpergrenze und Recht auf Grenzziehung; Atemübungen mit dem Ziel, sich selbst zu spüren und zu beruhigen; kontrollierte Aggressionsarbeit zur Affektregulation. Des Weiteren wird eingegangen auf die Bearbeitung traumatischer Bindungserfahrungen mit Eye Movement Desensitization and Reprocessing (EMDR) in Form einer Traumaerzählgeschichte und auf andere körpertherapeutische Interventionen hinsichtlich früher Bindungserfahrungen.
Schmuck, Desirée; Tribastone, Miriam; Matthes, Jörg;	2020	Avoiding the other side?. An eye-tracking study of selective exposure and selective	Journal of Media Psychology	32	3	158–164	Partisan selective exposure, the phenomenon of selectively attending to information that is in line with one's political views, has received extensive research attention. Researchers have thus far largely neglected, however, to examine the tendency to avoid attitude

Marquart, Franziska; Bergel, Eva Maria		avoidance effects in response to political advertising					discrepant information, that is, selective avoidance. Selective avoidance can be considered a different phenomenon that is not necessarily implied by, nor only occurs simultaneously with, selective exposure. This study investigates these two separate phenomena, for the first time, using eye-tracking methodology. We exposed participants to political ads by liberal and conservative parties placed next to neutral political ads and tracked eye movements unobtrusively. Findings showed that individuals paid more visual attention to political ads that were consistent with their partisan ideology. Additionally, we found that individuals tended to avoid political ads that were inconsistent with their partisan ideology, which provides some evidence for selective avoidance processes. Theoretical and practical implications of these findings are discussed.
Schneider, Jens; Hofmann, Arne; Rost, Christine; Shapiro, Francine	2008	EMDR in the Treatment of Chronic Phantom Limb Pain	Pain medicine (Malden, Mass.)	9	1	76-82	ABSTRACT Objective.? Little research substantiates long-term gains in the treatment of phantom limb pain. This report describes and evaluates an eye movement desensitization and reprocessing (EMDR) treatment with extensive follow-up. Design.? A case series of phantom limb pain patients. Setting.? In-patient hospitalization and out-patient private practice. Patients.? Case series of five patients with phantom limb pain ranging from 1 to 16 years. All patents were on extensive medication regimens prior to EMDR. Interventions.? Three to 15 sessions of EMDR were used to treat the pain and the psychological ramifications. Outcome Measures.? Patients were measured for continued use of medications, pain intensity/frequency, psychological trauma, and depression. Results.? EMDR resulted in a significant decrease or elimination of phantom pain, reduction in depression and posttraumatic stress disorder (PTSD) symptoms to subclinical levels, and significant reduction or elimination of medications related to the phantom pain and nociceptive pain at long-term follow-up. Conclusions.? The overview and long-term follow-up indicate that EMDR was successful in the treatment of both the phantom limb pain and the psychological consequences of amputation. The latter include issues of personal loss, grief, self-image, and social adjustment. These results suggest that (1) a significant aspect of phantom limb pain is the physiological memory storage of the nociceptive pain sensations experienced at the time of the event and (2) these memories can be successfully reprocessed. Further research is needed to explore the theoretical and treatment implications of this information-processing approach.

<p>Schneier, F. R.; Carrasco, J. L.; Hollander, E.; Campeas, R.; Fallon, B.; Saoud, J. B.; Feerick, J.; Liebowitz, M. R.</p>	<p>1993</p>	<p>Alpidem in the treatment of panic disorder</p>	<p>Journal of clinical psychopharmacology</p>	<p>13</p>	<p>2</p>	<p>150–153</p>	<p>Alpidem, an imidazopyridine that acts at the gamma-aminobutyric acid/benzodiazepine receptor complex, has been reported to be an effective anxiolytic with a more favorable side effect profile than benzodiazepines. The effect of alpidem was investigated in an 8-week, open, clinical trial in 13 patients with panic disorder, with or without agoraphobia. Three patients were responders (much improved or very much improved), five patients were nonresponders, and five patients dropped out after less than 6 weeks of treatment. Significant improvement was seen in the sample as a whole for spontaneous panic attacks, phobic avoidance, and anticipatory anxiety. Most improvement occurred during the first 4 weeks of treatment, and responders had milder panic disorder at baseline. Adverse effects were generally mild. After 8 weeks of treatment, taper of medication over 2 weeks occurred without significant worsening of panic disorder symptoms. The efficacy of alpidem in the treatment of panic disorder remains uncertain and requires assessment in a controlled trial.</p>
<p>Schnyder, Ulrich</p>	<p>2000</p>	<p>Psychotherapie bei posttraumatischen Belastungsstörungen</p>	<p>Psychotherapie, Psychosomatik, Medizinische Psychologie</p>	<p>50</p>	<p>3-4</p>	<p>123–133</p>	<p>Es wird ein kurzer Überblick gegeben über Epidemiologie, Psychodiagnostik und Behandlung der posttraumatischen Belastungsstörung. Im Rahmen der Erörterung von Behandlungsgrundsätzen wird zwischen der Akutbehandlung nach traumatischen Erfahrungen und der Behandlung längerdauernder posttraumatischer Störungen unterschieden. Es wird verdeutlicht, dass die psychotherapeutische Arbeit mit traumatisierten Menschen eine klare und reflektierte therapeutische Haltung voraussetzt. Frühe Interventionen kurz nach einem traumatischen Ereignis orientieren sich an den Regeln der Krisenintervention (Unmittelbarkeit, Fokussierung auf die momentanen Probleme, Zeitlimitierung). Die therapeutische Arbeit mit akut traumatisierten Menschen erfordert besondere Sorgfalt beim Aufbau einer vertrauensvollen therapeutischen Beziehung und einer Atmosphäre, in der sich die Patienten sicher fühlen können. Als wichtigstes Therapieziel in der Akutphase soll der Patient lernen, Kontrolle über die sich unwillkürlich aufdrängenden Symptome des Wiedererlebens zu gewinnen. "Eye Movement Desensitization and Reprocessing" und andere "power therapies" versprechen eine rasche Linderung der Symptome. Nach kollektiven Traumatisierungen ist der Einsatz von Gruppensitzungen im Sinne des "Critical Incident Stress Debriefing" weit verbreitet, obschon deren Wirksamkeit in Hinblick auf eine Prävention posttraumatischer Belastungsstörungen empirisch noch nicht belegt ist. Bei Patienten mit chronischen posttraumatischen Belastungsstörungen sollte die Therapie nicht nur auf die Bearbeitung</p>

							des traumatischen Erlebnisses ausgerichtet sein. Im Sinne eines salutogenetischen Ansatzes sollten intra- und interpersonelle Ressourcen erschlossen und aktiviert werden, damit die Patienten schließlich wieder neuen Sinn im Leben finden können. Für die Behandlung einer posttraumatischen Belastungsstörung genügt Psychotherapie in vielen Fällen nicht: Ein umfassender, multimodaler Behandlungsplan schließt je nach Bedarf pharmakotherapeutische, physiotherapeutische, soziotherapeutische, juristische und andere Interventionen ein.
Schnyder, Ulrich	2007	Posttraumatische Belastungsstörungen	Psychiatrie und Psychotherapie up2date	1	1	45–59	Als Beitrag zur Fort- und Weiterbildung für den Bereich Psychiatrie und Psychotherapie wird der Erkenntnisstand zu posttraumatischen Belastungsstörungen (PTBS) im Überblick dargestellt. Nach Hinweisen zur Epidemiologie werden mit Bezug auf die ICD-10 mit der akuten Belastungsreaktion, der posttraumatischen Belastungsstörung und der andauernden Persönlichkeitsveränderung nach Extrembelastung drei Formen pathologischer Reaktionen auf Traumata differenziert. Abweichungen im DSM-IV werden erwähnt. Einer Auflistung von Risikofaktoren (prä-, peri- und posttraumatische Variablen) folgt eine Beschreibung von drei psychologischen Erklärungsmodellen für posttraumatische psychische Störungen: "Emotional Processing Theory", "Dual Representation Theory", "Cognitive Model". Anschließend wird eine Auswahl von Forschungsergebnissen zu neurobiologischen Aspekten von posttraumatischen psychischen Störungen präsentiert. Diese beziehen sich auf die Hypothalamus-Hypophysen-Nebennierenrinden-Achse, Kortisol, Genetik, Herzfrequenz und somatische Störungen. Ein Überblick über psychotherapeutische Verfahren bei PTBS umfasst die kognitive Verhaltenstherapie, das "Prolonged Exposure" nach E. Foa, die "Cognitive Processing Therapy" nach P. Resick, das "Imagery Rescripting" nach Smucker, das Antialbtraumtraining, die "Narrative Exposure Therapy", das "Eye Movement Desensitization and Reprocessing", psychodynamische oder psychoanalytisch fundierte Therapien sowie die "Brief Eclectic Psychotherapy" (Kombination aus kognitiver Verhaltenstherapie und psychodynamischem Ansatz). Abschließend werden pharmakotherapeutische Ansätze bei PTBS (serotoninspezifische Antidepressiva, trizyklische Antidepressiva, Neuroleptika) genannt.
Scholing, A.; Emmelkamp, P. M.	1993	Exposure with and without cognitive therapy for generalized social phobia: effects of individual and group treatment	Behaviour research and therapy	31	7	667–681	Patients with generalized social phobia (n = 73) were randomly allocated to two treatment modalities: (1) group or (2) individual treatment, and to three treatment packages: (1) two blocks of exposure in vivo (2) a block cognitive therapy followed by a block



							<p>exposure in vivo, or (3) two blocks cognitive-behavioural treatment in which both strategies were integrated from the start. All treatments consisted of 16 sessions, given in two treatment blocks of 4 weeks each, separated by a no-treatment phase of 4 weeks. Self-report assessments were held before and after the treatment blocks and at 3-months follow-up. Significant differences were found between effects of the first treatment block vs those of the 4-weeks waiting-list period. Repeated measures MANOVA's demonstrated significant time effects after both treatment blocks and at follow-up, indicating improvement for the group as a whole. After the first treatment block the integrated treatment did significantly worse than either exposure in vivo or cognitive therapy in decreasing somatic complaints. On the other variables no differences among the treatments were found. At follow-up a significant interaction was found between treatment package and modality on the variable cognitions: largest progress was found in the group treatment with cognitive therapy followed by exposure in vivo; smallest progress was found in the integrated group treatment. Results are discussed and recommendations for further research are given.</p>
Schöling, A.; Emmelkamp, P. M.	1996	Treatment of fear of blushing, sweating, or trembling. Results at long-term follow-up	Behavior modification	20	3	338–356	<p>This study investigated the long-term effectiveness of cognitive-behavioral treatments for patients with a specific type of social phobia: fear of showing bodily symptoms (blushing, sweating, or trembling). Patients were reassessed 18 months after they had finished one of the following treatments: (a) exposure in vivo followed by cognitive therapy, (b) cognitive therapy followed by exposure in vivo, or (c) a cognitive-behavioral treatment in which both strategies were integrated from the start. All patients were individually treated. Self-report assessments were held before and after treatment and at 3-month and 18-month follow-ups. Repeated measures MANOVAs for the patients who completed the 18-month follow-up (n = 26) demonstrated significant time effects from pretest to follow-up, indicating overall improvement. Between the posttest and the 18-month follow-up, no significant change was observed. No differences among the treatment packages were found, although the cognitive-exposure treatment showed a trend to be less effective than both other treatments.</p>
Schöne, Catrin; Schulze, Christa; Röhrle, Bernd	2008	Akute Belastungsreaktion und Posttraumatische Belastungsstörungen					

Schottelkorb, April A.; Doumas, Diana M.; Garcia, Rhyan	2012	Treatment for childhood refugee trauma: A randomized, controlled trial	International Journal of Play Therapy	21	2	57-73	The authors investigated the effectiveness of child-centered play therapy (CCPT) in comparison with an evidence-based intervention, trauma-focused cognitive-behavioral therapy (TF-CBT) with traumatized refugee children aged 6 to 13. Thirty-one traumatized refugee children were randomly assigned to participate in CCPT or TF-CBT in the elementary school setting in the northwest United States. Results indicated that both CCPT and TF-CBT were effective in reducing trauma symptoms according to child and parent report. Findings support the use of CCPT in treating traumatized refugee children. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Schottenbauer, Michele A.; Glass, Carol R.; Arnkoff, Diane B.; Gray, Sheila Hafter	2008	Contributions of psychodynamic approaches to treatment of PTSD and trauma: a review of the empirical treatment and psychopathology literature	Psychiatry	71	1	13-34	Reviews of currently empirically supported treatments for post-traumatic stress disorder (PTSD) show that despite their efficacy for many patients, these treatments have high nonresponse and dropout rates. This article develops arguments for the value of psychodynamic approaches for PTSD, based on a review of the empirical psychopathology and treatment literature. Psychodynamic approaches may help address crucial areas in the clinical presentation of PTSD and the sequelae of trauma that are not targeted by currently empirically supported treatments. They may be particularly helpful when treating complex PTSD. Empirical and clinical evidence suggests that psychodynamic approaches may result in improved self-esteem, increased ability to resolve reactions to trauma through improved reflective functioning, increased reliance on mature defenses with concomitant decreased reliance on immature defenses, the internalization of more secure working models of relationships, and improved social functioning. Additionally, psychodynamic psychotherapy tends to result in continued improvement after treatment ends. Additional empirical studies of psychodynamic psychotherapy for PTSD are needed, including randomized controlled outcome studies.
Schottenbauer, Michele A.; Glass, Carol R.; Arnkoff, Diane B.; Tendick, Vanessa; Gray, Sheila Hafter	2008	Nonresponse and dropout rates in outcome studies on PTSD: review and methodological considerations	Psychiatry	71	2	134-168	Post-traumatic stress disorder (PTSD) represents a frequent consequence of a variety of extreme psychological stressors. Lists of empirically supported treatments for PTSD usually include cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR), but nonresponse and dropout rates in these treatments often are high. We review the treatment dropout and nonresponse rates in 55 studies of empirically supported treatments for PTSD, review the literature for predictors of dropout and nonresponse, discuss methodological inconsistencies in the literature that make comparisons across studies difficult, and outline future

							directions for research. Dropout rates ranged widely and may have depended, at least in part, on the nature of the study population. It was not uncommon to find nonresponse rates as high as 50%. Standard methods of reporting dropout and nonresponse rates are needed for reporting outcomes. We suggest guidelines for collecting data to help identify characteristics and predictors of dropouts and nonresponders.
Schouler-Ocak, Meryam	2013	In: Feldmann Jr., Robert E.; Seidler, Günter H. (Ed.), Traum(a) Migration. Aktuelle Konzepte zur Therapie traumatisierter Flüchtlinge und Folteropfer (S. 221-239). Gießen: Psychosozial-Verlag, 2013				221–239	
Schouler-Ocak, Meryam	2013	Interkulturelle traumazentrierte Psychotherapie unter Anwendung der EMDR-Methode					Der Einsatz von Eye Movement Desensitization and Reprocessing (EMDR) im Rahmen der interkulturellen traumazentrierten Psychotherapie wird erläutert. Nach Anmerkungen zur Relevanz posttraumatischer Belastungsstörungen im Kontext von Migration und deren Diagnostik werden spezielle Aspekte im interkulturellen Behandlungsprozess sowie die Arbeit mit Dolmetschern als Sprach- und Kulturvermittlern in der interkulturellen traumazentrierten Psychotherapie besprochen. Anschließend wird der Einsatz von EMDR in diesem Kontext thematisiert. Die EMDR-Methode wurde Anfang der 1990er Jahre von F. Shapiro entwickelt. Es handelt sich dabei um eine visuell-konfrontative, entspannende und stark unterstützende Methode, die durch bilateral wechselnde Sinnesreize (induzierte Augenbewegungen, Antippen der Hände, Schnippen mit den Händen) bewirkt, dass die Verarbeitung und Integration traumatischer Erfahrungen neu in Gang gesetzt und zu Ende geführt werden.
Schouler-Ocak, Meryam	2017	Eye Movement Desensitization and Reprocessing. Traumazentrierte Psychotherapie bei Patienten mit Fluchthintergrund	Psychotherapeut	62	4	314–321	Dieser Beitrag gibt einen Überblick über die Anwendung der "Eye Movement Desensitization and Reprocessing"- (EMDR)-Methode im Kontext der interkulturellen traumazentrierten Psychotherapie und Hinzuziehung von Sprach- und Kulturvermittlern bei traumatisierten Patienten mit Fluchthintergrund, insbesondere solchen mit Posttraumatischen Belastungsstörungen, und schließt mit Empfehlungen für dieses Setting ab.
Schrader, Cornelia	2012	Mit den Augen die Seele bewegen. Wege aus dem Trauma für Menschen mit geistiger Behinderung durch EMDR und BHS					Das von der amerikanischen Psychologin Francine Shapiro ab 1987 entwickelte Verfahren EMDR - Eye Movement Desensitization and Reprocessing (Augen-Bewegungs-Desensibilisierung und Neuausrichtung) gilt heute in der Psychotherapie als hochwirksame Methode. Sie wird vor allem in der Traumatherapie eingesetzt, speziell

						bei posttraumatischen Belastungsstörungen sowie Angststörungen. Für Menschen mit geistiger Behinderung erscheint sie besonders geeignet, da sie nicht über neokortikale Verarbeitungsmodi wie die meisten traditionellen Psychotherapien geht, sondern über einen Weg, der sensomotorisches Erleben in den Fokus rückt. Auf Sprache kann dabei weitgehend verzichtet werden. Die Autorin hat sie erfolgreich in der Praxis bei Menschen mit geistiger Behinderung eingesetzt und zur Bilateralen Hemisphärenstimulation (BHS) weiterentwickelt. Die Entstehung des Konzepts und seine theoretische Fundierung werden erläutert und es werden konkrete Arbeitshilfen für die Praxis gegeben. Angereichert durch praktische Beispiele entsteht ein plastisches Bild über konkrete Anwendungsmöglichkeiten.
Schrader, Cornelia	2013	Gestalttherapie und EMDR- Eine geschwisterliche Beziehung				Beziehungen zwischen Gestalttherapie und Eye Movement Desensitization and Reprocessing (EMDR) werden diskutiert. EMDR wurde zu Beginn der 90er Jahre von Francine Shapiro in den USA entwickelt und arbeitet mit geleiteten Augenbewegungen. Es wird hauptsächlich zur Traumabearbeitung genutzt. In den letzten Jahren weitete sich die Anwendung unter anderem auf die Bereiche Coaching, Imaginatives Familienstellen und auf körperliche Beschwerden aus. Die Methode weist viele Parallelen zur Gestalttherapie auf und lässt sich in Gestaltprozesse integrieren. So arbeitet sie im Hier und Jetzt, mit Hilfe der Awareness, schafft klare Figur-Grund-Differenzierungen, läuft in Gestalt-Zyklen ab und achtet auf das Schließen von Gestalten. Dabei sind diese Begriffe bisher nicht in der EMDR-Theorie zu finden. Es wird der Versuch unternommen, EMDR theoretisch anhand von Gestalt-Begriffen darzustellen. Ein weiterer Schwerpunkt liegt dabei auf den Kontaktunterbrechungen. Die Entstehungsgeschichte der Methode wird dabei kurz dargestellt
Schredl, Michael; Paul, Franc; Reinhard, Iris; Ebner-Priemer, Ulrich Walter; Schmahl, Christian; Bohus, Martin	2012	Sleep and dreaming in patients with boderline personality disorder: A polysomnographic study	Psychiatry research	200	430–436	Examined sleep continuity, sleep disturbances, and dream content in patients with borderline personality disorder (BPD) and a subgroup of patients with comorbid posttraumatic stress disorder (PTSD). Polysomnographic recordings (including EEG, eye movement, submental and leg electromyograms, electrocardiogram, respiration, and periodic leg movements during sleep) were obtained from a total of 27 female patients (mean age 29 years) with BPD and without current major depression disorder (including 9 patients with comorbid PTSD) and 20 healthy female controls (mean age 24 years) in a sleep laboratory over 3 consecutive nights. Participants completed the Interpersonal Personality Disorder Examination and two sleep questionnaires (the Schlafragebogen B, SF-B; the Landecker Inventar zur Erfassung von Schlafstörungen, LISST). Overall, results indicate

							that patients with BPD without current MDD show more disturbed sleep than healthy controls; a finding not affected by comorbid PTSD. Negatively toned dreams and nightmares were also reported more often, although dreams including particular BPD symptoms like self-mutilation were infrequent. It is concluded that studies to determine whether these sleep abnormalities improve during psychotherapeutic treatment are warranted.
Schubbe, Oliver	1997	EMDR in der Therapie psychisch traumatisierter Kinder					Es wird informiert über die Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) in der Behandlung psychisch traumatisierter Kinder. Zunächst werden allgemeine Prinzipien der Traumatherapie mit Kindern beschrieben. Anschließend wird anhand eines Fallbeispiels die Kombination eines therapeutischen Märchens mit EMDR bei einem dreijährigen, durch sexuellen Missbrauch traumatisierten Mädchen gezeigt, und die Wirksamkeit dieses Vorgehens wird herausgearbeitet.
Schubbe, Oliver	1998	Spezifische Elemente der Traumatherapie	Gestalttherapie	12	1	88–103	Methoden zur symptom-spezifischen Behandlung psychisch traumatisierter Kinder und Erwachsener werden vorgestellt. Dabei wird eingegangen auf die spezifischen Anforderungen an die therapeutische Beziehung und auf Methoden zur kognitiven Kontrolle von unwillkürlichen Erinnerungen an das Trauma und zur Konfrontation mit der traumatischen Erinnerung, insbesondere "Eye Movement Desensitization and Reprocessing" und den therapeutischen Einsatz von Märchen.
Schubbe, Oliver	2002	EMDR in der Therapie mit psychisch traumatisierten Jugendlichen					Die Anwendung der EMDR (Eye Movement Desensitization Therapy) in der Behandlung von psychisch traumatisierten Jugendlichen wird erörtert. Zunächst wird der aktuelle Forschungsstand zur EMDR als einer Behandlungsmethode für Patienten mit Posttraumatischer Belastungsstörung (PTBS) zusammengefasst. Befunde zur Wirksamkeit der EMDR in der PTBS-Behandlung werden mit der anderer Therapiemethoden verglichen. Dann wird auf die Anwendung von EMDR bei Jugendlichen eingegangen. Dabei wird das von Ricky Greenwald entwickelte Therapiemanual besprochen, das auf die drei sich überschneidenden Phasen Motivation, Kompetenztraining und Traumabearbeitung fokussiert. Es wird betont, dass EMDR keine neue Therapierichtung, sondern ein schulenergänzendes Verfahren ist, dessen Einsatz in der Behandlung psychisch traumatisierter Jugendlicher sich aber bewährt hat.
Schubbe, Oliver	2005	EMDR - Der Lehrfilm des Instituts für Traumatherapie Berlin					Der Film beantwortet grundlegende Fragen zum Traumaverarbeitungsprozess bei Anwendung von EMDR. Die spezielle Vorgehensweise mit acht Therapieschritten wird anhand eines Fallbeispiels demonstriert. Eine im Anschluss vorgestellte Studie zeigt

							Veränderungen der Gehirnwellen bei Anwendung von EMDR und bietet damit Hinweise auf die Wirksamkeit des Therapieansatzes. Der Lehrfilm ergänzt das Trainingsmanual zur Traumatherapie mit EMDR.
Schubbe, Oliver	2007	EMDR bei Komplextraumatisierung durch sexualisierte Gewalt					Es wird beschrieben, wie Eye Movement Desensitization and Reprocessing (EMDR) bei Kindern und Jugendlichen mit Komplextraumatisierung durch sexualisierte Gewalt angewendet werden kann. Zuerst wird auf die Besonderheiten von Anamnese und Behandlungsplanung eingegangen. Dann wird die Phase der Stabilisierung und Vorbereitung beschrieben. Weiterhin werden Aktualisierung und Einschätzung der Traumata angesprochen. Es wird weiterhin dargestellt, was bei der Prozessierung unter besonderer Berücksichtigung therapeutischen Einwebens zu beachten ist. Schließlich wird auf die Verankerung, den Körpertest, den Abschluss und die Überprüfung eingegangen.
Schubbe, Oliver	2007	EMDR im Gutachterverfahren					Erfahrungen mit der Erwähnung der EMDR-(Eye Movement Desensitization and Reprocessing-)Methode in Antragsberichten an Kassengutachter im Rahmen der ambulanten Psychotherapie werden beschrieben. Zuerst wird auf EMDR im Kontext der Verhaltenstherapie eingegangen. Obwohl EMDR hier als Zusatzverfahren anerkannt zu sein scheint, wurde es noch nicht in den verhaltenstherapeutischen Methodenkatalog aufgenommen. Weiterhin wird berichtet, dass EMDR im Rahmen tiefenpsychologisch begründeter Psychotherapie und Psychoanalyse derzeit nicht durch Gutachter befürwortet werden kann. Abschließend wird darauf hingewiesen, dass im Rahmen von tiefenpsychologisch fundierten, analytischen Anträgen oder im Falle eines unpassenden therapeutischen Kontexts bei vorliegender Indikation EMDR im Kostenerstattungsverfahren beantragt werden kann.
Schubbe, Oliver	2007	In: Hensel, Thomas (Ed.), EMDR mit Kindern und Jugendlichen. Ein Handbuch (S. 237-267). Göttingen: Hogrefe, 2007				237–267	
Schubbe, Oliver	2009	Eye-movement desensitization and reprocessing (EMDR)					
Schubbe, Oliver	2014	EMDR, Brainspotting und Somatic Experiencing in der Behandlung von Traumafolgestörungen	Psychotherapeutenjournal	13	2	156–163	Neue Traumatherapien wie traumafokussierte Kognitive Verhaltenstherapie (KVT) und Eye Movement Desensitization and Reprocessing (EMDR) haben zahlreiche wissenschaftliche Studien angeregt. Beide gelten inzwischen als wirksam, um die Posttraumatische Belastungsstörung (PTBS) bei Erwachsenen zu behandeln. Im vorliegenden Beitrag werden die Ansätze nicht

							gegeneinander gestellt, sondern es wird den gemeinsamen psychotherapeutischen Grundsätzen nachgegangen. Schon bei der Behandlung von Kindern und Jugendlichen und in Hinblick auf andere Traumafolgestörungen ergibt die Wirksamkeitsforschung kein so deutliches Bild mehr. "Brainspotting" und "Somatic Experiencing" behaupten, in bestimmten Fällen den Einsatzbereich der Traumatherapie zu erweitern. Diese beiden Ansätze werden vorgestellt, um zu zeigen, in welchen Fällen sie möglicherweise das Spektrum psychotherapeutischer Handlungsmöglichkeiten erweitern könnten. Während es keinen Ansatz zu geben scheint, der sich gleichermaßen für alle Traumafolgestörungen, alle Therapiesituationen und alle Altersgruppen eignet, werden doch schulenübergreifende Grundsätze einer "Schonenden Traumatherapie" erkennbar.
Schubbe, Oliver	2016	Wachstumsorientierung in der Traumatherapie	Trauma & Gewalt	10	3	206–217	Grundlagen der Wachstumsorientierung in der Traumatherapie werden dargestellt. Nach einem Einblick in die Geschichte der Traumatherapie wird der Prozess der Traumaintegration im Toleranzfenster aus starren Überlebensmustern und dem Chaos des Wiederbelebens beschrieben. An einem Fallbeispiel werden typische Merkmale eines wachstumsorientierten Vorgehens verdeutlicht. Anschließend werden Besonderheiten des therapeutischen Rahmens und der Ressourcenorientierung sowie Zusammenhänge zwischen Aufmerksamkeit und Neuroplastizität und ihre Nutzung mithilfe der Aufmerksamkeitssteuerung über die Blickrichtung erläutert. Abschließend werden Elemente einer wachstumsorientierten Fallkonzeption zusammengefasst.
Schubbe, Oliver	2021	Bifokale Ansätze der Traumatherapie	Zeitschrift für Psychodrama und Soziometrie	20	Su ppl 1	257–270	Dieser Artikel der Zeitschrift für Psychodrama und Soziometrie gibt einen Überblick über körperorientierte und bifokale Ansätze, die seit 1969 zur Behandlung der posttraumatischen Belastungsstörung und anderer Traumafolgestörungen entwickelt wurden. Somatic Experiencing (SE), Eye Movement Desensitization and Reprocessing (EMDR), Brainspotting (BSP), Progressive Counting (PC) und Imagery Rescripting (ImRs, IRRT) werden kurz vorgestellt. Abschließend werden die Vor- und Nachteile dieser Ansätze diskutiert. (c) Springer Fachmedien Wiesbaden GmbH
Schubbe, Oliver; Gruyters, Thomas	2011	EMDR					
Schubbe, Oliver; Gruyters, Thomas	2019	EMDR					

Schubbe, Oliver; Püschel, Ines; Gebhardt, Karsten; Renssen, Monique	2004	Traumatherapie mit EMDR. Ein Handbuch für die Ausbildung					Der Einsatz der Eye Movement Desensitization Therapy (EMDR) in der Behandlung von traumatischen Störungen wird dargestellt. Nach einer Einführung zur allgemeinen Psychotraumatologie und zum theoretischen Hintergrund werden empirische Erfahrungen mit EMDR berichtet. Der Schwerpunkt des Buches liegt auf der Erläuterung der praktischen Durchführung von EMDR. Dabei werden therapeutische Schwierigkeiten differenziert aufgegriffen, angemessene Umgangsweisen damit dargestellt, professionelles Affektmanagement und ressourcenorientiertes Arbeiten vorgestellt. - Inhalt: (1) Was ist EMDR? (2) Psychotraumatologie. (3) Posttraumatische Belastungsstörungen. (4) Theoretische Erklärungsmodelle für EMDR. (5) Indikationen/Gegenindikationen. (6) Effektivitätsstudien. (7) Einordnung von EMDR in den allgemeinen Therapieprozess. (8) Phasen der EMDR-Behandlung. (9) Therapeutische Möglichkeiten bifokaler Stimulierung. (10) Der EMDR-Prozess. (11) Die Rolle der Therapeutin und ihr therapeutisches Werkzeug. (12) Spezielle Anwendungen von EMDR (EMDR nach kurz zurückliegenden Traumatisierungen, nach einmaligen Traumatisierungen, bei komplexen Traumatisierungen, bei Phobien, bei Zwangsstörungen, zur Ressourcenentwicklung und -installation). (13) Arbeitsmaterialien: Checkliste zur Arbeit mit EMDR; EMDR-Standardprotokolle und Sonderprotokolle; EMDR-Vorbereitung; EMDR-Evaluationsbogen; Fehlerquellen; Impact of Event Scale (IES und IES-R); Übungen und Techniken.
Schubert, Sarah J.; Lee, Christopher W.; Araujo, Guilhermina de; Butler, Susan R.; Taylor, Graham; Drummond, Peter D.	2016	The Effectiveness of Eye Movement Desensitization and Reprocessing Therapy to Treat Symptoms Following Trauma in Timor Leste	Journal of traumatic stress	29	2	141–148	The effectiveness of eye movement desensitization and reprocessing (EMDR) therapy for treating trauma symptoms was examined in a postwar/conflict, developing nation, Timor Leste. Participants were 21 Timorese adults with symptoms of posttraumatic stress disorder (PTSD), assessed as those who scored $\geq 2$ on the Harvard Trauma Questionnaire (HTQ). Participants were treated with EMDR therapy. Depression and anxiety symptoms were assessed using the Hopkins Symptom Checklist. Symptom changes post-EMDR treatment were compared to a stabilization control intervention period in which participants served as their own waitlist control. Sessions were 60-90 mins. The average number of sessions was 4.15 (SD = 2.06). Despite difficulties providing treatment cross-culturally (i.e., language barriers), EMDR therapy was followed by significant and large reductions in trauma symptoms (Cohen's $d = 2.48$ ), depression ( $d = 2.09$ ), and anxiety ( $d = 1.77$ ). At posttreatment, 20 (95.2%) participants scored below the HTQ PTSD cutoff of 2. Reliable reductions in trauma symptoms were reported by 18 participants (85.7%) posttreatment and 16 (76.2%) at 3-month follow-up. Symptoms did not improve



							during the control period. Findings support the use of EMDR therapy for treatment of adults with PTSD in a cross-cultural, postwar/conflict setting, and suggest that structured trauma treatments can be applied in Timor Leste.
Schubert, Sarah J.; Lee, Christopher W.; Drummond, Peter D.	2011	The efficacy and psychophysiological correlates of dual-attention tasks in eye movement desensitization and reprocessing (EMDR)	Journal of anxiety disorders	25	1	1–11	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.
Schuckall, Hellmuth	2012	Techniken aus der Hypnotherapie und aus dem EMDR zur Modifizierung des Körper-Selbstbildes					Anhand des Praxisfalls einer 51-jährigen Patientin mit atypischer Anorexie werden Techniken der Hypnotherapie und der Eye Movement Desensitization and Reprocessing-(EMDR-)Therapie zur Veränderung des Körperelbstbildes vorgestellt. Veränderungen an den inneren Vorstellungsbildern des eigenen Körpers sollen so überzeugend in Gang gesetzt werden, dass sie eine konkrete Gewichtsveränderung nach sich ziehen können. Mit Hilfe einer hypnotherapeutischen Imagination und der Absorbionstechnik, einer Stabilisierungstechnik aus dem EMDR, wird die Vermittlung von Impulsen zur Gewichtsveränderung veranschaulicht. Neben dem therapeutischen Vorgehen werden Prozesse und Auswirkungen der Intervention beschrieben und an Gesprächsausschnitten illustriert.
Schüepp, Rahel; Mattheß, Helga; Menne, Britta	2013	In: @Sack, Martin; Sachsse, Ulrich; Schellong, Julia (Ed.), Komplexe Traumafolgestörungen. Diagnostik und Behandlung von Folgen schwerer Gewalt und				409–420	

		Vernachlässigung (S. 409-420). Stuttgart: Schattauer, 2013					
Schüepp, Rahel; Mattheß, Helga; Menne, Britta	2013	Komplexe Traumafolgestörungen und Borderline- Persönlichkeitsstörung					Die diagnostischen Kategorien der komplexen posttraumatischen Belastungsstörung (KPTBS) und der Borderline-Persönlichkeitsstörung (BPS) werden zueinander in Bezug gesetzt, und die Studienlage zu ihrer Behandlung wird gesichtet. Zunächst wird deutlich gemacht, dass der BPS und der KPTBS unterschiedliche diagnostische Betrachtungsweisen zugrunde liegen: Während bei der BPS die phänomenologische Beschreibung von Symptomen und Verhaltensweisen zur Diagnostik führen, verfolgt die Diagnostik der KPTBS einen ätiologischen Ansatz. Anhand einer Gegenüberstellung von M. Driessen und Mitarbeitern von BPS und "Disorders of Extreme Stress Not Otherwise Specified" (DESNOS) wird einerseits eine hohe Übereinstimmung der diagnostischen Entitäten deutlich gemacht, andererseits werden Unterschiede sichtbar. Im Anschluss werden Erkenntnisse zur Behandlung der beiden Störungskategorien mittels dialektisch-behavioraler Therapie, psychodynamischer Therapie, Eye Movement Desensitization and Reprocessing (EMDR) sowie Psychotherapie im Rahmen der Behandlung struktureller Dissoziation beschrieben.
Schulte-Markwort, Michael; Resch, Franz	2008	Methoden der Kinder- und Jugendlichenpsychotherapie. Einführung					Im Anschluss an eine Darlegung der aktuellen "Leitlinie für die Grundlagen der Psychotherapie im Fachgebiet der Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie" wird in zwölf grundlegende Formen der Kinder- und Jugendlichenpsychotherapie eingeführt. Inhalt: (1) F. Resch und M. Schulte-Markwort: Einleitung. (2) F. Resch, M. Schulte-Markwort und G. Lehmkuhl: Leitlinie für die Grundlagen der Psychotherapie im Fachgebiet der Kinder- und Jugendpsychiatrie, Psychosomatik und Psychotherapie. (3) M. Döpfner: Kinderverhaltenstherapie. (4) H. Hopf: Kinder- und Jugendlichen-Psychoanalyse. (5) W. Rotthaus: Systemische Therapie. (6) F. Mattejat: Familientherapie. (7) S. Schmidtchen: Spieltherapie. (8) H. V. Bolay und Mitarbeiter: Musiktherapie. (9) G. Lehmkuhl und U. Lehmkuhl: Individualpsychologie. (10) B. Metzmaker und H. Zaepfel: Integrative Kinder- und Jugendlichenpsychotherapie. (11) F. von Spreti: Kunsttherapie. (12) N. Behnk-Müller: Entspannungsverfahren. (13) A. Paasch: Psychodrama. (14) U.-M. I. Sechtig: EMDR - Eye Movement Desensitization and Reprocessing.
Schütte, Nils; Bär, Olaf; Weiss, Udo; Heuft, Gereon	2010	Stabilität posttraumatischer Intrusionen bei Polizeibeamten. Akute Belastungsreaktionen im Verlauf von 12 Monaten nach	Psychotherapeut	55	3	233– 240	In einer prospektiven Studie wird der Verlauf der Schwere der posttraumatischen Symptomatik von Polizeibeamten über einen Zeitraum von 12 Monaten (T1: direkt, T2: 6 Monate und T3: 12 Monate) nach der Konfrontation mit schweren beruflichen Belastungen

		schweren beruflichen Belastungen					<p>untersucht. Mithilfe eines strukturierten Interviews wurden 50 Polizeibeamte 6 Monate nach dem Ereignis (T2) syndromal diagnostiziert. Das globale Funktionsniveau wurde durch die "Global Assessment of Functioning Scale" und die Beeinträchtigung durch den "Beeinträchtigungs-Schwere-Score" zu T1 und T2 operationalisiert. Außerdem wurde im Hinblick auf die Schwere der posttraumatischen Symptomatik die "Impact of Event Scale - Revised" (IES-R) zu T1 und T2 erhoben. Nach 12 Monaten (T3) wurde von 40 Polizeibeamten nochmals die Schwere der posttraumatischen Symptomatik postalisch erfragt. Bei 14 Polizeibeamten (28%) wurde die Diagnose einer posttraumatischen Belastungsstörung (PTBS) 6 Monate nach dem Ereignis gestellt. Die PTBS-Gruppe zeigte eine signifikante Absenkung des Funktionsniveaus und eine signifikante Erhöhung der psychischen Beeinträchtigungen. Hinsichtlich der Stabilität der posttraumatischen Intrusionen (IES-R-Subskala Intrusionen) wies die PTBS-Gruppe im Vergleich zur Nicht-PTBS-Gruppe eine geringere Absenkung über die 12 Monate auf und erfuhr keine so ausgeprägte Besserung der Symptomatik wie beim Vermeidungsverhalten und der Übererregung. Insgesamt weisen die Ergebnisse auf das Gefährdungspotenzial beruflicher Extremsituationen hin. Da die posttraumatische Intrusionssymptomatik bei vielen Betroffenen in geringerem Maß abnimmt, wird es für unverzichtbar erachtet, Polizeibeamten nach Extremsituationen weitere professionelle Unterstützung zur Verfügung zu stellen.</p>
Schütz, Michael	2009	Migräne und EMDR? - Eine Kasuistik					<p>Die Anwendung von Techniken der EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie in der Behandlung von Migräne wird anhand eines Fallbeispiels erörtert. Dabei stehen zwei Fragen im Mittelpunkt: Sind Stabilisierungstechniken aus der EMDR-Therapie in der Behandlung von Migräne hilfreich? Fördert die Arbeit an emotionalem Belastungsmaterial die selbstorganisatorische Entwicklung von Heilungsprozessen? Es wird geschildert, wie in der Behandlung der 49-jährigen Patientin durch die Einführung des "Sicheren Ortes" ein Heilungsprozess angestoßen wurde und wie sich durch den Aufbau eines therapeutischen Bipols therapeutische Prozesse - und dadurch Heilungsprozesse - induzieren lassen, die wiederum eine mentale Reorganisation in Gang setzen. Die Behandlung der Migränesymptomatik findet dabei im Hintergrund statt. Durch die noch nicht abgeschlossene Behandlung wurde die Migränefrequenz bereits von zwei Attacken pro Woche auf eine bis zwei in zwei Monaten reduziert, und es gelingt der Patientin besser, selbstfürsorglich mit sich und ihren Kräften umzugehen.</p>

Schwartz, S.	2000	Radiographic techniques for the pediatric patient	The journal of contemporary dental practice	1	4	60–73	Obtaining quality radiographs on pediatric patients can be a challenge. Suggestions for communicating with patients about radiation safety and the need for radiographs can facilitate the process. Guidelines for radiographic exposure intervals for young patients are key elements in the reduction of exposure to ionizing radiation and are presented in this paper. The child patient presents unique challenges for the dental professional and special techniques are presented in this article that may be helpful in the conducting radiographic examinations for this patient population.
Schweich, Mélodie; Vervier, Jean-François; Grandjean, Vanessa	2023	EMDR («Eye Movement Desensitization and Reprocessing») with children and adolescents	Revue medicale de Liege	78	10	576–579	«Eye Movement Desensitization and Reprocessing» is a method for trauma treatment, initially developed for adults, but raising more and more awareness amongst child professionals. The way this therapy can be applied with children and adolescents varies from adult populations, because a child is constantly developing and in relation with his/her parents. The level of evidence also differs, literature offering less studies in this domain. Nevertheless, existing studies are promising and show, on a small scale mostly, that EMDR is effective for treating trauma in children.
Sciarrino, Nicole A.; Warnecke, Ashlee J.; Teng, Ellen J.	2020	A Systematic Review of Intensive Empirically Supported Treatments for Posttraumatic Stress Disorder	J. Trauma. Stress. (Journal of traumatic stress)	33	4	443–454	Abstract Various clinical practice guidelines for the treatment of posttraumatic stress disorder (PTSD) have consistently identified two frontline evidence-based psychotherapies (EBPs)?prolonged exposure (PE) and cognitive processing therapy (CPT)?as well as other empirically supported treatments (EST), such as eye movement desensitization and reprocessing (EMDR) and cognitive therapy for PTSD (CT for PTSD). However, researchers and clinicians continue to be concerned with rates of symptom improvement and patient dropout within these treatments. Recent attempts to address these issues have resulted in intensive, or ?massed,? treatments for PTSD. Due to variability among intensive treatments, including treatment delivery format, fidelity to the EST, and the population studied, we conducted a systematic review to summarize and integrate the literature on the impact of intensive treatments on PTSD symptoms. A review of four major databases, with no restrictions regarding publication date, yielded 11 studies that met all inclusion criteria. The individual study findings denoted a large impact of treatment on reduction of PTSD symptoms, $d_s = 1.15$ ? $2.93$ , and random-effects modeling revealed a large weighted mean effect of treatment, $d = 1.57$ , 95% CI [1.24, 1.91]. Results from intensive treatments also noted high rates of treatment completion (i.e., 0%?13.6% dropout; 5.51% pooled dropout rate across studies). The findings suggest that intensive delivery of these treatments can be an effective alternative to standard

							delivery and contribute to improved treatment response and reduced treatment dropout.
Scott, Graham G.; O'Donnell, Patrick J.; Serenio, Sara C.	2012	Emotion words affect eye fixations during reading	Journal of experimental psychology. Learning, memory, and cognition	38	3	783–792	Emotion words are generally characterized as possessing high arousal and extreme valence and have typically been investigated in paradigms in which they are presented and measured as single words. This study examined whether a word's emotional qualities influenced the time spent viewing that word in the context of normal reading. Eye movements were monitored as participants read sentences containing an emotionally positive (e.g., lucky), negative (e.g., angry), or neutral (e.g., plain) word. Target word frequency (high or low) was additionally varied to help determine the temporal locus of emotion effects, with interactive results suggesting an early lexical locus of emotion processing. In general, measures of target fixation time demonstrated significant effects of emotion and frequency as well as an interaction. The interaction arose from differential effects with negative words that were dependent on word frequency. Fixation times on emotion words (positive or negative) were consistently faster than those on neutral words with one exception-high-frequency negative words were read no faster than their neutral counterparts. These effects emerged in the earliest eye movement measures, namely, first and single fixation duration, suggesting that emotionality, as defined by arousal and valence, modulates lexical processing. Possible mechanisms involved in processing emotion words are discussed, including automatic vigilance and desensitization, both of which imply a key role for word frequency. Finally, it is important that early lexical effects of emotion processing can be established within the ecologically valid context of fluent reading.
Sechtig, Uta-Maria I.	2007	EMDR - Eye Movement Desensitization and Reprocessing					Das zwischen 1987 und 1989 von F. Shapiro entwickelte Behandlungsverfahren EMDR (Eye Movement Desensitization and Reprocessing) wird im Überblick dargestellt. EMDR wird definiert als eine auf den ätiologischen Modellen der Posttraumatischen Belastungsstörung aufbauende psychotherapeutische Methode, bei der durch bilaterale Stimulation die Verarbeitung und Integration traumatischer Erfahrungen erfolgt. Ein theoretisches Modell der zentralen Verarbeitung extremer Stresserfahrungen wird besprochen, und Hypothesen zur Wirksamkeit von EMDR werden benannt. Dann werden die Inhalte der acht Phasen der Behandlung beschrieben: Anamnese und Behandlungsplanung; Vorbereitung; Bewertung; Desensibilisierung; Verankerung; Körperrest; Abschluss; Überprüfung. Abschließend werden Perspektiven der EMDR-Arbeit, die

							integrierte EMDR- und Psychotraumatologie-Ausbildung und Fragen der Qualitätssicherung diskutiert.
Seeley, John R.; Kosty, Derek B.; Farmer, Richard F.; Lewinsohn, Peter M.	2011	The modeling of internalizing disorders on the basis of patterns of lifetime comorbidity: Associations with psychosocial functioning and psychiatric disorders among first-degree relatives	Journal of abnormal psychology		19 39- 18 46( Ele ctr oni c), 00 21- 84 3X( Pri nt)	308- 321	Two broadband latent factors—internalizing and externalizing—have frequently been identified in studies of the hierarchical structure of psychopathology. In the present research, 3 competing measurement models of putative internalizing disorders (i.e., a parsimonious single-factor model, a model based on the Diagnostic and Statistical Manual of Mental Disorders [4th ed., American Psychiatric Association, 1994], and an alternative model proposed by Krueger, 1999, and Watson, 2005) were evaluated in terms of their ability to account for lifetime patterns of diagnostic comorbidity. Four diagnostic assessments were performed on an age-based cohort of 816 persons over a 15-year interval. Each of the 3 measurement models demonstrated adequate or good fit to the data and similar approximating abilities. Additional analyses, however, suggested that nonspecific aspects of lifetime mood/anxiety or distress/fear disorders (i.e., general negative affect) largely accounted for indicators of psychosocial functioning at age 30 as well as densities of specific psychiatric disorders among the 1st-degree relatives of probands. The relevance of these findings for theoretical and descriptive models of internalizing disorders is discussed. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Segev, Shira; Shorer, Maayan; Rassovsky, Yuri; Pilowsky Peleg, Tammy; Apter, Alan; Fennig, Silvana	2016	The contribution of posttraumatic stress disorder and mild traumatic brain injury to persistent post concussive symptoms following motor vehicle accidents	Neuropsychology	30	7	800- 810	Objective: Persistent postconcussive symptoms (PPCS) are a set of physical, cognitive, emotional, and behavioral symptoms that often follow mild traumatic brain injury (mTBI). Some of these symptoms also occur in posttraumatic stress disorder (PTSD). The current study examined the unique contribution of mTBI and PTSD to PPCS. The roles of neurocognitive and motivational factors were also addressed. Method: Sixty one children and adolescents (ages 6–18), at least 3 months post motor vehicle accident (MVA), participated in the study. All participants were diagnosed with PTSD symptoms. Thirty three participants met mTBI criteria, and 28 did not. Standard instruments for assessment included a semistructured clinical interview, self-report questionnaires, and a neuropsychological evaluation. Results: No differences were found between the mTBI and non-TBI groups on any of the emotional or neurocognitive measures, including PPCS symptoms. Multiple regression analyses revealed that emotional status, such as state anxiety and depression, were the best predictors of PPCS. Furthermore, hierarchical regression analyses revealed a double mediation model, in which suboptimal effort mediated the relationship between neurocognitive performance and PPCS, and

							emotional status mediated the relationship between suboptimal effort and PPCS. Conclusion: These findings underscore the importance of emotional status in the diagnosis of PPCS among children who suffer from PTSD. It is possible that PPCS reflect a more general expression of accident-related emotional distress, rather than being a direct result of the injury. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Seidel, Marion	2009	Bindungstherapie - EMDR mit Müttern und Kindern					Unter Heranziehung zahlreicher Fallvignetten wird informiert über den Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) in der stationären Therapie mit Eltern und Kindern zur Bearbeitung von traumatischem Belastungsmaterial. Dabei wird gezeigt, dass auch komplex traumatisierte Kinder im stationären Setting gemeinsam mit ihren Müttern gut behandelt werden können. Der stationäre Rahmen hat unter anderem die Aufgabe, den Kindern und ihren Müttern den Zustand der sicheren Bindung zu ermöglichen. Es wird darauf hingewiesen, wie sehr die traumatisierenden Ereignisse der mütterlichen Biographie zu Entwicklungsblockaden führen können, die das Verhalten zum eigenen Kind prägen. Die speziellen Psychotherapieformen, die im stationären Setting der Mutter-Kind-Psychotherapie eingesetzt werden, werden besprochen, und Prozesse der Diagnostik in der Stabilisierungsphase werden erläutert. Es wird betont, dass die heilsame Wirkung des Lachens nach dem Durcharbeiten des Traumas ein wichtiger Bestandteil der Therapie mit Kindern ist.
Seidler, Guenter H.; Wagner, Frank E.	2006	Comparing the efficacy of EMDR and trauma-focused cognitive-behavioral therapy in the treatment of PTSD: a meta-analytic study	Psychol. Med. (Psychological Medicine)	36	11	1515–1522	Presents meta-analytic data on whether eye movement desensitization and reprocessing (EMDR) or trauma-focused cognitive-behavioral therapy (CBT) is better to treat posttraumatic stress disorder (PTSD). Inclusion criteria for this meta-analysis are as follows: EMDR or CBT is the main intervention form, PTSD is diagnosed according to DSM criteria, participants are over 18 years, it is possible to calculate effect sizes, and at least 1 established instrument measuring posttraumatic symptoms is applied. A total of 7 studies are included in the meta-analysis, and do not lead to the conclusion that one intervention is better than the other. Treatment efficacy is only influenced by moderator variables. In conclusion, it is suggested that further research on the treatment effectiveness of EMDR versus CBT should include an analysis of patient variables to determine which patient type possibly profits more or less from each intervention.
Seidler, Günter H.	2002	Aktuelle Therapieansätze in der Psychotraumatologie	Zeitschrift für Psychosomatische	48	1	6–27	Im Rahmen eines Überblickbeitrags werden aktuelle Therapieansätze in der Psychotraumatologie erörtert. Diese Ansätze zentrieren auf die Frage eines wirkungsvollen Zugangs zu den spezifischen

			Medizin und Psychotherapie				Traumasympptomen Intrusionen, affektive Abstumpfung und Vermeidungsverhalten sowie "Hyperarousal". Orientiert an den deutschen und amerikanischen Therapieleitlinien zur Posttraumatischen Belastungsstörung werden die wichtigsten Therapieverfahren skizziert und hinsichtlich relevanter Beurteilungskriterien gewürdigt. EMDR (Eye Movement Desensitization Therapy), kognitiv-behaviorale Verfahren, modifizierte psychodynamische Ansätze und traumaadaptierte stationäre Psychotherapie können empfohlen werden, wenn sie in Verbindung mit stabilisierenden Therapieelementen zur Anwendung kommen. In der Regel sind weitere therapeutische Interventionen mit herkömmlichen Methoden zur Integration des Traumas in die Biographie notwendig.
Seidler, Günter H.	2002	Trauma, Traumafolgestörungen, Traumatherapie	Psychoanalyse im Widerspruch	27		43–60	Nach einleitenden Anmerkungen zum Verständnis des Traumbegriffs in der Psychotraumatologie sowie Ausführungen zur Theorie der traumaspezifischen Informationsverarbeitung wird ein kurzer Abriss der Geschichte der Thematisierung der psychischen Traumatisierung gegeben. Verschiedene Traumafolgestörungen werden beschrieben: posttraumatische Belastungsstörung, akute Belastungsreaktion, andauernde Persönlichkeitsveränderung nach Extrembelastung, komplexe posttraumatische Belastungsstörung. Grundlinien einer traumaadaptierten Psychotherapie werden erläutert. Dabei werden verschiedene Stadien der Therapie (Stabilisierung, Traumaexposition, Integration in die Biographie), der Einsatz psychoimaginativer Übungen sowie die "Eye Movement Desensitization and Reprocessing"-Methode behandelt. Abschließend wird die Frage einer möglichen Verbindung derartiger Interventionsformen mit der herkömmlichen psychoanalytischen Therapie angesprochen.
Seidler, Günter H.	2004	Zur Wirksamkeit traumazentrierter Psychotherapie					Die Wirksamkeit verschiedener psychotherapeutischer Ansätze zur Behandlung von traumatisierten Patienten wird diskutiert. Kritisch beurteilt wird das Debriefing als akute Trauma-Behandlung. Als wirksam haben sich erwiesen: (1) kognitiv-behaviorale Therapie, (2) Eye Movement Desensitization and Reprocessing (EMDR), (3) psychodynamische Therapien oder (4) Kombinationen dieser Verfahren. Spezifische Elemente der stationären Therapie werden vorgestellt. Zusammenfassend werden vor allem Expositionsverfahren zur Behandlung der Posttraumatischen Belastungsstörung als günstig erachtet. Abschließend wird darauf hingewiesen, dass zur Behandlung akut Traumatisierter kaum Interventionsmöglichkeiten existieren. Weitere Forschungsdesiderata betreffen Fragen der differenziellen Indikation und das Bedingungsgefüge.



Seidler, Günter H.; Feurer, Doris C.; Wagner, Frank E.; Micka, Ralph	2003	Zur Frage der Anwendung von EMDR bei Schädel-Hirn-Traumatisierten	Zeitschrift für Psychotraumatologie und Psychologische Medizin	1	3	35–45	Literaturbefunde und eigene klinische Erfahrungen zeigen, dass bei einer großen Anzahl von Schädel-Hirn-Traumatisierten die komorbide Diagnose einer Acute Stress Disorder (ASD) oder einer Posttraumatic Stress Disorder (PTSD) vergeben werden muss. Die Entstehung von Intrusionen kann unterschiedlich plausibilisiert werden. Als Erweiterung bestehender Ansätze dazu wird die Möglichkeit "phantasmatischer Intrusionen" vorgeschlagen, als Ausdruck bildhafter Ausgestaltungen der erlebten Todesgefahr. Kasuistisch wird die erfolgreiche Anwendung von Eye Movement Desensitization and Reprocessing (EMDR) gezeigt. Es werden bestimmte Modifikationen vorgeschlagen, mit denen ein möglicherweise für diese Gruppe von Patientinnen und Patienten charakteristischer Assoziationsprozess in Gang kommen kann.
Seidler, Günter H.; Laszig, Parfen; Micka, Ralph; Notting, Björn V.	2003	Aktuelle Entwicklungen in der Psychotraumatologie. Theorie, Krankheitsbilder, Therapie					Eine Bestandsaufnahme zu aktuellen Entwicklungen in der Psychotraumatologie wird vorgenommen. Unter anderem werden die aktuellen neurobiologischen Erkenntnisse, die zum Verständnis von Traumafolgestörungen notwendig sind, ausführlich dargestellt, und die wesentlichen psychotraumatischen Traumafolgestörungen werden beschrieben. Des Weiteren werden die zur Zeit wirksamsten Traumatherapieverfahren erläutert. - Inhalt: (1) G. Roth und T. F. Münte: Neurobiologische Grundlagen psychischer Traumatisierung. (2) G. Flatten: Abriss über den aktuellen Stand bei den Traumafolgestörungen ASD und PTSD. (3) P. Fiedler: Komplexe Traumatisierung und Persönlichkeitsstörungen. (4) U. Gast: Zusammenhang von Trauma und Dissoziation. (5) G. H. Seidler und Mitarbeiter: Akut traumatisierte Gewaltopfer und ihre Therapie I - Die Heidelberger Gewaltopferstudie HeiGOS: Situation und Forschung. (6) G. H. Seidler und Mitarbeiter: Akut traumatisierte Gewaltopfer und ihre Therapie II - Studie zur Entwicklung einer traumaadaptierten Ambulanten. (7) R. Steil: Verhaltenstherapeutische Wege aus der Wortlosigkeit. (8) A. Hofmann: Die EMDR aus der Wortlosigkeit. (9) L. Reddemann: Imaginative Wege aus der Wortlosigkeit. (10) U. Sachse: Stationäre Therapie traumatisierter Patientinnen und Patienten. (11) G. Fischer: Wege aus der Sprachlosigkeit - psychodynamische Traumatherapie (PIT) und die Psychodynamik des Traumas im Kassenantrag. (12) M. Hirsch: Psychoanalytische Wege aus der Wortlosigkeit. (13) R. Micka, A. Weiser und G. H. Seidler: MS ACCESS-gestützte Datenerfassung bei Akut-Traumatisierten mit HeiGOS-itemwise. (14) P. Laszig und K. Rieg: Ressourcen zur Psychotraumatologie im Internet.

Seidler, Günter H.; Rieg, Kathy; Hain, Bernhard; Micka, Ralph; Hofmann, Arne	2003	Akut traumatisierte Gewaltopfer und ihre Therapie II - Studie zur Entwicklung einer traumaadaptierten Ambulanten Ressourcengruppe (ARG) in Kombination mit EMDR					Es wird informiert über eine noch nicht abgeschlossene Studie, in der die Wirksamkeit einer Kombination von zwei Behandlungsmethoden - einer neu entwickelten traumaadaptierten Gruppentherapie mit dem Fokus auf Stabilisierung und Ressourcenaktivierung einerseits und der EMDR-(Eye Movement Desensitization and Reprocessing-)Therapie andererseits - gegenüber den einzelnen Verfahren auf klinische Praktikabilität und Effektivität geprüft werden soll. Behandelt werden Patienten mit einer akuten Stresstörung oder einer posttraumatischen Belastungsstörung. Dargestellt werden die wissenschaftlichen Grundlagen der eingesetzten Therapieverfahren, das Setting, die zentralen Fragestellungen der Studie, die Ein- und Ausschlusskriterien bei der Stichprobenbildung und der Studienablauf (einschließlich der eingesetzten Interview- und Fragebogenverfahren).
Seidler, Günter H.; Wagner, Frank E.; Feurer, Doris C.; Micka, Ralph; Kirsch, Anke; Hofmann, Arne	2004	EMDR in der Behandlung von akut Traumatisierten mit "akuter PTSD"	Zeitschrift für Psychotraumatologie und Psychologische Medizin	2	1	61-72	Nach begrifflichen Präzisierungen zum Verständnis von "akut" wird eine Studie skizziert, in der akut traumatisierte Gewaltopfer mit unterschiedlichen Interventionen (nur Eye Movement Desensitization and Reprocessing (EMDR), EMDR und Stabilisierungsgruppe, nur Stabilisierungsgruppe) behandelt werden. Zu den Untersuchungen gehören auch Mimikanalysen. Erste Ergebnisse belegen die Wirksamkeit der EMDR-Therapie und demonstrieren unterschiedliche mimische Aktivitätsmuster in Abhängigkeit von der Schwere des jeweiligen Traumas.
Seiler, Annina; Kohler, Stefanie; Ruf-Leuschner, Martina; Landolt, Markus A.	2016	Adverse childhood experiences, mental health, and quality of life of Chilean girls placed in foster care: An exploratory study	Psychological trauma : theory, research, practice and policy	8	2	180-187	In Latin America, little research has been conducted regarding exposure to adverse childhood experiences (ACEs), mental health, and health-related quality of life (HRQoL) among foster children. This study examined the association between ACEs and mental health, posttraumatic stress disorder (PTSD), and HRQoL in Chilean foster girls relative to age-matched Chilean family girls. Data were obtained from 27 Chilean foster girls and 27 Chilean girls ages 6 to 17 years living in family homes. Standardized self- and proxy-report measures were used. Foster girls reported more ACEs than controls in terms of familial and nonfamilial sexual abuse and both emotional and physical neglect. Girls living in foster care had a significantly higher rate of PTSD, displayed greater behavioral and emotional problems, and reported a lower HRQoL. Analysis confirmed the well-known cumulative risk hypothesis by demonstrating a significant positive association between the number of ACEs and PTSD symptom severity and a significant negative association with HRQoL. Chilean foster girls endured more ACEs that impair mental health and HRQoL than age-matched peers living with their families. These findings have implications for out-of-home care services in Latin America,

							highlighting the need to implement not only appropriate trauma-focused treatments but also appropriate prevention strategies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Selby, Edward A.; Kondratyuk, Sergiy; Lindqvist, Janne; Fehling, Kara; Kranzler, Amy	2021	Temporal Bayesian Network modeling approach to evaluating the emotional cascade model of borderline personality disorder	Personality Disorders: Theory, Research, and Treatment	12	1	39–50	Theoretical models of personality disorders can be complex and multifaceted, making it difficult to validate such models in a comprehensive, empirical fashion. One such model of borderline personality disorder (BPD) is the emotional cascade model (Selby & Joiner, 2009), which has garnered empirical support in piecemeal fashion but has not been examined in a gestalt fashion. One way to test comprehensive models of personality pathology is with Temporal Bayesian Network (TBN) modeling, in which the relations between multiple subcomponents of a model can be specified and examined over a dynamic time frame, allowing for the modeling of positive feedback processes in addition to comprehensive model utility. In this study, we applied TBN modeling to examine the emotional cascade model in a sample of adolescents and young adults who actively self-injure, including those with BPD. TBN modeling was applied to ecological momentary assessment data provided via participant smartphone assessments for a period of 2 weeks. TBN analysis suggested that the emotional cascade model has considerable predictive utility, demonstrating substantial accuracy in predicting BPD diagnosis (with accuracy estimates around 90%) and momentary prediction of rumination, negative emotion, and dysregulated behaviors (with accuracy estimates consistently above 70% and reaching up to 100%, depending on the level of momentary prediction specificity). These findings provide support and validity to the notion that BPD may emerge from a dynamic interplay between emotional cascades and dysregulated behaviors. Implications of TBN modeling of BPD and personality disorders, in general, are discussed. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Sellschopp, Almuth	1999	Das Traumakonzept im Spannungsfeld zwischen Geschichte, Klinik und Forschung	Persönlichkeitsstörungen - Theorie und Therapie, 1999				Es wird ein Überblick über die historische Entwicklung des Traumakonzepts und dessen aktuelle klinische Ausprägungen gegeben. Dabei wird zunächst gezeigt, dass die Geschichte der Traumatisierungsstörung bis in die griechische Medizin zurückreicht und um die Jahrhundertwende durch die Psychoanalyse einen entscheidenden Aufschwung erhalten hat. Auffallend ist eine Abnahme der Beschäftigung mit dem Trauma seit dem Zweiten Weltkrieg und ein Wiederbeleben seit den achtziger Jahren, zugleich die Aufnahme der Traumatisierung durch sexuellen Missbrauch, anknüpfend an die ersten Entdeckungen um die Jahrhundertwende. Es werden fünf verschiedene Stadien der Traumatisierung (Antizipation,

							akute Exposition, frühe versus mittlere versus späte posttraumatische Phase) mit ihren charakteristischen Merkmalen beschrieben. Ein besonders wichtiger Aspekt ist die differentialdiagnostische Abgrenzung zu anderen Störungen sowie die Diagnose von Komorbidität, besonders Angst, Depression, Persönlichkeitsstörungen und weiteren dissoziativen Störungen. Abschließend werden verschiedene psychotherapeutische Ansätze (Verhaltenstherapie, kognitiv-behaviorale Psychotherapie, Gestalttherapie, psychoanalytisch fundierte Therapie, Augenbewegungsdesensibilisierung) dargestellt.
Selwyn, Candice N.; Schneider, Mallory; Anderson, Caitlin; Langhinrichsen- Rohling, Jennifer	2019	Recognizing the hurt: Prevalence and correlates of elevated PTSD symptoms among adolescents receiving mental/behavioral health services in primary care	Psychological Services	16	1		Youth are commonly exposed to potentially traumatic events (PTEs). Following exposure, approximately 25% develop persistent mental and behavioral health (M/BH) symptoms, yet many go untreated or are misdiagnosed and suffer adverse outcomes. Primary care is an ideal setting for detection of trauma-related symptoms. The current article uses archival data to (1) examine the prevalence of posttraumatic stress symptoms that are unlikely, possible, and likely to meet diagnostic criteria for posttraumatic stress disorder (PTSD) and the M/BH and physical health concerns that co-occur with PTSD symptoms among adolescents (n = 133, mean age = 15.1 years, 67% female, 60% White) referred for brief, integrated M/BH services within primary care and (2) identify the prevalence of referred adolescents with elevated symptoms of PTSD that would not be identified for services by traditional depression screening. M/BH providers assessed referred patients for PTSD, M/BH, and physical health symptoms as a routine part of services. Fifty-eight percent screened positive for PTSD (PTSD-possible or PTSD-likely range). The subset of adolescents in the PTSD-likely range (29%) reported significantly greater stress, depression, anxiety, anger, and externalizing symptoms than those categorized as PTSD-possible or PTSD-unlikely. Adolescents in the PTSD-possible or PTSD-unlikely ranges did not differ on any M/BH variables; PTSD groups' physical health did not differ. Of note, 15% of adolescents reporting symptoms likely to meet PTSD criteria did not report elevated depressive symptoms and would have been overlooked by depression screening alone. Given the prevalence of PTEs among M/BH patients, trauma-informed care is necessary for quality patient care. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Semerçi, Murat; Uzun, Sevdâ	2023	The effectiveness of post-disaster psychotherapeutic interventions:	Asian journal of psychiatry	85		103615	OBJECTIVE This study aimed to determine the level of impact of post-disaster psychotherapeutic interventions.

		A systematic review and meta-analysis study					<p><b>MATERIAL METHOD</b></p> <p>For this systematic review and meta-analysis study, the studies were accessed through the databases of PubMed, Web of Science, EBSCOhost, Google Scholar, and YÖK Thesis Center in July-September 2022 without any year limitation. As a result of the examinations, 27 studies were included in the study. The data were synthesized by meta-analysis and narrative methods.</p> <p><b>RESULTS</b></p> <p>According to the results of this systematic review and meta-analysis, post-disaster psychotherapeutic interventions were found to be effective (SMD: -0.838, 95% CI: -1.087- -0.588; Z = -6.588, p = 0.000, I<sup>2</sup> = 95.249). Individuals who have undergone psychotherapeutic interventions experience either no or fewer post-traumatic stress disorder symptoms. The country/continent of the research, the types of psychotherapeutic interventions, the type of disaster, and the measurement tool used influence the effectiveness of the psychotherapeutic interventions. Psychotherapeutic interventions applied especially after earthquakes, one of the types of disasters, were found to be effective. In addition, EMDR, cognitive behavioral therapy, psychotherapy, and exposure method were found to reduce posttraumatic stress disorder symptoms in individuals in the post-disaster period.</p> <p><b>CONCLUSION</b></p> <p>Post-disaster psychotherapeutic interventions have positive impacts on people and improve their mental health.</p>
Senst, Rolf	2008	Traumatherapeutische Behandlung mit EMDR	Psychotherapie & Seelsorge	4		28–30	<p>Anhand eines Fallbeispiels aus der Psychotherapie wird die Methode des EMDR (Eye Movement Desensitization and Processing) zur Behandlung einer post-traumatischen Belastungsstörung vorgestellt. Eine Patienten, die durch ihren Vater mehrfach in der Kindheit sexuell missbraucht wurde, erfährt durch die Methode mittels religiöser Erfahrung das Empfinden von Geborgenheit und dadurch eine Besserung ihres Zustandes. EMDR bewirkt unter bilateraler Stimulation durch geführte Augenbewegung das Abspulen einer Art inneren Filmes, was zu einer besseren Integration und Verarbeitung der Emotionen, Kognitionen und Körperempfindungen im Zusammenhang mit dem Trauma führt. Das Verfahren, das sich neurobiologische Zusammenhänge der Stressverarbeitung zu Nutze macht, vermag fragmentierte Aspekte der traumatischen Erfahrung aus visuellen, auditiven, olfaktorischen, kinästhetischen, emotionalen und kognitiven Sinneskanälen wieder zu einem Ganzen zusammenfügen, so dass sie besser verarbeitet werden können. Das</p>

							Beispiel verdeutlicht, wie sich psychologische, geistige (religiöse) und neurobiologische Vorgänge zu einem für die Patientin stimmigen Ganzen ergänzen.
Sepers, J. W.; van der Boon, N.; Landsmeer-Beker, N. E. A.	2016	PTSD in young children after medical procedure	Nederlands tijdschrift voor geneeskunde	160		A9991	An eight-year-old boy with spastic type bilateral cerebral palsy and a two-year-old girl with biliary atresia were referred to a psycho-trauma centre. Both children developed post-traumatic stress disorder (PTSD) symptoms as a result of the medical procedure. Because of their symptoms, they were resisting further medical treatment. The children were given trauma-focused treatment (eye movement and desensitisation reprocessing and cognitive behavioural therapy). This article argues that hypnosis and distraction can play a role in preventing PTSD symptoms after undergoing a medical procedure. If PTSD is unavoidable, it is important to recognise the symptoms and to treat these children. Furthermore, their parents might also be traumatised. PTSD symptoms in children and their parents can be successfully treated. Also children with sub-threshold PTSD can benefit from trauma treatment.
Sezgin, Ufuk; Punamäki, Raija-Leena	2016	Women's disaster-related mental health: The decision to leave or to stay after an earthquake	Traumatology	22	1	40-47	After a disaster, the impact that relocation has on survivors' mental health and recovery is not completely understood. We examined whether leaving or staying in an earthquake-devastated area is associated with risks of posttraumatic stress disorder (PTSD) and other psychiatric symptoms. Second, we analyzed whether different factors explain the mental health effects in the relocated and nonrelocated groups (e.g., the severity of earthquake-related traumatic events and the disaster assistance). The sample consisted of 195 women (15-65 years of age) who were residents in an earthquake affected (7.1 Richter scale) town in South Eastern Turkey. They were interviewed in their homes 1 year after the earthquake. The results show that relocation was associated with mental health problems, especially with intrusive PTSD, somatization, and hostility symptoms, and interpersonal problems. Among the relocated women, a high level of traumatic experiences was associated with severe PTSD and psychiatric symptoms, whereas among nonlocated women, a low level of disaster assistance associated with symptoms. Received disaster help should be tailored according to female earthquake survivors' needs. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Shabani, Daniel B.; Fisher, Wayne W.	2006	Stimulus fading and differential reinforcement for the treatment of needle phobia in a youth with autism	Journal of applied behavior analysis	39	4	449-452	Stimulus fading in the form of gradually increased exposure to a fear-evoking stimulus, often combined with differential reinforcement, has been used to treat phobias in children who are otherwise normal and in children with autism. In this investigation, we applied stimulus

							fading plus differential reinforcement with an adolescent with autism and diabetes whose needle phobia had prevented medical monitoring of his blood glucose levels for over 2 years. Results showed that the treatment was successful in obtaining daily blood samples for measuring glucose levels.
Shah, Amish C.; Minturn, Jane E.; Li, Yimei; Belasco, Jean B.; Phillips, Peter C.; Kang, Tammy I.; Cole, Kristina A.; Waanders, Angela J.; Pollack, Rosanna; Didomenico, Concetta; Wildes, Cynthia; Fisher, Michael J.	2016	Carboplatin Rechallenge After Hypersensitivity Reactions in Pediatric Patients With Low-Grade Glioma	Pediatric blood & cancer	63	1	21–26	BACKGROUND: The high prevalence of carboplatin hypersensitivity reactions (HSR) significantly affects the treatment of pediatric patients with low-grade glioma (LGG). Rechallenging patients is an option that must balance the risks of repeat allergic reaction to the benefits of retaining an effective anti-tumor regimen. PROCEDURE: We performed a retrospective review of children with LGG treated with carboplatin and vincristine between October 2000 and April 2013, who had a documented HSR to carboplatin. Patients were re-exposed to carboplatin using either precautionary measures (prolonged infusion time and premedication with H1 antagonists, H2 antagonists, and corticosteroids), a desensitization protocol, or both. RESULTS: We report the results of our institutional experience of carboplatin re-exposure using both premedication with a prolonged infusion time and a desensitization protocol. Overall, 40 of 55 (73%) patients were successfully rechallenged with carboplatin, including 19 of 25 (76%) patients who underwent desensitization. CONCLUSION: Our results demonstrate re-exposure to be a safe alternative to abandoning carboplatin for patients with a hypersensitivity reaction. We propose a clinical algorithm for treatment.
Shalev, A. Y.; Galai, T.; Eth, S.	1993	Levels of trauma: a multidimensional approach to the treatment of PTSD	Psychiatry	56	2	166–177	The historical course of professional interest in psychological trauma in the 20th century parallels the cycle of intrusion and denial characteristic of traumatized individuals, in which periods of recognition and concern alternate with times of forgetfulness and neglect (Glass et al. 1966; Ingraham et al. 1986). The inclusion of the diagnostic category of posttraumatic stress disorder (PTSD) in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 3rd ed. (DSM-III-1980) inescapably confronted the mental health community with the problem of psychic trauma and catalyzed the quest for a deeper understanding of the disorder. This has led to a variety of explanatory models from such distant fields as neurobiology (Krystal et al. 1989; Pitman 1989; van der Kolk et al. 1985), psychophysiology (Kolb 1987), learning theory (Keane et al. 1985), psychoanalysis (Krystal 1978; Laufer 1988), cognitive psychology (Janoff Bulman 1985), and existential-humanistic philosophy (Lifton 1988).

Shalom, Jonathan G.; Gilboa-Schechtman, Eva; Atzil-Slonim, Dana; Bar-Kalifa, Eran; Hasson-Ohayon, Ilanit; van Oppen, Patricia; van Balkom, Anton J. L. M.; Aderka, Idan M.	2018	Intraindividual variability in symptoms consistently predicts sudden gains: An examination of three independent datasets	Journal of consulting and clinical psychology	86	11	892–902	Objective: Sudden gains are robust predictors of outcome in psychotherapy. However, previous attempts at predicting sudden gains have yielded inconclusive findings. The aim of the present study was to examine a novel, transdiagnostic, transtherapeutic predictor of sudden gains that would replicate in different settings and populations. Specifically, we examined intraindividual variability in symptoms. Method: We examined data from a randomized controlled trial (RCT) of prolonged exposure therapy for posttraumatic stress disorder (PTSD) in children and adolescents (n = 63), an RCT of cognitive and behavioral therapies for obsessive-compulsive disorder (OCD) in adults (n = 91), and psychodynamic therapy delivered under routine clinical conditions in a naturalistic setting for diverse disorders (n = 106). In all 3 data sets, we examined whether a measure of variability in symptoms occurring during the first sessions could predict sudden gains. Results: Variability in symptoms was found to be independent of total change during treatment. Variability in symptoms significantly predicted sudden gains in all 3 data sets and correctly classified 81.0%, 69.2%, and 76.9% of individuals to sudden gain or nonsudden gain status, respectively. Conclusions: The present study represents the first examination of variability in symptoms as a predictor of sudden gains. Findings indicated that sudden gains are significantly predicted by intraindividual variability in symptoms, in diverse settings, contexts, and populations. Advantages of this predictor, as well as clinical and research implications are discussed. (PsyInfo Database Record (c) 2020 APA, all rights reserved)
Shapiro, Francine	1993	Eye movement desensitization and reprocessing (EMDR) in 1992	J. Traum. Stress (Journal of traumatic stress)	6	3	417–421	
Shapiro, Francine	2000	EMDR: Working with grief (Video with a demonstration)					Im Rahmen eines Videofilms demonstriert Francine Shapiro die Traumabearbeitung mit der EMDR-(Eye Movement Desinsitization Therapy-)Methode. Sie stellt die zugrundeliegende Theorie und die praktische Vorgehensweise der EMDR-Methode in drei Sequenzen vor. Zunächst beantwortet sie Fragen von John Carlson und Diane Kjos. Dann schildert sie die Entstehung, den Entwicklungsprozess, die wissenschaftliche Validität, den methodischen Ansatz, die therapeutische Strategie sowie den Aufbau der Phasen der EMDR. In der folgenden einstündigen Sequenz ist Shapiro in einer Live-Demonstration bei der Arbeit mit einer Klientin, die den plötzlichen Verlust eines Partners zu bewältigen hat, zu erleben. Anschließend wird die Arbeit mit dieser Klientin in Interviewform reflektiert. Schwerpunktmäßig beschreibt Shapiro die therapeutische Bedeutung



							des hilfreichen Zusammenwirkens von inneren Bildern, Glaubenssätzen, Emotionen und Körpergefühlen sowie die Funktionen der durch Handbewegungen hervorgerufenen Augenbewegungen. Der Kassette liegt mehrseitiges Begleitmaterial mit weiteren Informationen und eine englische Abschrift des Klientengesprächs bei.
Shapiro, Francine	2002	EMDR 12 years after its introduction: Past and future research	J. Trauma. Stress. (Journal of traumatic stress)	58	1	1-22	Abstract Eye Movement Desensitization and Reprocessing (EMDR) was one of the first treatments of posttraumatic stress disorder (PTSD) to be evaluated in controlled research and has to date been empirically supported by 13 such studies. This article reviews the historical context and empirical research of EMDR over the past dozen years. Historically, EMDR's name has caused confusion in that ?desensitization? is considered to be only a by-product of reprocessing and because the eye movement component of EMDR is only one form of dual stimulation to be successfully used in this integrative approach. Research is needed to determine the comparative efficacy of EMDR relative to cognitive-behavioral treatments of PTSD. However, this has been hampered by the lack of independent replication studies of the latter treatments. Current component analyses of EMDR have failed to effectively evaluate the relative weighting of its procedures. Parameters for future research and the testing of protocols for diverse disorders are suggested. ? 2002 John Wiley & Sons, Inc. J Clin Psychol 58: 1?22, 2002.
Shapiro, Francine	2002	EMDR and the role of the clinician in psychotherapy evaluation: Towards a more comprehensive integration of science and practice	J. Clin. Psychol. (Journal of clinical psychology)	58	12	1453-1463	Abstract Eye Movement Desensitization and Reprocessing (EMDR) is an integrative psychotherapy approach that has been consistently evaluated as efficacious in the treatment of posttraumatic stress disorder (PTSD). The information processing model that guides its clinical application posits that EMDR should be effective in treating other psychological disorders that have experiential contributors. Research is needed to assess such applications. This special issue features three case series in which EMDR was applied to the treatment of complex PTSD, phobias, and chronic pain, respectively. The authors discuss deficits in the research literature, provide preliminary data on EMDR treatment of these conditions, and offer descriptive guidelines for evaluation that are achievable by the practicing clinician. Two additional articles offer preliminary data on physiological and cognitive/affective concomitants of therapeutic change. It is argued that clinicians should play a greater role in the rigorous and extensive examination of psychological treatments in the context of the exigencies of clinical practice. ? 2002 Wiley Periodicals, Inc. J Clin Psychol 58: 1453?1463, 2002.

Shapiro, Francine	2003	Die EMDR-Behandlung: Überblick und Integration					Grundlegende Aspekte der EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung werden erörtert. Nach einleitenden Hinweisen auf die klinische Entwicklung von EMDR werden zunächst die acht Behandlungsphasen besprochen: Anamnese und Behandlungsplanung; Vorbereitung; Bewertung; Desensibilisierung; Verankerung; Körpertest; Abschluss; Überprüfung. Dann wird der Prozess der adaptiven Informationsverarbeitung in der EMDR-Therapie unter besonderer Berücksichtigung des Nachahmens der spontanen Verarbeitung dargestellt und anhand eines Fallbeispiels (Verarbeitung eines Missbrauchserlebens) veranschaulicht. Abschließend werden Ansatzpunkte für zukünftige empirische Untersuchungen zur EMDR-Behandlung skizziert.
Shapiro, Francine	2003	EMDR als integrativer psychotherapeutischer Ansatz. Experten verschiedenster psychotherapeutischer Orientierungen erforschen das Paradigmenprisma					
Shapiro, Francine	2003	In: Shapiro, Francine (Ed.), EMDR als integrativer psychotherapeutischer Ansatz. Experten verschiedenster psychotherapeutischer Orientierungen erforschen das Paradigmenprisma (S. 49-81). Paderborn: Junfermann, 2003				49-81	
Shapiro, Francine	2013	EMDR - Grundlagen und Praxis. Handbuch zur Behandlung traumatisierter Menschen					Die Entwicklung und Anwendung von Eye Movement Desensitization and Reprocessing (EMDR), einer klinischen Behandlungsmethode für Patienten mit posttraumatischer Belastungsstörung, wird ausführlich dargestellt. Im Rahmen von EMDR werden Augenbewegungen und andere Methoden der Rechts-Links-Stimulation dazu eingesetzt, Trauma-Opfern bei der Aufarbeitung beunruhigender Gedanken und Erinnerungen zu helfen. Das integrative Therapiemodell umfasst verhaltenspsychologische, kognitive, psychodynamische, körperorientierte und systemische Elemente. - Inhalt: (1) Hintergründe. (2) Adaptive Informationsverarbeitung - Das Modell als Arbeitshypothese. (3) Die Komponenten der EMDR-Behandlung und grundlegende Behandlungsergebnisse. (4) Phase eins - Anamnese. (5) Phase zwei und drei - Vorbereitung und Bewertung. (6) Phase vier bis sieben - Desensibilisierung, Verankerung, Körpertest und Abschluss. (7) Umgang mit Abreaktionen und Blockierungen. (8) Phase acht -

							Überprüfung und Anwendung des Standard-EMDR-Protokolls. (9) Protokolle und Verfahren für spezielle Situationen. (10) Das kognitive Einweben - Aktive Strategien für die Arbeit mit besonders problematischen Klienten. (11) Ausgewählte Populationen. (12) Theorie und Forschung und ihre Implikationen für die klinische Praxis (Anhang: Hilfsmittel für die klinische Praxis; Sicherheit des Klienten; EMDR-Ressourcen; weitere therapeutische Anwendungen und Evaluierungen). - Das Buch wurde für die vorliegende zweite Auflage überarbeitet
Shapiro, Francine; Fischer, Gottfried; Hofmann, Arne	1998	EMDR - Grundlagen & Praxis. Handbuch zur Behandlung traumatisierter Menschen					Vorgestellt wird die Behandlungsmethode für Trauma-Opfer EMDR (Eye Movement Desensitization and Reprocessing). Es wird ein Überblick über die Entwicklung und Erforschung der neuen Methode gegeben; ihre Anwendung wird detailliert erläutert. Als integratives Therapiemodell, das verhaltenspsychologische, kognitive, psychodynamische, körperorientierte und systemische Elemente umfasst, ermöglicht EMDR, in relativ kurzer Zeit tiefreichende und stabile Resultate zu erzielen. Die EMDR-Behandlungssequenz, die acht Phasen umfasst und Augenbewegungen sowie andere Methoden der Rechts-Links-Stimulation nutzt, hilft Trauma-Opfern bei der Aufarbeitung beunruhigender Gedanken und Erinnerungen. - Inhalt: (1) Hintergründe. (2) Beschleunigte Informationsverarbeitung - Das Modell als Arbeitshypothese. (3) Die Komponenten der EMDR-Behandlung und grundlegende Behandlungsergebnisse. (4) Anamnese. (5) Vorbereitung und Bewertung. (6) Desensibilisierung, Verankerung, Körpertest und Abschluss. (7) Umgang mit Abreaktionen und Blockierungen. (8) Überprüfung und Anwendung des Standard-EMDR-Protokolls. (9) Protokolle und Verfahren für spezielle Situationen. (10) Das kognitive Einweben - Aktive Strategien für die Arbeit mit besonders problematischen Klienten. (11) Ausgewählte Populationen. (12) Theorie und Forschung und ihre Implikationen für die klinische Praxis (Anhang: Hilfsmittel für die klinische Praxis; Sicherheit des Klienten; EMDR-Ressourcen; EMDR-Therapeuten-Befragung).
Shapiro, Francine; Kaslow, Florence W.; Maxfield, Louise	2007	Handbook of EMDR and Family Therapy Processes					
Shapiro, Francine; Kaslow, Florence W.; Maxfield, Louise	2010	Handbook of EMDR and Family Therapy Processes					
Shapiro, Francine; Kaslow, Florence W.; Maxfield, Louise	2014	Handbook of EMDR and Family Therapy Processes					

Shapiro, Francine; Maxfield, Louise	2002	Eye movement desensitization and reprocessing (EMDR): Information processing in the treatment of trauma	Journal of clinical psychology	58	8	933–946	Abstract Eye Movement Desensitization and Reprocessing (EMDR) is an efficacious and efficient treatment for posttraumatic stress disorder (PTSD). This article provides a brief overview of the findings of 20 controlled-outcome studies and describes Shapiro's Adaptive Information Processing model. This model posits that pathology results when distressing experiences are processed inadequately and hypothesizes that EMDR accelerates information processing, resulting in the adaptive resolution of traumatic memories. A detailed description of the eight phases of treatment highlights the procedures, assumptions, and clinical observations that currently guide EMDR clinical practice. A case study, with an in-session transcript, illustrates the application of EMDR to address the past events that have laid the groundwork for dysfunction, the present circumstances that elicit distress, and skills acquisition needed for adaptive functioning. ? 2002 Wiley Periodicals, Inc. J Clin Psychol/In Session 58: 933?946, 2002.
Shapiro, Francine; Silk Forrest, Margot	1998	EMDR in Aktion					
Shapiro, Francine; Solomon, Roger M.	2014	Eye Movement Desensitization and Reprocessing				1–3	Abstract Eye movement desensitization and reprocessing (EMDR) is an integrative psychotherapeutic approach that emphasizes the role of the brain's information processing system in ameliorating the somatic and psychological consequences of distressing events. Current emotional problems not caused by organic deficit or physical insults are conceptualized as the result of inappropriately processed memories of disturbing or traumatic experiences. EMDR is an eight-phase treatment, including a tripartite protocol that focuses on the memories underlying current problems and those that must be specifically addressed to bring the client to a robust state of psychological health. One of its distinguishing characteristics is its use of bilateral physical stimulation, such as side-to-side eye movements, alternating hand taps, or alternating auditory tones while the person undergoing treatment is mentally focusing on aspects of various life experiences.
Shapiro, Francine; Trunk, Christoph	2022	EMDR - Grundlagen und Praxis. Handbuch zur Behandlung traumatisierter Menschen					In einem Basiswerk wird ein fundierter Überblick über die Entwicklung und Anwendung von "Eye Movement Desensitization and Reprocessing" (EMDR) gegeben. EMDR ist eine klinische Behandlungsmethode für Trauma-Opfer mit posttraumatischer Belastungsstörung. Augenbewegungen und andere Methoden der Rechts-Links-Stimulation werden dabei eingesetzt, um Trauma-Opfern bei der Aufarbeitung beunruhigender Gedanken und Erinnerungen zu helfen. Als integratives Therapiemodell, das

							<p>verhaltenspsychologische, kognitive, psychodynamische, körperorientierte und systemische Elemente umfasst, ermöglicht EMDR, in relativ kurzer Zeit nachhaltige Resultate in der Arbeit mit Patienten zu erzielen. Die nochmals erweiterte und aktualisierte dritte Auflage in neuer Übersetzung dokumentiert die wichtigsten Entwicklungen in der EMDR-Forschung und -Praxis der vergangenen 15 Jahre: neue Behandlungsprotokolle, erfolgreiche Anwendungsfelder jenseits der Traumatherapie (etwa Sucht, Angststörungen, Depression und chronische Schmerzen), neue Sitzungstranskripte, Protokolle, Fragebögen und Diagnosekriterien. - Inhalt: <a href="https://d-nb.info/1232580058/04">https://d-nb.info/1232580058/04</a></p>
Shapiro, Francine; van der Kolk, Bessel A.	2003	EMDR als integrativer psychotherapeutischer Ansatz					
Shapiro, Francine; Vogelmann-Sine, Silke; Sine, Larry F.	1997	Die Behandlung von Traumata und Suchtproblemen mit EMDR					<p>Unter Heranziehung einer illustrativen Fallstudie wird deutlich gemacht, wie die neue Methode der EMDR (Eye Movement Desensitization and Reprocessing) in ein Gesamtkonzept zur Behandlung von Suchterkrankungen integriert werden kann. Durch dieses Fallbeispiel wird aufgezeigt, dass EMDR auch im Rahmen einer Langzeitbehandlung von Suchtpatienten sinnvoll eingesetzt werden kann.</p>
Sharma-Patel, Komal; Brown, Elissa J.	2016	Emotion regulation and self blame as mediators and moderators of trauma-specific treatment	Psychology of Violence	6	3		<p>Objective: Efficacy of trauma-specific cognitive-behavioral therapies (Trauma-Focused CBT; Alternatives for Families CBT) in treating sequelae (posttraumatic stress disorder, PTSD; depression; conduct problems) for affected youth and families is established. Despite the emphasis on emotional and cognitive processes in explanatory models of sequelae and the inclusion of components to address these impairments, this is the first study to examine how emotion dysregulation and attributions of blame mediate or moderate treatment changes. Method: About 118 youth with trauma histories, ages 4–17 years old, and caregivers who completed treatment were included in the analyses, providing self- and/or caregiver-reported assessments that yielded indices of trauma history, behavioral and emotional symptomatology, emotion dysregulation, and self-blame. Results: PTSD symptoms and conduct problems significantly decreased across treatment. Analyses provided support for emotion dysregulation as a moderator of the reduction of PTSD symptoms and conduct behavior problems across treatment. Self-blame was a partial mediator and a moderator of conduct problems. Conclusions: Baseline emotion dysregulation and self-blame influenced trajectories of treatment reductions of PTSD and/or conduct problems, extending</p>

							emotion and cognitive theories of symptom development to explain treatment-related changes. Patterns of change suggest a framework for selecting components to match clinical presentations. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Sharp, Katianna; Tillery, Rachel; Long, Alanna; Wang, Fang; Pan, Haitao; Phipps, Sean	2022	Trajectories of resilience and posttraumatic stress in childhood cancer: Consistency of child and parent outcomes	Health Psychology	41	4	256–267	Objective: Childhood cancer represents a potentially traumatic experience for both patients and caregivers. We examined trajectories of posttraumatic stress symptoms (PTSS) across a 5-year period in children with a history of cancer and their parents/caregivers. Medical, demographic, and dispositional variables were examined as predictors of PTSS trajectories. Method: Using a longitudinal design, children with cancer history (n = 254, age 8–17 years at baseline) and one parent or caregiver (n = 255) completed measures of PTSS at baseline, and 1-, 3-, and 5-years poststudy entry. Children and caregivers completed dispositional measures including optimism, positive or negative affect, and Five-Factor Inventories. Latent class growth analysis (LCGA) was used to identify latent trajectories of PTSS, and univariate logistic regression models were conducted to predict LCGA class membership from medical, demographic, and disposition factors Results: Very similar trajectories were observed in children and caregivers, with two-class solutions providing the best fit: a “resilient” class, with low PTSS at baseline, which declined significantly over time (83.5% in children; 71.5% in parents), and an “elevated PTSS” class, which was moderately high at baseline and increased significantly over time. There was a small, but significant relationship between child and caregiver trajectories. Latent trajectories observed in children and parents were more strongly associated with dispositional variables than medical factors. Conclusions: Resilience, depicted by low PTSS, is by far the most common outcome observed in both children and caregivers. However, the smaller subset with elevated PTSS do not show recovery over time, and are identified as a group in need of targeted interventions. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Shellenberger, Sylvia	2007	Use of the Genogram with Families for Assessment and Treatment				76–94	Summary This chapter contains sections titled: Creating the Initial Genogram Expanding the Family Genogram in the Process of Therapy The Couple's Anxieties About Pregnancy Pregnancy: A Different View A Differentiated Response to Trauma Possible Uses of EMDR Genogram Interview Practical Aspects of Genogramming Adaptations of the Traditional Genogram Limitations of the Genogram Discussion
Sherman, Michelle D.; Larsen, Jessica; Straits-Troster, Kristy;	2015	Veteran–child communication about parental PTSD: A mixed methods pilot study	Journal of Family Psychology	29	4	595–603	The majority of adults with posttraumatic stress disorder (PTSD) are parents. Parents with PTSD report lower levels of parenting satisfaction, poorer parent–child relationships, and elevated

Erbes, Christopher; Tassey, John						<p>incidence of child distress and behavioral problems in comparison with parents without PTSD. Although literature exists regarding parent-child communication about serious mental illness and physical health problems, research has yet to examine this communication regarding parental PTSD. This 3-site, mixed methods study involved 19 veteran parents who had a diagnosis of PTSD; participants were recruited from VA medical centers. Veterans participated in focus groups or individual interviews and completed questionnaires, responding to questions about motivations and barriers for disclosure of their PTSD to their children, the content of such disclosure, experiences at the VA as a parent, and desired VA family resources. Although many veterans described a desire to talk with their children about PTSD, they experience many barriers to doing so, including both personal reservations and feelings (e.g., avoidance of discussing PTSD, shame) and concerns about the consequences of disclosure on their children (e.g., child distress, loss of child's respect for veteran). Regarding veterans' experience at the VA, 21% reported that none of their providers had assessed if they have children, and 21% experienced the VA system as not welcoming to them as parents, citing both logistical issues (e.g., lack of childcare) and provider neglect of parenting concerns. Veterans indicated they would like the VA to offer parenting classes, workshops for families, child care, and family therapy. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Sherry, D. D.	2000	An overview of amplified musculoskeletal pain syndromes	The Journal of rheumatology. Supplement	58	44-48	<p>Children may have a wide variety of amplified musculoskeletal pain syndromes that may or may not be associated with overt autonomic signs and may be diffuse or localized to one body part. It is most common in pre- to adolescent girls. Hallmarks of the diagnosis include increasing pain over time, allodynia, an incongruent affect, disproportional dysfunction, and the absence of other causes. Psychological distress within the child or family is apparent in most, but not all, since it also is associated with injury or illness. Once the diagnosis is established, all medicines and testing are stopped. A sympathetically driven pain model is used to explain the pain to make it understandable. Treatment is an intense exercise program; ours is 5 hours daily. We focus on functional aerobic training specifically using the involved body part such as sports related drills, running, play activities, and swimming. Allodynia is treated with desensitization such as towel rubbing. A psychological evaluation is done and specific psychotherapy is recommended if indicated. The average duration of the daily program is 2 weeks with a 1 hour home program being done</p>

							for another 2 to 8 weeks. After one month roughly 80% of the children have no pain and are fully functional, another 15% are fully functional with mild or recurrent pain; 5% are not better. Significant relapses are infrequent; 15% require retreatment. Five to 10% of the children will develop a different symptom of psychological distress. At 5 years, 90% are doing well.
Sherry, D. D.; Wallace, C. A.; Kelley, C.; Kidder, M.; Sapp, L.	1999	Short- and long-term outcomes of children with complex regional pain syndrome type I treated with exercise therapy	The Clinical journal of pain	15	3	218–223	<p>OBJECTIVE: To report the initial and long-term outcome after an intensive exercise therapy program for childhood complex regional pain syndrome, type I (CRPS). DESIGN: Prospective follow-up. SETTING: A children's hospital. SUBJECTS: We followed 103 children (87 girls; mean age = 13.0 years) with CRPS. Forty-nine subjects were followed for more than 2 years (mean = 5 years 3 months). INTERVENTIONS: An intensive exercise program (most received a daily program of 4 hours of aerobic, functionally directed exercises, 1-2 hours of hydrotherapy, and desensitization). No medications or modalities were used. All had a screening psychological evaluation, and 79 (77%) were referred for psychological counseling. MAIN OUTCOME MEASURES: Outcomes included pain, presence of physical dysfunction, or recurrent episodes of CRPS or other disproportional musculoskeletal pain. RESULTS: The mean duration of exercise therapy was 14 days, but over the past 2 years has decreased to 6 days. Ninety-five children (92%) initially became symptom free. Of those followed for more than 2 years, 43 (88%) were symptom free (15, or 31 %, of these patients had had a reoccurrence), 5 (10%) were fully functional but had some continued pain, and 1 (2%) had functional limitations. The median time to recurrence was 2 months; 79% of the recurrences were during the first 6 months after treatment. CONCLUSION: Intense exercise therapy is effective in initially treating childhood CRPS and is associated with low rate of long-term symptoms or dysfunction.</p>
Sherry, David D.; Brake, Lori; Tress, Jenna L.; Sherker, Jennifer; Fash, Katherine; Ferry, Kelly; Weiss, Pamela F.	2015	The Treatment of Juvenile Fibromyalgia with an Intensive Physical and Psychosocial Program	The Journal of pediatrics	167	3	731–737	<p>OBJECTIVE: To assess the short-term and 1-year outcomes of children with fibromyalgia treated with intensive physical and occupational therapy (PT/OT) and psychotherapy. STUDY DESIGN: Children with fibromyalgia seen at a tertiary care hospital were treated with 5-6 hours of intensive PT/OT daily and at least 4 hours of psychosocial services weekly. All medications used for fibromyalgia were discontinued. Children underwent standardized testing, including a visual analog scale for pain; the Bruininks-Oseretsky Test of Motor Performance, Second Edition; the Bruce treadmill protocol; the Functional Disability Inventory; the Pain Stages of Change Questionnaire, adolescent version; and the Pediatric Quality of Life</p>



							Inventory, Teen Report, at 3 time points: at program entry, at the end of the intensive program, and 1 year after the end of the program. RESULTS: Sixty-four children (median age, 16 years; 95% Caucasian; 94% female; median duration of symptoms, 21 months) were studied. The mean pain score decreased significantly from program entry to the end of the program (from 66 of 100 to 25 of 100; $P = .001$ ). At the 1-year follow-up, 33% reported no pain. All measures of function on the Bruininks-Oseretsky Test of Motor Performance, Second Edition improved significantly and remained at that level or continued to improve over the subsequent year. The mean Bruce treadmill protocol time first increased from 588 seconds to 801 seconds ( $P < .001$ ) and then dropped to 750 seconds ( $P = .005$ ), which is at the 90th percentile for age and sex. All Pain Stages of Change Questionnaire, adolescent version subset scores improved significantly initially and were stable or improved at 1 year, as did the Pediatric Quality of Life Inventory, Teen Report total score. CONCLUSION: Children with fibromyalgia can be successfully treated without medications with a very intensive PT/OT and psychotherapy program. They have significantly improved pain and function by subject report and objective measures of function.
Shigemoto, Yuki; Robitschek, Christine	2021	Coping flexibility and trauma appraisal predict patterns of posttraumatic stress and personal growth initiative in student trauma survivors	International Journal of Stress Management	28	1	11-23	Exposure to a potentially traumatic event is not uncommon among college students, and following a traumatic event, college students cope and experience stress in heterogeneous patterns. The purpose of the current study was to (a) identify the patterns of personal growth initiative (PGI; Robitschek et al., 2012) skills and posttraumatic stress symptoms among college students who experienced a potentially traumatic event and (b) examine potential predictors (i.e., coping flexibility and stress appraisals) of membership in these different groups. Participants were 656 college students who experienced a traumatic event within the past 5 years. Data collection occurred from April 2016 to January 2017. Finite mixture modeling was conducted to identify the patterns of posttraumatic stress symptoms and PGI skills. Coping flexibility and stress appraisals (i.e., threat, challenge, centrality, and present control) were used as predictors of membership in the groups displaying these patterns, statistically controlling for demographic and trauma characteristics (i.e., gender, age, months since trauma, number of types of trauma, directedness, and intentionality). Three distinct patterns were identified. Coping flexibility and stress appraisals were significant predictors of group membership. This study highlights the complex interrelationship of PGI skills and posttraumatic stress responses and identifies benefits

							of assessing coping flexibility and perceptions of the potentially traumatic event when working with trauma survivors. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Shinde, Swapnali Dilip; Hegde, Rahul J.	2017	Evaluation of the influence of parental anxiety on children's behavior and understanding children's dental anxiety after sequential dental visits	Indian journal of dental research : official publication of Indian Society for Dental Research	28	1	22-26	<p>BACKGROUND: Identifying anxiety levels of parents accompanying their children can help the clinician in designing the behavior management strategies for the child. In addition, continued dental experience can improve the child's response, indicating desensitization to dental stress. AIMS: To evaluate the influence of parental anxiety on children's behavior and understanding children's dental anxiety after sequential dental visits. MATERIALS AND METHODS: A total of 175 children of age 6-12 years, 98 were boys and 77 were girls, were randomly selected from various schools of Navi Mumbai. Parental dental anxiety was assessed using the Corah's dental anxiety scale (DAS), and child anxiety level was measured using children fear survey schedule-dental subscale (CFSS-DS). STATISTICAL ANALYSIS USED: Pearson's correlation coefficient analysis, ANOVA, and Friedman test. RESULTS: There is a significant positive correlation (<math>P &lt; 0.0001</math>) between DAS scores and CFSS-DS scores at all three dental visits. The mean <math>\pm</math> standard deviation, CFSS-DS scores at the first, second, and third dental visits are (<math>34.07 \pm 11.97</math>), (<math>31.04 \pm 10.94</math>), and (<math>27.26 \pm 9.39</math>), respectively, showing the score is more during the first dental visit than the second and third visits. CONCLUSION: The dental anxiety levels in parents may influence the anxiety levels of children and also all children exhibited an improvement in the levels of dental anxiety from the first dental visit to the subsequent dental visits.</p>
Sierk, Anika; Manthey, Antje; Daniels, Judith K.	2017	Akute Belastungsreaktion und Posttraumatische Belastungsstörung					<p>Es wird angenommen, dass Dissoziation eine wesentliche Rolle sowohl bei der Entstehung als auch im Verlauf traumaassoziierter Störungen spielt. Vor diesem Hintergrund werden die Prävalenz und der mögliche Einfluss dissoziativer Symptome bei der Akuten Belastungsreaktion und bei der Posttraumatischen Belastungsstörung (PTBS) beschrieben. Der Fokus liegt auf den Grundmechanismen und Auswirkungen posttraumatischer bzw. persistierender Dissoziation im Rahmen dieser beiden Störungsbilder. Außerdem werden Implikationen für die klinische Praxis behandelt. Für unerlässlich gehalten wird es, dass Dissoziation im Rahmen von Traumafolgestörungen nicht nur adäquat, sondern auch frühzeitig diagnostiziert wird. Einige Aspekte zum Umgang mit dissoziativen Symptomen sowie der Behandlung werden kurz skizziert. Es wird betont, dass die Befundlage insgesamt darauf hindeutet, dass Expositionstherapien auch für PTBS-Patienten mit dissoziativer</p>

							Symptomatik profitabel sein können. Für die Chance auf eine vollständige Remission erscheinen allerdings die Kombination aus verschiedenen Therapiebausteinen sowie der Zusatz von Emotionsregulationstechniken und kognitiven Strategien als erfolgversprechend.
Silva, Raul R.; Cloitre, Marylene; Davis, Lori; Levitt, Jill; Gomez, Sandy; Ngai, Irene; Brown, Elissa	2003	Early intervention with traumatized children	The Psychiatric quarterly	74	4	333–347	With the events of September 11th, childhood trauma has come to the forefront of national attention. One of the common psychiatric outcomes of trauma is Posttraumatic Stress Disorder (PTSD). Despite the fact that certain vulnerabilities may contribute to the development of PTSD in traumatized youth, the existence of an identifiable stressor provides a unique opportunity for early intervention. Cognitive Behavioral Treatment (CBT) interventions are considered by many to be the mainstay of treatment of children and adolescents with PTSD. More severe cases of PTSD are often treated with medications in the community. In this article we present a CBT program--developed by our site--STAIR--and provide useful guides and rationales for clinicians to work with when treating this population. We will also briefly review the available literature on the psychopharmacologic interventions to help guide the physician when confronted with such treatment decisions.
Silver, Steven M.; Brooks, Alvin; Obenchain, Jeanne	1995	Treatment of Vietnam war veterans with PTSD: A comparison of eye movement desensitization and reprocessing, biofeedback, and relaxation training	J. Traum. Stress (Journal of traumatic stress)	8	2	337–342	Abstract Analyses of scaled self-report data from Vietnam War veterans receiving inpatient treatment for Post-Traumatic Stress Disorder drawn during a program evaluation study suggested inpatient treatment as provided by the program resulted in significant improvement in the areas of Anxiety, Anger, Depression, Isolation, Intrusive Thoughts (of combat experiences), Flashbacks, Nightmares (of combat experiences), and Relationship Problems. Comparing the relative effects of the incremental addition of Eye Movement Desensitization and Reprocessing (EMDR), Relaxation Training, and Biofeedback found that EMDR was for most problems the most effective extra treatment, greatly increasing the positive impact of the treatment program.
Silver, Steven M.; Rogers, Susan; Knipe, James; Colelli, Gina	2005	EMDR Therapy Following the 9/11 Terrorist Attacks: A Community-Based Intervention Project in New York City	International Journal of Stress Management	12	1	29–42	
Silver, Steven M.; Rogers, Susan; Russell, Mark	2008	Eye movement desensitization and reprocessing (EMDR) in the treatment of war veterans	Journal of clinical psychology	64	8	947–957	Recent practice guidelines and meta-analyses have designated eye movement desensitization and reprocessing (EMDR) as a first-line treatment for trauma. Eye movement desensitization and reprocessing is an eight-phase therapeutic approach guided by an information-processing model that addresses the combat veteran's

							critical incidents, current triggers, and behaviors likely to prove useful in his or her future. Two case examples of combat veterans illustrate the ability of EMDR to achieve symptom reduction in a variety of clinical domains (e.g., anxiety, depression, anger, physical pain) simultaneously without requiring the patient to carry out homework assignments or discuss the details of the event. The treatment of phantom limb pain and other somatic presentations is also reviewed. The ability of EMDR to achieve positive effects without homework indicates that it can be effectively employed on consecutive days, making it especially useful during combat situations.
Simkin, Deborah R.	2023	Post-Traumatic Stress Disorder/Developmental Trauma Disorder/Complex Post-Traumatic Stress Disorder and Complementary and Integrative Medicine/Functional Medicine	Child and adolescent psychiatric clinics of North America	32	2	317–365	Response to PTSD treatments differ based on the age the abuse occurred, the type of abuse, and the chronicity of the abuse. Even when modifications to treatment are made based on the developmental age when the abuse occurred, therapies may be insufficient. In addition, when diagnostic criteria are modified to identify more children, some children continue to escape detection. Developmental Trauma Disorder, (akin to the RDoC), may be more suitable to identify epigenetic and inflammatory effects of early abuse that may be responsible for the nonresponsive to treatment. Complementary and Integrative Medicine interventions (meditation, EFT, EMDR, PUFAs, etc.) may reverse these effects.
Simmons, Caroline; Meiser-Stedman, Richard; Baily, Hannah; Beazley, Peter	2021	A meta-analysis of dropout from evidence-based psychological treatment for post-traumatic stress disorder (PTSD) in children and young people	European journal of psychotraumatology	12	1		
Simon, Valerie A.; Feiring, Candice; Cleland, Charles M.	2016	Early stigmatization, PTSD, and perceived negative reactions of others predict subsequent strategies for processing child sexual abuse	Psychology of Violence	6	1	112–123	Objective: Trauma processing is central to healthy recovery, but few studies examine how youth process experiences of child sexual abuse (CSA). The current study builds on our prior work identifying individual differences in CSA processing strategies (i.e., Constructive, Absorbed, Avoidant) to examine whether abuse stigmatization, PTSD symptoms, and negative reactions from others experienced during the year after abuse discovery were associated with subsequent CSA processing strategies. Method: Participants included 160 ethnically diverse youth (8–15 years, 73% female) with confirmed cases of CSA. Predictors were measured at abuse discovery (T1) and 1 year later (T2). Individual differences in CSA processing strategies were assessed 6 years after discovery (T3) from participants' abuse narratives. Results: The persistence of abuse stigmatization from T1 to T2 significantly increased the odds of using either an Avoidant or Absorbed (vs. Constructive) strategy at T3. Higher levels of PTSD symptoms at T1 as

							well as their persistence from T1 to T2 each significantly increased the odds of having an Absorbed versus Constructive strategy. The persistence of perceived negative reactions from others from T1 to T2 increased the odds of an Absorbed versus Avoidant strategy. Effect sizes ranged from medium to large ( $M d = 0.636$ ). Conclusions: Results further validate prior work identifying distinct CSA processing strategies and suggest the persistence of abuse-specific disruptions over the year after abuse discovery may be associated with subsequent problems processing CSA experiences. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Simons, Michael; Herpertz-Dahlmann, Beate	2008	Psychotherapy for traumatized children and adolescents--cognitive-behavioral treatments	Zeitschrift fur Kinder- und Jugendpsychiatrie und Psychotherapie	36	5	345–352	According to cognitive-behavioral models, both the avoidance of trauma-associated cues, as well as cognitive distortions of the trauma and the initial symptoms thereof lead to and subsequently maintain traumatic disorders. Trauma-focused cognitive behavioral therapy often starts with stabilizing interventions such as relaxation training. The main intervention consists of exposure to external trauma-associated cues (exposure in vivo) and to mental trauma reminders (exposure in sensu). Cognitive interventions aim to modify feelings of exaggerated guilt and shame. Of the different cognitive-behavioral programmes validated, trauma-focused cognitive-behavioral therapy yields the best evidence, particularly in the treatment of sexually abused children and adolescents.
Sims, Ginette M.; Kia-Keating, Maryam; Liu, Sabrina R.; Taghavi, Ida	2020	Political climate and sense of belonging in higher education: Latina undergraduates and mental health	Peace and Conflict: Journal of Peace Psychology	26	4	356–364	Latinx individuals are one of the fastest growing ethnic minority populations in the United States. Despite growing numbers participating in higher education, there are significant disparities such as lower graduation rates and greater mental health symptomology for Latinx versus non-Latinx undergraduates. In particular, Latina undergraduates may face unique stressors and mental health disparities that call for further examination. The current study explores the relationship between NEPCs, violence exposure, financial hardship, sense of belonging, and psychological distress among 104 Latina undergraduate students upon their matriculation to a West Coast 4-year public university. Violence exposure and financial hardship were related to higher levels of psychological distress. The association between NEPCs and psychological distress was not significant. Notably, when sense of belonging was added to the regression models, violence exposure and belonging were the only factors that remained significantly associated with psychological distress, with belonging being linked to lower levels of symptoms. This study provides a unique contribution to the literature in empirically examining experiences of Latina emerging adults in identifying

							belonging as potential protective factor. Future research should investigate how to best facilitate sense of belonging among Latina undergraduates. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Şimşek Arslan, B.; Buldukoglu, K.	2018	The association of nursing care perception with coping skills and posttraumatic growth in mental disorders	Journal of psychiatric and mental health nursing	25	4	228–235	<p>WHAT IS KNOWN ON THE SUBJECT?: Although it is well known that coping with mental disorder is a traumatic experience, studies of the relationships between posttraumatic growth and the variables that can affect it are rarely found in the literature. The studies that do exist usually focus on posttraumatic growth after posttraumatic stress disorder has developed as a result of traumatic life events such as earthquakes, wars, accidents or physical disease. In the literature, there exist few studies of patients diagnosed with psychosis. WHAT DOES THIS PAPER ADD TO EXISTING KNOWLEDGE?: This study shows that posttraumatic growth can be seen in patients after the diagnosis of mental disorders. Patients who use effective coping methods show more posttraumatic growth. In addition, patients who are satisfied with the nursing care received in the clinic show more posttraumatic growth. This indicates that care delivered by psychiatric nurses contributes to the posttraumatic growth of the patients. WHAT ARE THE IMPLICATIONS FOR PRACTICE?: Psychiatric nurses who recognize that suffering a mental disorder is a traumatic experience and that patients can grow from this experience can contribute to the posttraumatic growth of those in their care. When they see signs of posttraumatic growth, nurses can teach patients how to cope with that stress effectively and how to share their feelings, thoughts and experiences related to the situation. In addition, psychosocial interventions such as trauma-focused cognitive behavioural therapy and eye movement desensitization can be used to aid posttraumatic growth. ABSTRACT: Introduction Although it is recognized that suffering a mental illness is a traumatic experience, the fact that this can lead to posttraumatic growth and the variables that may affect the situation are rarely discussed in the literature. Aim This study was conducted to determine the effects of coping styles and nursing care perceptions on posttraumatic growth in mental disorders. Method The descriptive study was conducted at a psychiatric clinic with a personal information form and three-scale test. Results In the study, completed with 122 psychiatric inpatients, it was found that patients were using effective methods to cope with stress, were satisfied with nursing care and had high posttraumatic growth. Moreover, it was found that effective coping styles and satisfaction with nursing care positively affected the posttraumatic growth level of patients. Discussion The</p>

							results support the proposition that using effective coping styles and seeking professional support after traumatic life events influence posttraumatic growth levels. Implications for practice Psychiatric nurses should be aware of the fact that developing a mental disorder is a traumatic life event after which posttraumatic growth can occur. They should encourage posttraumatic growth by teaching effective coping methods, providing psychiatric care and using psychosocial interventions such as trauma-focused cognitive behavioural therapy and eye movement desensitization.
Sin, Jacqueline; Spain, Debbie; Furuta, Marie; Murrells, Trevor; Norman, Ian	2017	Psychological interventions for post-traumatic stress disorder (PTSD) in people with severe mental illness	The Cochrane database of systematic reviews	1	1	CD011464	<p><b>BACKGROUND</b> Increasing evidence indicates that individuals who develop severe mental illness (SMI) are also vulnerable to developing post-traumatic stress disorder (PTSD), due to increased risk of exposure to traumatic events and social adversity. The effectiveness of trauma-focused psychological interventions (TFPIs) for PTSD in the general population is well-established. TFPIs involve identifying and changing unhelpful beliefs about traumatic experiences, processing of traumatic memories, and developing new ways of responding to cues associated with trauma. Little is known about the potential feasibility, acceptability and effectiveness of TFPIs for individuals who have a SMI and PTSD.</p> <p><b>OBJECTIVES</b> To evaluate the effectiveness of psychological interventions for PTSD symptoms or other symptoms of psychological distress arising from trauma in people with SMI.</p> <p><b>SEARCH METHODS</b> We searched the Cochrane Schizophrenia Group's Trials Study-Based Register (up until March 10, 2016), screened reference lists of relevant reports and reviews, and contacted trial authors for unpublished and/or specific outcome data.</p> <p><b>SELECTION CRITERIA</b> We included all relevant randomised controlled trials (RCTs) which investigated TFPIs for people with SMI and PTSD, and reported useable data.</p> <p><b>DATA COLLECTION AND ANALYSIS</b> Three review authors (DS, MF, IN) independently screened the titles and abstracts of all references identified, and read short-listed full text papers. We assessed risk of bias in each case. We calculated the risk ratio (RR) and 95% confidence interval (CI) for binary outcomes, and the mean difference (MD) and 95% CI for continuous data, on an intention-to-treat basis. We assessed quality of evidence using the</p>

						<p>Grading of Recommendations Assessment, Development and Evaluation (GRADE) and created 'Summary of findings' tables.</p> <p><b>MAIN RESULTS</b></p> <p>Four trials involving a total of 300 adults with SMI and PTSD are included. These trials evaluated three active intervention therapies: trauma-focused cognitive behavioural therapy (TF-CBT), eye movement desensitisation and reprocessing (EMDR), and brief psychoeducation for PTSD, all delivered via individual sessions. Our main outcomes of interest were PTSD symptoms, quality of life/well-being, symptoms of co-morbid psychosis, anxiety symptoms, depressive symptoms, adverse events and health economic outcomes.</p> <p><b>1. TF-CBT versus usual care/waiting list</b> Three trials provided data for this comparison, however, continuous outcome data available were more often found to be skewed than unskewed, leading to the necessity of conducting analyses separately for the two types of continuous data. Using the unskewed data only, results showed no significant differences between TF-CBT and usual care in reducing clinician-rated PTSD symptoms at short term (1 RCT, n =13, MD 13.15, 95% CI -4.09 to 30.39, low-quality evidence). Limited unskewed data showed equivocal results between groups in terms of general quality of life (1 RCT, n = 39, MD -0.60, 95% CI -4.47 to 3.27, low-quality evidence), symptoms of psychosis (1 RCT, n = 9, MD -6.93, 95% CI -34.17 to 20.31, low-quality evidence), and anxiety (1 RCT, n = 9, MD 12.57, 95% CI -5.54 to 30.68, very low-quality evidence), at medium term. The only available data on depression symptoms were skewed and were equivocal across groups at medium term (2 RCTs, n = 48, MD 3.26, 95% CI -3.66 to 10.18, very low-quality evidence). TF-CBT was not associated with more adverse events (1 RCT, n = 100, RR 0.44, 95% CI 0.09 to 2.31, low-quality evidence) at medium term. No data were available for health economic outcomes. Very limited data for PTSD and other symptoms were available over the long term.</p> <p><b>2. EMDR versus waiting list</b> One trial provided data for this comparison. Favourable effects were found for EMDR in terms of PTSD symptom severity at medium term but data were skewed (1 RCT, n = 83, MD -12.31, 95% CI -22.72 to -1.90, very low-quality evidence). EMDR was not associated with more adverse events (1 RCT, n = 102, RR 0.21, 95% CI 0.02 to 1.85, low-quality evidence). No data were available for quality of life, symptoms of co-morbid psychosis, depression, anxiety and health economics.</p> <p><b>3. TF-CBT versus EMDR</b> One trial compared TF-CBT with EMDR. PTSD symptom severity, based on skewed data (1 RCT, n = 88, MD -1.69, 95% CI -12.63 to 9.23, very low-quality</p>
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							<p>evidence) was similar between treatment groups. No data were available for the other main outcomes.4. TF-CBT versus psychoeducationOne trial compared TF-CBT with psychoeducation. Results were equivocal for PTSD symptom severity (1 RCT, n = 52, MD 0.23, 95% CI -14.66 to 15.12, low-quality evidence) and general quality of life (1 RCT, n = 49, MD 0.11, 95% CI -0.74 to 0.95, low-quality evidence) by medium term. No data were available for the other outcomes of interest.</p> <p><b>AUTHORS' CONCLUSIONS</b></p> <p>Very few trials have investigated TFPIs for individuals with SMI and PTSD. Results from trials of TF-CBT are limited and inconclusive regarding its effectiveness on PTSD, or on psychotic symptoms or other symptoms of psychological distress. Only one trial evaluated EMDR and provided limited preliminary evidence favouring EMDR compared to waiting list. Comparing TF-CBT head-to-head with EMDR and brief psychoeducation respectively, showed no clear effect for either therapy. Both TF-CBT and EMDR do not appear to cause more (or less) adverse effects, compared to waiting list or usual care; these findings however, are mostly based on low to very low-quality evidence. Further larger scale trials are now needed to provide high-quality evidence to confirm or refute these preliminary findings, and to establish which intervention modalities and techniques are associated with improved outcomes, especially in the long term.</p>
Singer, L. T.; Ambuel, B.; Wade, S.; Jaffe, A. C.	1992	Cognitive-behavioral treatment of health-impairing food phobias in children	Journal of the American Academy of Child and Adolescent Psychiatry	31	5	847–852	<p>Three cases reports describe assessment and treatment of three boys (ages 6 to 8 years) hospitalized because of weight loss and malnutrition, caused by severe dietary restriction and/or refusal to eat solid food. Psychological, behavioral, and medical assessments indicated that the boys were of average intelligence, without other significant psychological or medical disorders. Their eating disturbances were conceptualized as phobic disorders maintained by family factors reinforcing the children's avoidant behaviors. Cognitive-behavioral treatment consisted of an individualized combination of contingency management, shaping, desensitization, relaxation training, education, and cognitive restructuring. Generalization and maintenance were promoted by training parents to implement treatment at home before discharge. Treatment positively affected overall caloric intake, weight gain, number of solid foods accepted, and incidence of emesis.</p>
Slater, A.; Morison, V.	1985	Shape constancy and slant perception at birth	Perception	14	3	337–344	<p>Two experiments are described the object of which was to investigate whether perception of shape at birth is determined solely by proximal (retinal) stimulation, or whether newborn babies have the ability to</p>

							perceive objective, real shape across changes in slant. In experiment 1 looking at (ie preference for) one stimulus, a square, when paired with either of two trapeziums, was found to change in a consistent manner with changes in slant, indicating that these changes in stimulation are detected and can cause considerable changes in looking behaviour. In experiment 2 newborns were desensitized to changes in slant during familiarization trials, and subsequently strongly preferred a different shape to the familiarized shape in a new orientation. This suggests that the real shape had been perceived as invariant across the retinal changes caused by the changes in slant, and further suggests that shape constancy is an organizing feature of perception which is present at birth.
Sleijpen, Marieke; van der Aa, Niels; Mooren, Trudy; Laban, Cornelis J.; Kleber, Rolf J.	2019	The moderating role of individual resilience in refugee and Dutch adolescents after trauma	Psychological trauma : theory, research, practice and policy	11	7	732–742	Objective: Exposure to potentially traumatic events (PTEs) has been identified as a risk factor for various psychological problems in adolescents generally and in young refugees. The aim of this study was to examine whether individual resilience (assessed as a personality characteristic) can protect adolescents in diverse contexts from negative effects of trauma exposure. Method: A path model was used to assess whether individual resilience buffered the negative effects of exposure to PTEs in a cross-sectional study of adolescent refugees (aged 12–17 years; n = 117) and their Dutch peers (n = 148). Measurements included the Children’s Revised Impact of Event Scale, Strengths and Difficulties Questionnaire, Satisfaction with Life Scale and the Resilience Scale. Results: The moderating effects of individual resilience on the relationship between PTEs and mental health problems and life satisfaction were mixed: In the nonrefugee group, but not in the refugee group most moderation effects reached significance. Conclusion: Findings suggest that not all groups benefit similarly from individual-level resilience. Consequently, adolescents, who differ with regard to the risks to which they are exposed, may need different forms of support. This study points to the interplay of factors that contributes to demonstration of individual resilience. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Slifer, K. J.; Babbitt, R. L.; Cataldo, M. D.	1995	Simulation and counterconditioning as adjuncts to pharmacotherapy for invasive pediatric procedures	Journal of developmental and behavioral pediatrics : JDBP	16	3	133–141	Behavioral counterconditioning was conducted during simulated medical routines to supplement medical management of five children's distress during invasive procedures (bone marrow aspiration, lumbar puncture, tracheostomy care, venipuncture, and finger pricks). Preferred activities were paired in vivo with medical stimuli, and differential positive reinforcement was provided contingent on engagement with the preferred activities and on compliance with adult instructions, first during simulations and later

							during actual procedures. Data on cooperation, escape/avoidance, and negative vocalizations were evaluated using both single-subject experimental methods and a baseline-treatment group statistical comparison. Results support the benefits of this approach as an adjunctive intervention to decrease behavioral distress in some children requiring repeated invasive procedures. Discussion emphasizes the potential for training medical personnel to implement these techniques preventively, for decreasing or discontinuing sedation for some children treated under local anesthesia, and for preparing children with developmental disabilities for invasive procedures.
Stodnjak, Vera; Kos, Anica; Yule, William	2002	Depression and Parasuicide in Refugee and Slovenian Adolescents	Crisis: The Journal of Crisis Intervention and Suicide Prevention	23	3		The association between depression and traumatic experiences, stress, loss, and bereavement is well known. It was expected that Bosnian refugee adolescents who had fled from war zones to Slovenia would develop higher levels of depression than their Slovenian peers without war traumatic experiences. Two years after the beginning of the war in Bosnia, 265 8th-grade refugee students aged 14 to 15 years were assessed with the Children's Depression Inventory (CDI) and compared with a sample of 195 Slovenian students of the same age. The Bosnian refugees showed significantly lower rates of depressive symptomatology despite very high rates of posttraumatic stress symptoms. Slovenian adolescents showed significantly lower self-esteem and greater feelings of inadequacy in the academic field; they were more likely to have feelings of not being loved and more often expressed the wish to kill themselves. Refugees described more sadness, worried about the future and about physical pains, but they do not show lower school achievement or more behavioral problems. The results indicate that the association between traumatic experiences and depressive symptoms is not inevitable, and that other factors including culture and context influences must be taken into account. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Slovin, M.	1997	Managing the anxious and phobic dental patient	The New York state dental journal	63	7	36-40	This article discusses dental anxiety and phobia. The author presents background information, including incidence and etiology. A discussion of evaluative techniques for assessing anxiety levels follows. Examination and treatment planning are considered in relation to this patient's special needs. The article stresses behavioral treatment modalities that eliminate the debilitating phobia. In closing, the author presents practical information regarding prevention of dental phobia and the merits of incorporating this type of patient into a dental practice.

Smeets, Monique A. M.; Dijks, M. Willem; Pervan, Iva; Engelhard, Iris M.; van den Hout, Marcel A	2012	Time-course of eye movement-related decrease in vividness and emotionality of unpleasant autobiographical memories	Memory (Hove, England)	20	4	346–357	The time-course of changes in vividness and emotionality of unpleasant autobiographical memories associated with making eye movements (eye movement desensitisation and reprocessing, EMDR) was investigated. Participants retrieved unpleasant autobiographical memories and rated their vividness and emotionality prior to and following 96 seconds of making eye movements (EM) or keeping eyes stationary (ES); at 2, 4, 6, and 10 seconds into the intervention; then followed by regular larger intervals throughout the 96-second intervention. Results revealed a significant drop compared to the ES group in emotionality after 74 seconds compared to a significant drop in vividness at only 2 seconds into the intervention. These results support that emotionality becomes reduced only after vividness has dropped. The results are discussed in light of working memory theory and visual imagery theory, following which the regular refreshment of the visual memory needed to maintain it in working memory is interfered with by eye movements that also tax working memory, which affects vividness first.
Smith, Jeffery	2004	Reexamining psychotherapeutic action through the lens of trauma	The journal of the American Academy of Psychoanalysis and Dynamic Psychiatry	32	4	613–631	Work with survivors of childhood trauma sheds light on the enigmatic subject of just how psychotherapy produces change. The focus of this paper is the observation that there are two fundamental change mechanisms in psychotherapy, catharsis and internalization . Each one has a different time course and different clinical characteristics including the role played by the therapeutic relationship. Catharsis is triggered by the presence of the empathically attuned therapist, while internalization is driven by the therapist's slightly aloof stance of expectancy and the patient's need for connection. Each mechanism has a different childhood origin. Taken together, these two mechanisms are sufficient to explain therapeutic gains in other forms of psychotherapy and with other pathologies.
Smith, T. A.; Kroeger, R. F.; Lyon, H. E.; Mullins, M. R.	1990	Evaluating a behavioral method to manage dental fear: a 2-year study of dental practices	Journal of the American Dental Association (1939)	121	4	525–530	Eleven private general practices and a university clinic formed a network to treat dental fear. The practices located in four states learned a method of treating dental fear using dental staff members and audiovisual materials. This study is an evaluation of the network's effectiveness. In 15 months, 111 patients were treated by the network. The dentists reported providing substantial dental treatment to 77% (n = 86) of the patients. The study showed that private general practices can effectively treat strong dental fear.
Smits, Jasper A. J.; Rosenfield, David; McDonald, Renee; Telch, Michael J.	2006	Cognitive mechanisms of social anxiety reduction: an examination of specificity and temporality	Journal of consulting and clinical psychology	74	6	1203–1212	Cognitive theories posit that exposure-based treatments exert their effect on social anxiety by modifying judgmental biases. The present study provides a conservative test of the relative roles of changes in judgmental biases in governing social anxiety reduction and addresses

							several limitations of previous research. Longitudinal, within-subjects analysis of data from 53 adults with a Diagnostic and Statistical Manual of Mental Disorders (4th ed.; American Psychiatric Association, 1994) social phobia diagnosis revealed that reductions in probability and cost biases accounted for significant variance in fear reduction achieved during treatment. However, whereas the reduction in probability bias resulted in fear reduction, the reduction in cost bias was merely a consequence of fear reduction. A potential implication is that exposure-based treatments for social anxiety might focus more attention on correcting faulty appraisals of social threat occurrence.
Smyth, Nancy J.; Poole, A. Desmond	2003	EMDR und kognitive Verhaltenstherapie: Eine Untersuchung der Übereinstimmungen und der Unterschiede					Gemeinsamkeiten und Unterschiede zwischen EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung und kognitiver Verhaltenstherapie werden erörtert. Zunächst wird kurz die Entwicklung der kognitiven Verhaltenstherapie sowie das verhaltenstherapeutische Verständnis der posttraumatischen Belastungsstörung (PTBS) erläutert. Dann wird auf die Entstehung der EMDR-Behandlung eingegangen, und die Behandlung von PTBS in der EMDR wird skizziert. Dann wird die Beziehung zwischen EMDR und kognitiver Verhaltenstherapie analysiert. Außerdem wird danach gefragt, was die Verhaltenstherapie zum EMDR-Ansatz beitragen kann und wie die EMDR der Verhaltenstherapie nützen kann.
Sneddon, Helga; Gojkovic Grimshaw, Dina; Livingstone, Nuala; Macdonald, Geraldine	2020	Cognitive-behavioural therapy (CBT) interventions for young people aged 10 to 18 with harmful sexual behaviour	The Cochrane database of systematic reviews	6	6	CD009829	BACKGROUND: Around 1 in 1000 adolescents aged 12 to 17 years old display problematic or harmful sexual behaviour (HSB). Examples include behaviours occurring more frequently than would be considered developmentally appropriate; accompanied by coercion; involving children of different ages or stages of development; or associated with emotional distress. Some, but not all, young people engaging in HSB come to the attention of authorities for investigation, prosecution or treatment. Depending on policy context, young people with HSB are those whose behaviour has resulted in a formal reprimand or warning, conviction for a sexual offence, or civil measures. Cognitive-behavioural therapy (CBT) interventions are based on the idea that by changing the way a person thinks, and helping them to develop new coping skills, it is possible to change behaviour. OBJECTIVES: To evaluate the effects of CBT for young people aged 10 to 18 years who have exhibited HSB. SEARCH METHODS: In June 2019, we searched CENTRAL, MEDLINE, Embase, 12 other databases and three trials registers. We also examined relevant websites, checked reference lists and contacted authors of relevant articles. SELECTION CRITERIA: We included all relevant randomised controlled trials (RCTs) using parallel groups. We

						<p>evaluated CBT treatments compared with no treatment, waiting list or standard care, irrespective of mode of delivery or setting, given to young people aged 10 to 18 years, who had been convicted of a sexual offence or who exhibited HSB. DATA COLLECTION AND ANALYSIS: We used standard methodological procedures expected by Cochrane. MAIN RESULTS: We found four eligible RCTs (115 participants). Participants in two studies were adolescent males aged 12 to 18 years old. In two studies participants were males simply described as "adolescents." Three studies took place in the USA and one in South Africa. The four studies were of short duration: one lasted two months; two lasted three months; and one lasted six months. No information was available on funding sources. Two studies compared group-based CBT respectively to no treatment (18 participants) or treatment as usual (21 participants). The third compared CBT with sexual education (16 participants). The fourth compared CBT (19 participants) with mode-deactivation therapy (21 participants) and social skills training (20 participants). Three interventions delivered treatment in a residential setting by someone working there, and one in a community setting by licensed therapist undertaking a PhD. CBT compared with no treatment or treatment as usual Primary outcomes No study in this comparison reported the impact of CBT on any measure of primary outcomes (recidivism, and adverse events such as self-harm or suicidal behaviour). Secondary outcomes There was little to no difference between CBT and treatment as usual on cognitive distortions in general (mean difference (MD) 1.56, 95% confidence interval (CI) -11.54 to 14.66, 1 study, 18 participants; very low-certainty evidence), assessed with Abel and Becker Cognition Scale (higher scores indicate more problematic distortions); and specific cognitive distortions about rape (MD 8.75, 95% CI 2.83 to 14.67, 1 study, 21 participants; very low-certainty evidence), measured with the Bumby Cardsort Rape Scale (higher scores indicate more justifications, minimisations, rationalisations and excuses for HSB). One study (18 participants) reported very low-certainty evidence that CBT may result in greater improvements in victim empathy (MD 5.56, 95% CI 0.94 to 10.18), measured with the Attitudes Towards Women Scale, compared with no treatment. One additional study also measured this, but provided no usable data. CBT compared with alternative interventions Primary outcomes One study (59 participants) found little to no difference between CBT and alternative treatments on post-treatment sexual aggression scores (MD 0.09, 95% CI -0.18 to 0.37, very low-certainty evidence), assessed using Daily</p>
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							Behaviour Reports and Behaviour Incidence Report Forms. No study in this comparison reported the impact of CBT on any measure of our remaining primary outcomes. Secondary outcomes One study (16 participants) provided very low-certainty evidence that, compared to sexual education, mean cognitive distortions pertaining to justification or taking responsibility for actions (MD 3.27, 95% CI -4.77 to -1.77) and apprehension confidence (MD 2.47 95% CI -3.85 to -1.09) may be lower in the CBT group. The same study indicated that mean cognitive distortions pertaining to social-sexual desirability may be lower in the CBT group, and there may be little to no difference between the groups for cognitive distortions pertaining to inappropriate sexual fantasies measured with the Multiphasic Sex Inventory. AUTHORS' CONCLUSIONS: It is uncertain whether CBT reduces HSB in male adolescents compared to other treatments. All studies had insufficient detail in what they reported to allow for full assessment of risk of bias. 'Risk of bias' judgements were predominantly rated as unclear or high. Sample sizes were very small, and the imprecision of results was significant. There is very low-certainty evidence that group-based CBT may improve victim empathy when compared to no treatment, and may improve cognitive distortions when compared to sexual education, but not treatment as usual. Further research is likely to change the estimate. More robust evaluations of both individual and group-based CBT are required, particularly outside North America, and which look at the effects of CBT on diverse participants.
Snyder, Sean E.	2018	Implementation of trauma-focused cognitive-behavioral therapy in juvenile detention: A practice note from the field	Practice Innovations	3	4	284–294	Juvenile-justice-involved youth are known to have higher rates of traumatic exposure and traumatic stress symptoms, which increases the necessity for appropriate treatment and targeted case planning for these youth. Traumatic stress symptoms have been shown as a risk factor for delinquent behaviors, though practices for treating juvenile-justice-involved youth who have traumatic stress symptoms is limited. Evidence-based practice dissemination has focused on the use of trauma-focused treatment in residential and community settings. Juvenile-justice-involved youth can be most vulnerable in the secure detention setting. Youth in detention face ongoing stressors in the secure setting, having to witness interpersonal violence by peers, being subject to physical restraints, and attempting to cope in a setting with limited choices. Best practices for the juvenile detention setting are even more limited, despite knowledge of the efficacy of evidence-based trauma interventions in reducing trauma symptoms and restoring healthy family dynamics and relationships that trauma disrupts. This practice note discusses the implementation of trauma-

							focused cognitive– behavioral therapy in the detention setting, and the interventions flexibility, appropriateness, and impact for youth in detention. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Soberman, Glenn B.; Greenwald, Ricky; Rule, David L.	2002	A Controlled Study of Eye Movement Desensitization and Reprocessing (EMDR) for Boys with Conduct Problem	Journal of Aggression, Maltreatment & Trauma	6	1	217–236	Suggests that trauma contributes to the development and persistence of conduct problems, and should be addressed. Eye movement desensitization and reprocessing (EMDR) was selected as a promising trauma treatment. 29 boys with conduct problems in residential or day treatment were randomized into standard care or standard care plus 3 trauma-focused EMDR sessions. The EMDR group showed large and significant reduction of memory-related distress, as well as trends towards reduction of post-traumatic symptoms. The EMDR group also showed large and significant reduction of problem behaviors by 2-month follow-up, whereas the control group showed only slight improvement. These findings provide support for EMDR's use as a trauma treatment for boys ages 10-16 years, as well as support for the hypothesis that effective trauma treatment can lead to reduced conduct problems in this population.
Solomon, Eldra P.; Heide, Kathleen M.	2005	The biology of trauma: implications for treatment	Journal of interpersonal violence	20	1	51–60	During the past 20 years, the development of brain imaging techniques and new biochemical approaches has led to increased understanding of the biological effects of psychological trauma. New hypotheses have been generated about brain development and the roots of antisocial behavior. We now understand that psychological trauma disrupts homeostasis and can cause both short and long-term effects on many organs and systems of the body. Our expanding knowledge of the effects of trauma on the body has inspired new approaches to treating trauma survivors. Biologically informed therapy addresses the physiological effects of trauma, as well as cognitive distortions and maladaptive behaviors. The authors suggest that the most effective therapeutic innovation during the past 20 years for treating trauma survivors has been Eye Movement Desensitization and Reprocessing (EMDR), a therapeutic approach that focuses on resolving trauma using a combination of top-down (cognitive) and bottom-up (affect/body) processing.
Solomon, Roger; Fernandez, Isabel	2012	Utilization of EMDR in the Treatment of Workplace Trauma				257–273	Summary This chapter contains sections titled: Utilization of EMDR to Treat Workplace Trauma EMDR and Workplace Trauma Adaptive Information Processing Model EMDR and Resilience Three-Pronged Protocol Eight-Phase Protocol Conclusion References
Sousa, Claudia Maria; Goncalves, Mario; Machado, Jorge;	2012	Effects of qigong on performance-related anxiety and physiological stress functions in	Zhong xi yi jie he xue bao = Journal of Chinese	10	8	858–865	OBJECTIVE: Based on individual cases of treatment, we were interested in whether the effects of a special kind of qigong, the "White Ball" exercises, can be objectified by physically measurable



Efferth, Thomas; Greten, Tobias; Froeschen, Petra; Greten, Henry J.		transverse flute music schoolchildren: a feasibility study	integrative medicine				parameters and psychological scores. METHODS: We performed a preliminary prospective controlled interventional study with the waiting list design. In the qigong group eight children were included. They received specific qigong lessons of the "White Ball" qigong over seven weeks, twice a week, for 30 min with a waiting list design and instructions to perform the same exercises at home daily. In the control group eight children were included in a waiting list design with no qigong instruction. Subjective perception of anxiety was measured by the Portuguese version of the Depression, Anxiety and Stress Scale adapted for children. In addition, salivary cortisol, heart rate variability, blood pressure, surface electromyography of the trapezius muscle and reaction time were measured at the beginning and the end of the study prior to the regular public auditions. RESULTS: In comparison to the changes in the control group, the qigong group scored significantly lower in heart rate. Otherwise the groups did not differ significantly; however, the effect size was large for salivary cortisol, surface electromyography of the trapezius muscle and blood pressure. There were relevant reductions of subjective perception of anxiety, salivary cortisol levels and heart rate. CONCLUSION: The heart rate of performing schoolchildren can be potentially reduced by "White Ball" exercises. Based on a sample of 8/8, positive tendencies were also observed for anxiety and blood pressure. The next steps of objectifying possible qigong effects are to increase the sample size, to study young people in other situations arousing anxiety, to develop an appropriate control intervention, to solve the problem of blinding and double blinding, to find additional parameters that may be influenced by the "White Ball" qigong, and to compare the qigong effects with other methods reducing anxiety such as more traditional biofeedback or systematic desensitization.
Soyka, Michael; Krausz, Michael; Bruggmann, Philip; Backmund, Markus; Haltmayer, Hans	2017	18. Interdisziplinärer Kongress für Suchtmedizin, 29. Juni - 01. Juli 2017 in München. Zusammenfassung der Kongressbeiträge	Suchtmedizin	19	3	109– 183	Vorgelegt werden die Abstracts von 23 Vorträgen, 49 Seminaren, 33 Postern und zwei Beiträgen aus Industrie und Forschung zum 18. Interdisziplinären Kongress für Suchtmedizin vom 29.06. - 01.07.2017 in München.
Soysa, Champika K.; Azar, Sandra T.	2016	Active war in Sri Lanka: Children's war exposure, coping, and posttraumatic stress disorder symptom severity	American Journal of Orthopsychiatry	86	6	671– 685	Posttraumatic stress disorder (PTSD) in response to active war is understudied among Sinhalese children in Sri Lanka. We investigated PTSD symptom severity in children using child (n = 60) and mother (n = 60) reports; child-reported war exposure and coping; as well as self-reported maternal PTSD symptom severity. The study addressed active war in 2 rural locations (acute and chronic community war exposure). Child-reports were significantly greater than mother-

							reports of child PTSD symptom severity. Furthermore, children's war exposure, child-reported and mother-reported child PTSD symptom severity, and maternal PTSD symptom severity were significantly greater in the acute versus chronic community war exposure location, but children's approach and avoidance coping did not significantly differ, indicating a potential ceiling effect. Children's war exposure significantly, positively predicted child-reported child PTSD symptom severity, controlling for age, gender, and maternal PTSD symptom severity, but only maternal PTSD symptom severity significantly, positively predicted mother-reported child PTSD symptom severity. Avoidance coping (in both acute and chronic war) significantly positively mediated the children's war exposure-child-reported child PTSD symptom severity relation, but not mother-reports of the same. Approach coping (in chronic but not acute war) significantly, positively mediated the children's war exposure-child-reported and mother-reported child PTSD symptom severity relations. We advanced the literature on long-term active war by confirming the value of children's self-reports, establishing that both approach and avoidance coping positively mediated the war-exposure-PTSD symptom severity relation, and that the mediation effect of approach coping was situationally moderated by acute versus chronic community war exposure among Sri Lankan children. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Spates, C. R.; Burnette, M. M.	1995	Eye movement desensitization: three unusual cases	Journal of behavior therapy and experimental psychiatry	26	1	51-55	Three complex cases are presented to document further the broad applicability of eye movement desensitization (EMD) for post traumatic stress disorder (PTSD). In the first subject this disorder was combined with panic attacks; in the second, sexual dysfunction was an additional consequence of childhood sexual abuse; and in the third the causative directly resulted in profound impairment of occupational and social function. In all three cases treatment produced rapid resolution of symptoms and functional recovery.
Spector, J.; Read, J.	1999	The current status of eye movement desensitization and reprocessing (EMDR)	J. Trauma. Stress. (Journal of traumatic stress)	6	3	165-174	Abstract Eye movement desensitization and reprocessing therapy (EMDR) has increasingly been proposed as an effective therapeutic procedure for post-traumatic stress disorder and other mental health problems. However, views on EMDR in the research literature have been polarized. Reasons for this are explored as is the nature and theoretical basis of EMDR. Fifteen controlled studies thus far published on EMDR and PTSD are reviewed, and it is concluded that (i) EMDR is an effective psychotherapy, (ii) EMDR's relative efficacy in comparison to behavioural exposure therapies has yet to be established, (iii) the role of eye movements and laterality in attentional

							focus remains controversial and (iv) a direct link between the theoretical basis of the therapy and observable psychological and neurobiological changes has yet to be established. Copyright ? 1999 John Wiley & Sons, Ltd.
Spector, John	2022	Eye Movement Desensitisation and Reprocessing (EMDR)				93–109	Summary The prelims comprise: Introduction The Emdr Procedure The Theoretical Basis of Emdr Outcome Research in Emdr Controversies in Emdr Conclusion References
Spiegel, D. A.; Roth, M.; Weissman, M.; Lavori, P.; Gorman, J.; Rush, J.; Ballenger, J.	1993	Comment on the London/Toronto Study of Alprazolam and Exposure in Panic Disorder with Agoraphobia	The British journal of psychiatry : the journal of mental science	162		788-9; discussion 790-4	
Spinazzola, Joseph; Hodgdon, Hilary; Liang, Li-Jung; Ford, Julian D.; Layne, Christopher M.; Pynoos, Robert; Briggs, Ernestine C.; Stolbach, Bradley; Kisiel, Cassandra	2014	Unseen wounds: The contribution of psychological maltreatment to child and adolescent mental health and risk outcomes	Psychological Trauma: Theory, Research, Practice, and Policy	6	Suppl 1		For this study, we evaluated the independent and additive predictive effects of psychological maltreatment on an array of behavioral problems, symptoms, and disorders in a large national sample of clinic-referred children and adolescents drawn from the National Child Traumatic Stress Network Core Data Set (CDS; see Layne, Briggs-King, & Courtois, 2014). We analyzed a subsample of 5,616 youth with lifetime histories of 1 or more of 3 forms of maltreatment: psychological maltreatment (emotional abuse or emotional neglect), physical abuse, and sexual abuse. Measures included the University of California, Los Angeles Posttraumatic Stress Disorder–Reaction Index (Steinberg et al., 2004), Child Behavior Checklist (Achenbach & Rescorla, 2004), and 27 diagnostic and CDS-specific clinical severity indicators. Psychologically maltreated youth exhibited equivalent or greater baseline levels of behavioral problems, symptoms, and disorders compared with physically or sexually abused youth on most indicators. The co-occurrence of psychological maltreatment with physical or sexual abuse was linked to the exacerbation of most outcomes. We found that the clinical profiles of psychologically maltreated youth overlapped with, yet were distinct from, those of physically and/or sexually abused youth. Despite its high prevalence in the CDS, psychological maltreatment was rarely the focus of intervention for youth in this large national sample. We discuss implications for child mental health policy; educational outreach to providers, youth, and families; and the development or adaptation of evidence-based interventions that target the effects of this widespread, harmful, yet often overlooked form of maltreatment. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Spitzer, Manfred	2019	Psychotherapie im Mausmodell. Was bei EMDR gegen PTBS im Gehirn passiert	Nervenheilkunde	38	5	231–239	Es wird ein Überblick über verschiedene empirische Studien zur Erklärung der Wirksamkeit der Therapieform Eye Movement Desensitization and Reprocessing) zur Behandlung der

							<p>posttraumatischen Belastungsstörung (PTBS) gegeben, die sich eines Mausmodells der Angstkonditionierung und des Verlernens der Angst durch alternierende bilaterale Stimulation (ABS) beziehen. Im Mausmodell wurde unter anderem gezeigt, dass ABS eine notwendige und hinreichende Bedingung für eine schnellere und länger anhaltende Wirksamkeit des Verlernens von Angst im Vergleich zum reinen Extinktionslernen (ohne ABS) darstellt. Es wird herausgestellt, dass das damit vorliegende Modell für die weitere Erforschung der Mechanismen von Psychotherapie im Tiermodell und für die Hypothesengenerierung bei Forschung am Menschen bedeutsam sein könnte.</p>
Springer, Cheryl; Padgett, Deborah K.	2000	Gender differences in young adolescents' exposure to violence and rates of PTSD symptomatology	American Journal of Orthopsychiatry	70	3	370–379	<p>Gender differences in exposure to violence and levels of %PTSD% symptomatology were examined in a school-based sample of 621 11–14 yr old adolescents. Study participants lived in a community that had extraordinarily high rates of poverty, unemployment, and crime. Also investigated as predictors of PTSD symptoms were cognitive coping strategies, perceived social support, and the affective experience of fear. All participants completed several questionnaires. The affective experience of fear as predictive of PTSD symptomatology was present for both males and females, yet the location of fear differed by gender. Results support the importance of evaluating gender differences, differentiating between violence by type and location, and considering both cognitive and affective factors as predictors of PTSD symptomatology. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Srivastava, Akanksha; Miller, Alexandria N.; Coles, Mandy S.; Brigham, Rebecca; Peterson, Erin R.; Kreida, Ellen; Mueser, Kim T.; Ng, Lauren C.	2022	Development of a brief primary care intervention for PTSD in adolescents	Clinical Practice in Pediatric Psychology	10	1		<p>Objective: Our study aimed to adapt an evidence-based, brief intervention for use in an urban safety net adolescent primary care center with an existing integrated behavioral health team who have not previously treated posttraumatic stress disorder (PTSD) explicitly in the clinic. PTSD is routinely undertreated in adolescent primary care due in part to a lack of evidence-based interventions for PTSD that can be feasibly delivered in primary care. Sustainable PTSD interventions in adolescent medicine clinics must overcome patient-, provider-, and system-level barriers. Method: The Brief Relaxation, Education And Trauma Healing (BREATHE) was selected for adaptation based on a literature review of evidence-based target interventions. Purposeful sampling was used to recruit nine adolescent patients, two parents, and eight clinic staff (N = 19) for individual qualitative interviews focused on feasibility of implementation of a PTSD intervention delivered in an adolescent medicine primary care clinic that serves diverse patients with high trauma exposure. Audio recordings from</p>

							these interviews were transcribed and analyzed using inductive and directed a priori approaches related to the central research questions. Results: Participants provided feedback on the format and content of the BREATHE intervention to adapt the existing treatment to be feasible and sustainable in a primary care setting. Overall, participants thought the intervention was helpful and feasible and provided specific feedback for adaptation. Conclusion: This study developed the Primary Care Intervention for PTSD (PCIP) as a resource for improving PTSD care for adolescents in a primary care setting. Further studies will evaluate PCIP efficacy on PTSD symptomology. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Srivastava, Ankur; Green, Daniel; O'Brien, Rory P.; Parra, Luis A.; Schrager, Sheree M.; Goldbach, Jeremy T.	2024	A proposed taxonomy for categorizing sexual identities in adolescence	Psychology of Sexual Orientation and Gender Diversity			No Paginat on Specifie d-No Paginat on Specifie d	Assessing adolescent sexual identity is complicated, and contemporary sexual identities are gaining greater complexity and variation. However, current measures do not capture the diversity of contemporary identities among adolescents. Thus, our study utilized a large national data set of sexual minority adolescents aged 14–17 years (N = 2,558) in the United States to propose a taxonomy of sexual identities among adolescents. Participants responded to a close-ended sexual identity question, followed by an open-ended qualitative question. Using the steps outlined in content analysis procedures, two researchers independently coded the open-ended responses, which were then discussed to establish consensus. Coding of open-ended responses to the sexual identity question resulted in eight categories, with more than 25% of adolescents identifying with less common sexual identity labels. We further tested differences in sexual identity among responses to the close-ended question, sociodemographic characteristics, and mental health outcomes using chi-square and analysis of variance tests. We found overall differences in sexual identification by close-ended responses, age, and assigned sex at birth. However, we did not find any difference in sexual identity by race and ethnicity or urbanicity. We also found differences in sexual identity by mental health symptoms and suicidal outcomes, especially among respondents who identified with less common sexual identity labels. Findings from our study provide cutting-edge information on sexual identities that better captures the current state of adolescent sexual identity classification in the United States. Future research should employ this taxonomy of eight sexual identity categories to collect data that reflect contemporary evidence. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

<p>Stahlschmidt, Lorin; Rosenkranz, Florentina; Dobe, Michael; Wager, Julia</p>	<p>2020</p>	<p>Posttraumatic stress disorder in children and adolescents with chronic pain</p>	<p>Health Psychology</p>		<p>19 30- 78 10( Ele ctr oni c), 02 78- 61 33( Pri nt)</p>	<p>463- 470</p>	<p>Objective: Despite high comorbidity between posttraumatic stress disorder (PTSD) and chronic pain evident in adult populations, little research has been conducted in the pediatric population to assess this association. Therefore, this study aimed to estimate the prevalence of trauma and PTSD in pediatric patients with chronic pain. Additionally, investigation into whether the Child Report of Posttraumatic Symptoms (CROPS) is a valid PTSD screening tool for this patient population and identification of an appropriate clinical cutoff for screening PTSD was undertaken. Method: Data of N = 297 children and adolescents aged 8 to 17 years were collected during an intensive interdisciplinary pain treatment. At admission, patients self-reported pain characteristics and posttraumatic stress symptoms (assessed with the CROPS). During the inpatient stay, therapists completed a checklist that enabled a PTSD diagnosis according to criteria of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Results: Overall, 18.2% of the patients reported a trauma that met criterion A of DSM-5. Of those patients, approximately 59.3% had a PTSD diagnosis, equivalent to 10.8% of the whole sample. Overall, the CROPS demonstrated good reliability and validity in terms of internal consistency, item characteristics, and factor structure. Patients with PTSD had higher CROPS scores than patients without trauma. To identify patients with PTSD, a CROPS cutoff point of 21 is most appropriate in this population. Conclusions: This study demonstrated high prevalence of PTSD in children and adolescents with severe chronic pain. Regarding PTSD screening in this population, results revealed that valid PTSD assessment and identification of patients with PTSD seems possible despite overlapping symptoms. (PsycInfo Database Record (c) 2021 APA, all rights reserved)</p>
<p>Staples, Julie K.; Abdel Atti, Jamil Ahmed; Gordon, James S.</p>	<p>2011</p>	<p>Mind-body skills groups for posttraumatic stress disorder and depression symptoms in Palestinian children and adolescents in Gaza</p>	<p>International Journal of Stress Management</p>	<p>18</p>	<p>3</p>		<p>A mind-body skills group program was evaluated to determine its effects on symptoms of posttraumatic stress disorder (PTSD) and depression, and on hopelessness in children and adolescents in Gaza. The 10-session mind-body skills groups included meditation, guided imagery, breathing techniques, autogenic training, biofeedback, genograms, and self-expression through words, drawings, and movement. Data were analyzed from 129 children and adolescents meeting criteria for PTSD. Significant improvements in PTSD and depression symptoms and a significant decrease in a sense of hopelessness were observed immediately following participation in the program. At 7-month follow-up, the improvements in the total PTSD and depression scores were largely maintained and the</p>

							decreased sense of hopelessness was fully maintained despite ongoing violent conflict and economic hardship. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Staring, A. B. P.; van den Berg, D P G; Cath, D. C.; Schoorl, M.; Engelhard, I. M.; Korrelboom, C. W.	2016	Self-esteem treatment in anxiety: A randomized controlled crossover trial of Eye Movement Desensitization and Reprocessing (EMDR) versus Competitive Memory Training (COMET) in patients with anxiety disorders	Behaviour research and therapy	82		11-20	BACKGROUND AND PURPOSE: Little is known about treating low self-esteem in anxiety disorders. This study evaluated two treatments targeting different mechanisms: (1) Eye Movement Desensitization and Reprocessing (EMDR), which aims to desensitize negative memory representations that are proposed to maintain low self-esteem; and (2) Competitive Memory Training (COMET), which aims to activate positive representations for enhancing self-esteem. METHODS: A Randomized Controlled Trial (RCT) was used with a crossover design. Group 1 received six sessions EMDR first and then six sessions COMET; group 2 vice versa. Assessments were made at baseline (T0), end of first treatment (T1), and end of second treatment (T2). Main outcome was self-esteem. We included 47 patients and performed Linear Mixed Models. RESULTS: COMET showed more improvements in self-esteem than EMDR: effect-sizes 1.25 versus 0.46 post-treatment. Unexpectedly, when EMDR was given first, subsequent effects of COMET were significantly reduced in comparison to COMET as the first intervention. For EMDR, sequence made no difference. Reductions in anxiety and depression were mediated by better self-esteem. CONCLUSIONS: COMET was associated with significantly greater improvements in self-esteem than EMDR in patients with anxiety disorders. EMDR treatment reduced the effectiveness of subsequent COMET. Improved self-esteem mediated reductions in anxiety and depression symptoms.
Steele, Kathy; van der Hart, Onno	2011	Behandlung von Dissoziation					Die Behandlung von Dissoziationen basierend auf Techniken der kognitiven Verhaltenstherapie sowie dem "Eye Movement Desensitization and Reprocessing" (EMDR) wird beschrieben und an Fallbeispielen veranschaulicht. Einleitend wird zunächst die zentrale Rolle von traumabezogenen Phobien hervorgehoben, deren Behandlung im Folgenden in den Mittelpunkt gerückt werden. Anschließend werden für die Behandlung dissoziativer Störungen wichtige theoretische Modelle und Konzepte (Integration: Synthese und Realisation, Dissoziation und dissoziierte Persönlichkeitsanteile, Handlungssysteme und Dissoziation) dargelegt. Im Anschluss wird die phasenorientierte Behandlung mit folgenden Unterpunkten aufgezeigt: (1) Behandlungsziele, (2) Behandlungsprinzipien, (3) Phase 1: Symptomverringerung, Stabilisierung und Vermittlung von Fertigkeiten, (4) Behandlung von Phobien hinsichtlich Bindung und Bindungsverlust, (5) Behandlung von Phobien hinsichtlich

							traumabezogener mentaler Handlungen, (6) Behandlung von Phobien hinsichtlich dissoziierter Anteile, (7) Phase 2: Integration traumatischer Erinnerungen, (8) Behandlung unsicherer Bindungsbeziehungen zum Täter, (9) Behandlung von Phobien hinsichtlich traumatischer Erinnerungen, (10) Phase 3: Integration der Persönlichkeit und Rehabilitation.
Stefan, C.; Brodkorb, W.	1997	The therapy of a button phobia	Psychiatrische Praxis	24	6	308–309	
Steil, Regina; Fischer, Anne; Rosner, Rita	2021	Internationale und deutsche Leitlinien zur Behandlung der PTBS bei Kindern und Jugendlichen. Ein Überblick über aktuelle Empfehlungen	Kindheit und Entwicklung	30	3	154–163	Über die Hälfte aller Kinder und Jugendlichen erleben vor ihrem 18. Geburtstag ein potentiell traumatisierendes Ereignis. Entwickeln die Betroffenen in der Folge eine posttraumatische Belastungsstörung (PTBS), wirken sich die damit verbundenen Konsequenzen häufig bis ins Erwachsenenalter aus. Klinische Leitlinien unterstützen die Behandlerinnen und Behandler bei der Auswahl geeigneter Therapien, sind aufgrund variierender Methodik und unterschiedlicher Evidenzgrundlage aber mit Interpretationsschwierigkeiten verbunden. Vor diesem Hintergrund wird ein Überblick über aktuelle nationale und internationale Leitlinienempfehlungen gegeben. Als Methode erster Wahl zur Behandlung der PTBS bei Kindern und Jugendlichen wird übereinstimmend Psychotherapie in Form von Traumafokussierter Kognitiver Verhaltenstherapie (Tf-KVT) und teilweise auch Eye Movement Desensitization and Reprocessing (EMDR) empfohlen. Bezugspersonen sollen, wenn möglich, in die Behandlung einbezogen werden. Eine Pharmakotherapie wird nicht empfohlen. Forschungsbedarf wird in den Bereichen der Dissemination empirisch gestützter Behandlungen, EMDR, und der Behandlung komplexer PTBS festgestellt.
Steketee, G.; Chambless, D. L.; Tran, G. Q.	2001	Effects of axis I and II comorbidity on behavior therapy outcome for obsessive-compulsive disorder and agoraphobia	Comprehensive psychiatry	42	1	76–86	The impact of concurrent axis I diagnoses and axis II traits on the efficacy of a 22-session exposure-based treatment program for 43 outpatients with panic disorder and agoraphobia (PDA) and 63 with obsessive-compulsive disorder (OCD) was examined. Trained interviewers used the Structured Clinical Interview for DSM-III-R (SCID) to assess axis I diagnoses and the SCID-II to identify the number of axis II criteria met for anxious, dramatic, and odd clusters. Among axis I diagnoses, secondary major depressive disorder (MDD), dysthymia, social phobia, and generalized anxiety disorder (GAD) were present in sufficient numbers to study their effects on treatment outcome. Outcomes were assessed on self-rated target fears and functioning and on a behavioral avoidance test at post-treatment and at 6 months follow-up. Only GAD comorbidity predicted dropout, whereas MDD and all three personality cluster traits predicted post-



							treatment outcomes. Follow-up analyses showed significant effects of MDD and GAD, but axis II cluster criteria were not predictive.
Stenzel, Jörg	2019	EMDR bei akuter emotionaler Erregung. Fallbericht aus einer Justizvollzugsanstalt	Trauma & Gewalt	13	3	202–212	Der Fallbericht beschreibt die Erfahrungen mit einer experimentellen Anwendung von EMDR außerhalb einer traumaspezifischen Behandlung. Der Einsatz der EMDR-Methode erfolgte in einer therapeutischen Situation, in der der Patient unter emotional hoher Erregung stand und für allgemeine verhaltenstherapeutische Interventionen kaum noch erreichbar erschien. Der Bericht vermittelt außerdem Eindrücke aus der therapeutischen Arbeit im Rahmen einer Justizvollzugsanstalt (JVA) als externer Mitarbeiter.
Stephan, Michael	2016	EMDR in der Psychotherapie: Einsatzmöglichkeiten, Wirksamkeit und Begrenzungen	PSYCH up2date	10	4	327–336	Möglichkeiten und Grenzen des Einsatzes von EMDR (Eye Movement Desensitization and Reprocessing) in der Psychotherapie werden beleuchtet. Nach einer Definition des Verfahrens und der psychophysiologischen Grundlagen wird die Durchführung von EMDR bei der Behandlung von Traumafolgestörungen erläutert. In einem Einblick in das Vorgehen zur Traumakonfrontation werden acht aufeinander aufbauende Phasen der Behandlung beschrieben: Anamnese und Behandlungsplanung, Vorbereitung, Auswahl und Bewertung der Erinnerungen, Desensibilisierung und Durcharbeitung, Verankerung, Körpertest, Abschluss und Nachbefragung. An kurzen Fallbeispielen wird das therapeutische Vorgehen skizziert. Anschließend werden Befunde zur Wirksamkeit von EMDR in der Traumatherapie berichtet, Möglichkeiten der Nutzung von EMDR in der Behandlung anderer psychischer Störungen diskutiert und Voraussetzungen für eine erfolgreiche Behandlung sowie Kontraindikationen dargestellt.
Stewart, Regan W.; Orengo-Aguayo, Rosaura; Young, John; Wallace, Megan M.; Cohen, Judith A.; Mannarino, Anthony P.; Arellano, Michael A. de	2020	Feasibility and effectiveness of a telehealth service delivery model for treating childhood posttraumatic stress: A community-based, open pilot trial of trauma-focused cognitive-behavioral therapy		30	2		Telepsychotherapy (also referred to as telehealth or telemental health), the use of videoconferencing to deliver psychotherapy services, offers an innovative way to address significant gaps in access to care and is being used to deliver a variety of treatments for youth. Although recent research has supported the effectiveness of telehealth delivery of a variety of interventions for children, the literature has focused very little on childhood posttraumatic stress disorder. This pilot study examined the feasibility and potential effectiveness of trauma-focused cognitive-behavioral therapy (TF-CBT) delivered via telepsychotherapy in community-based locations of either schools or patient homes. Telepsychotherapy treatment was delivered to 70 trauma-exposed youth in 7 underserved communities. Of these, 88.6% completed a full course of TF-CBT and 96.8% of these treatment completers no longer met diagnostic criteria for a trauma-related disorder at posttreatment. Results demonstrated clinically

							<p>meaningful symptom change posttreatment, with large effect sizes evident for both youth- and caregiver-reported reduction in posttraumatic stress disorder symptoms. The results observed in this pilot evaluation are promising and provide preliminary evidence of the feasibility and effectiveness of this novel treatment format. The COVID-19 global pandemic has resulted in an unprecedented need to rethink how mental health services are delivered, which is particularly applicable to high base rate conditions related to posttraumatic stress. Given the existing network of nationally certified TF-CBT therapists, and many international TF-CBT therapists, these findings suggest the potential for providing effective and accessible telepsychotherapy intervention during this public health crisis (as well as those that will occur in the future). (PsyInfo Database Record (c) 2024 APA, all rights reserved)</p>
Stickgold, Robert	2002	EMDR: A putative neurobiological mechanism of action	Journal of clinical psychology	58	1	61–75	<p>Abstract Numerous studies have provided evidence for the efficacy of eye movement desensitization and reprocessing therapy (EMDR) in the treatment of posttraumatic stress disorder (PTSD), including recent studies showing it to be more efficient than therapist-directed flooding. But few theoretical explanations of how EMDR might work have been offered. Shapiro, in her original description of EMDR, proposed that its directed eye movements mimic the saccades of rapid eye movement sleep (REM), but provided no clear explanation of how such mimicry might lead to clinical improvement. We now revisit her original proposal and present a complete model for how EMDR could lead to specific improvement in PTSD and related conditions. We propose that the repetitive redirecting of attention in EMDR induces a neurobiological state, similar to that of REM sleep, which is optimally configured to support the cortical integration of traumatic memories into general semantic networks. We suggest that this integration can then lead to a reduction in the strength of hippocampally mediated episodic memories of the traumatic event as well as the memories' associated, amygdala-dependent, negative affect. Experimental data in support of this model are reviewed and possible tests of the model are suggested. ? 2002 John Wiley &amp; Sons, Inc. J Clin Psychol 58: 61?75, 2002.</p>
Stienen, Jochem	2007	EMDR und innere Aufstellungsarbeit in Trance					<p>Im Video wird über einen Workshop berichtet, der die Kombination der Traumatherapiemethode EMDR mit Ericksonscher Trancearbeit demonstriert. Es wird erläutert, dass die beiden Methoden zusammen mit dem systemischen Wissen der Aufstellungsarbeit zusammen ein kraftvolles Instrument zur Auflösung chronischer Blockaden bilden. Besonders geeignet sei die Vorgehensweise auch für das Lösen von</p>

							karmischen Verstrickungen. Der Referent vermittelt, wie in einem längeren Tranceprozess Lösungen gelingen.
Stimmel, Matthew A.; Cruise, Keith R.; Ford, Julian D.; Weiss, Rebecca A.	2014	Trauma exposure, posttraumatic stress disorder symptomatology, and aggression in male juvenile offenders	Psychological trauma : theory, research, practice and policy	6	2	184–191	Juvenile offenders have a high prevalence of trauma exposure and posttraumatic stress disorder (PTSD) symptoms, as well as aggressive behavior. However, relationships between exposure to different specific types of traumatic events, PTSD symptoms, and aggression have not been systematically investigated. Subgroups of male juvenile offenders were identified based on their self-reported exposure to different types of traumatic events. Male juvenile offenders who endorsed multiple types of trauma exposure or traumatic exposure involving violence endorsed higher levels of PTSD symptomatology but not self-reported aggression. In addition, meeting the DSM-IV PTSD diagnosis Criterion A for traumatic exposure was associated with more severe emotional and behavioral problems in the youth who were exposed to community violence. Implications for theory and research on violent trauma and polyvictimization, and the use of self-report trauma history and PTSD measures for screening, with youth involved in the juvenile justice system, are discussed. (PsyInfo Database Record (c) 2020 APA, all rights reserved)
Stingl, Markus; Hanewald, Bernd; Kruse, Johannes; Sack, Martin	2021	Positive side effects in trauma-focusing PTSD treatment: Reduction of attendant symptoms and enhancement of affective and structural regulation	Psychological Trauma: Theory, Research, Practice, and Policy	13	6	713–721	Objective: Trauma-focusing treatments such as eye movement desensitization and reprocessing (EMDR) are highly effective in reducing the core symptoms of posttraumatic stress disorder (PTSD), for example, intrusive memories and flashbacks, hyperarousal, and avoidance. Additionally, suffering from PTSD is often accompanied by a broader set of mental comorbidities and complaints such as depression, anxiety disorders or somatization, and disturbed self-regulation abilities. According to the Adaptive Information Processing model (Shapiro, 2001), the processing of pathogenic memories can help not only to reduce the PTSD symptoms but also accompanying complaints additionally. Method: In an eye movement desensitization and reprocessing treatment study of 116 patients suffering from PTSD, we targeted the course of additional symptoms and structural skills using the Symptom Checklist-90 SCL-90, Beck Depression Inventory, Toronto Alexithymia Scale-20, and Hannover Selbstregulationsinventar in a pre-post design. Results: The results showed that apart from alleviating the PTSD symptoms, exposure-based treatment of pathogenic memories led to a significant decrease in accompanying symptoms such as depression, anxiety, and somatization. Furthermore, patients improved their structural abilities with regard to emotional perception and differentiation, controlling impulses, tolerating frustration, and regulating self-esteem.

							Conclusion: PTSD core symptoms and comorbid complaints are closely interlinked and can be seen as a traumatic-stress cluster, which is accompanied by significant impairments in self- and emotion regulation. Therefore, treatment concepts should explicitly foster emotional processing and structural abilities to target the posttraumatic stress responses entirely.
Stingl, Markus; Sammer, Gebhard; Hanewald, Bernd; Zinsser, Franziska; Tucha, Oliver; Pape, Valeska Reichel	2022	Constant installation of present orientation and safety (CIPOS) - subjective and physiological effects of an ultrashort-term intervention combining both stabilizing and confrontational elements	Frontiers in Psychology, 2022				Objectives: Constant Installation of Present Orientation and Safety (CIPOS) is a Eye Movements Desensitization and Reprocessing (EMDR)-derived technique, which is often used to prepare for the treatment of post-traumatic stress disorder (PTSD). It differs from the latter by involving cyclically recurring exercises in reorientation to the present, interspersed between brief periods of exposure to the traumatic material. While EMDR is well established as a therapeutic method, the efficacy and mechanisms of action of CIPOS have not been investigated so far. In this pilot study, an experimental setting was used to record the subjective and physiological effects of the CIPOS intervention compared to a control condition with pure mental exposition. Methods: The study was performed on 30 healthy volunteers aged from 20 to 30 years. Distress was induced using audio files of subjectively stressful situations. Subjective distress was measured via the Subjective Units of Distress Scale (SUD), while physiological indicators (noise-induced startle reflex, skin conductance level) were used as measures for objective stress. For each condition, pre- and post-intervention comparisons were calculated. Results: In both groups, startle reflex potentiation and mean skin conductance level significantly decreased. In the group with CIPOS intervention, but not in the control group, a significant decrease in the SUD value was found. Conclusion and significance: The results show that the CIPOS technique is as effective as pure mental exposition in reducing physiological stress. In addition, a superiority in reducing subjective distress (indicating a simplified reassessment of the stressful material) was found compared to pure mental exposition. Possible explanations of these effects are discussed.
Stippel, Andrea E.; Krischer, Maya K.; Lehmkuhl, Gerd	2008	Treatment of an 11-year-old child with elements of the dialectical behavioral therapy for adolescents	Zeitschrift für Kinder- und Jugendpsychiatrie und Psychotherapie	36	5	353–356	When a psychiatric disorder during childhood is on the verge of becoming chronic despite intensive early and guideline-based psychotherapy, the diagnostic classification according to research results ought to be reconsidered. By means of this case review it should be discussed which diagnostic and therapeutic procedure is appropriate, taking into account the stage of development and the pathology of the patient. This paper encourages sharpening the eye

							towards phenomena that--with respect to some disorders--can easily be ignored and be misinterpreted as typically conflict neurotic.
Stoppelbein, Laura; McRae, Elizabeth; Greening, Leilani	2017	A longitudinal study of hardiness as a buffer for posttraumatic stress symptoms in mothers of children with cancer	Clinical Practice in Pediatric Psychology	5	2	149–160	Mothers of children diagnosed with cancer have been found to be at a heightened risk for posttraumatic stress symptoms (PTSS). In an effort to identify a potential buffer, hardiness was examined as a protective factor for PTSS among mothers of children that were diagnosed with cancer in the past 2 weeks. Using a prospective design, mothers completed measures of PTSS and hardiness at the time of their child's cancer diagnosis and then again at 6 and 12 months postdiagnosis. Random effects regression analyses revealed that mothers who scored high on hardiness were less likely to experience PTSS after controlling for the effect of time. PTSS cluster-specific relations with hardiness were also examined, which revealed that mothers who scored high on hardiness experienced fewer avoidance/numbing symptoms at the time of their child's diagnosis of cancer and across 12 months, but mothers who scored low on hardiness tended to experience more avoidance/numbing symptoms at the time of their child's diagnosis. However, these symptoms declined gradually over the course of 12 months. The present findings support examining hardiness further as a buffer against specific PTSS clusters and exploring options for identifying and treating mothers of children with cancer that may be at risk for PTSS. (PsyInfo Database Record (c) 2020 APA, all rights reserved)
Storch, Eric A.; Bagner, Daniel M.; Geffken, Gary R.; Adkins, Jennifer W.; Murphy, Tanya K.; Goodman, Wayne K.	2007	Sequential cognitive-behavioral therapy for children with obsessive-compulsive disorder with an inadequate medication response: a case series of five patients	Depression and anxiety	24	6	375–381	Few data have been reported on the efficacy of cognitive-behavioral therapy (CBT) for youth with obsessive-compulsive disorder (OCD) who have not responded to prior treatment with medication. Given this, we report an open trial of CBT for children who have remained symptomatic following medication trials. Five children with OCD who had an inadequate response to psychotropic medications (e.g., limited response and/or unable to be titrated to a complete dose due to side effects) received treatment in a 3-week intensive CBT program. Assessments were conducted at baseline and after treatment. All participants were classified as treatment responders (much improved or very much improved) and the severity of clinician-rated OCD symptoms and impairment significantly decreased after the intervention. Although a number of limitations of this preliminary report exist, this study provides preliminary support for the utility of an intensive intervention for youth with OCD who have had an inadequate response and/or adverse side effects.
Storch, Eric A.; Lehmkuhl, Heather;	2008	Aripiprazole augmentation of incomplete treatment response	Depression and anxiety	25	2	172–174	We report the case of adolescent male with obsessive-compulsive disorder (OCD) who had an incomplete response to combined

Geffken, Gary R.; Touchton, Alexis; Murphy, Tanya K.		in an adolescent male with obsessive-compulsive disorder					cognitive-behavioral therapy (CBT) and sertraline before successful augmentation of CBT with aripiprazole. Standardized assessments indicated significant reductions in OCD symptomatology associated with both initial treatment and aripiprazole augmentation. This case suggests that aripiprazole may have utility as an augmenting agent of CBT in adolescents with OCD and underscores the need for conducting controlled studies to test this hypothesis.
Storch, Eric A.; Mariaskin, Amy; Murphy, Tanya K.	2009	Psychotherapy for obsessive-compulsive disorder	Current psychiatry reports	11	4	296–301	Cognitive-behavioral therapy (CBT) with exposure and response prevention is a first-line intervention for adult and childhood obsessive-compulsive disorder. Methodologically rigorous controlled trials have suggested that benefits from CBT exceed those from placebo and attention-control conditions and have similar or greater efficacy than serotonergic monotherapy. This article reviews the nature of CBT and associated outcome data, highlighting recent empiric findings in the treatment literature.
Stover, Carla Smith; Hahn, Hilary; Im, Jamie J. Y.; Berkowitz, Steven	2010	Agreement of parent and child reports of trauma exposure and symptoms in the early aftermath of a traumatic event	Psychological trauma : theory, research, practice and policy	2	3	159–168	[Correction Notice: An erratum for this article was reported in Vol 2(4) of Psychological Trauma: Theory, Research, Practice, and Policy (see record 2010-22173-001). The article contained an incorrect DOI. The correct DOI is as follows: <a href="http://dx.doi.org/10.1037/a0019156">http://dx.doi.org/10.1037/a0019156</a> . The online version has been corrected.] [Correction Notice: An erratum for this article was reported in of Psychological Trauma: Theory, Research, Practice, and Policy (see record 2010-22173-001). The article contained an incorrect DOI. The correct DOI is as follows: <a href="http://dx.doi.org/10.1037/a0019156">http://dx.doi.org/10.1037/a0019156</a> . The online version has been corrected.] Exposure to violence and potentially traumatic events (PTEs) is a common experience among children and youth. The assessment of necessary intervention relies upon parental acknowledgment of exposure and recognition of their child's distress. Early interventions and treatment are most effective when parents are aware of the nature of the traumatic exposure, understand their child's symptomatic response, and are intimately involved in the treatment process. The present study investigated concordance between parents and exposed children on child trauma history, the subjective report of the impact of the traumas experienced, and presence of posttraumatic stress disorder (PTSD) symptoms. Agreement between parent and child report of traumas experienced was nonsignificant for serious accidents, separation from significant others, and physical assaults. Nonsignificant agreement was also found for avoidance and hyperarousal symptoms of PTSD. Correlations were not significant between parent and child report of the impact of traumas both at the time of the incident and at the time of the interview.

							Recommendations are suggested for helping parents improve their capacity to understand the potential impact of exposure on the child's psychological functioning. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Straker, Gillian	2013	Continuous traumatic stress: Personal reflections 25 years on	Peace and Conflict: Journal of Peace Psychology	19	2	209–217	This article seeks to place the concept of continuous traumatic stress (CTS) in its historical context and revisit the debates that shaped its genesis. It explores the implications for treatment of a very particular context of CTS—civil conflict, the context that first shaped the term. This exploration focuses on therapists and the structure of therapy. It complements other articles in this edition that focus on direct victims and survivors. It introduces the idea that beneficiaries and bystanders may be affected by exposure to contexts of CTS, but makes it clear that these effects cannot be conflated with the effects on the victim. In the light of article in this edition, the present article addresses the question of the place of CTS in the field of traumatic stress. It stresses the meaning of CTS as context specific, and, as such, conceptualizes CTS as an overarching concept that can encompass a number of the complicated trauma conditions described in the literature. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Stramrood, Claire A.I.; van der Velde, Janneke; Doornbos, Bennard; Marieke Paarlberg, K.; Weijmar Schultz, Willibrord C.M.; van Pampus, Maria G.	2012	The Patient Observer: Eye-Movement Desensitization and Reprocessing for the Treatment of Posttraumatic Stress following Childbirth	Birth	39	1	70–76	Abstract:? Background:? No standard intervention with proved effectiveness is available for women with posttraumatic stress following childbirth because of insufficient research. The objective of this paper was to evaluate the possibility of using eye-movement desensitization and reprocessing treatment for women with symptoms of posttraumatic stress disorder following childbirth. The treatment is internationally recognized as one of the interventions of choice for the condition, but little is known about its effects in women who experienced the delivery as traumatic. Methods:? Three women suffering from posttraumatic stress symptoms following the birth of their first child were treated with eye-movement desensitization and reprocessing during their next pregnancy. Patient A developed posttraumatic stress symptoms following the lengthy labor of her first child that ended in an emergency cesarean section after unsuccessful vacuum extraction. Patient B suffered a second degree vaginal rupture, resulting in pain and inability to engage in sexual intercourse for years. Patient C developed severe preeclampsia postpartum requiring intravenous treatment. Results:? Patients received eye-movement desensitization and reprocessing treatment during their second pregnancy, using the standard protocol. The treatment resulted in fewer posttraumatic stress symptoms and more confidence about their pregnancy and upcoming delivery compared

							with before the treatment. Despite delivery complications in Patient A (secondary cesarean section due to insufficient engaging of the fetal head); Patient B (second degree vaginal rupture, this time without subsequent dyspareunia); and Patient C (postpartum hemorrhage, postpartum hypertension requiring intravenous treatment), all three women looked back positively at the second delivery experience. Conclusions: Treatment with eye-movement desensitization and reprocessing reduced posttraumatic stress symptoms in these three women. They were all sufficiently confident to attempt vaginal birth rather than demanding an elective cesarean section. We advocate a large-scale, randomized controlled trial involving women with postpartum posttraumatic stress disorder to evaluate the effect of eye-movement desensitization and reprocessing in this patient group. (BIRTH 39:1 March 2012)
Strauß, Jochen-Wolf	2006	EMDR in der Behandlung chronischer Schmerzsyndrome					Ausgehend von derzeitigen Erkenntnissen der Neurologie und Psychotraumatologie über Schmerz und Schmerzbehandlung werden Vorschläge für die Behandlung von Schmerzpatienten abgeleitet. Der Einsatz psychotherapeutischer Techniken, insbesondere der Verfahren "Eye Movement Desensitization and Reprocessing" (EMDR) und "Conflict Imagination, Painting and Bilateral Stimulation" (CIPBS) bei der Behandlung chronischer Schmerzpatienten wird befürwortet. Neuere Befunde und Überlegungen zur Entstehung und Aufrechterhaltung chronischer Schmerzen werden zusammen gefasst. Hieraus wird die Anwendung von Interventionen abgeleitet. Ausgehend von den grundlegenden Überlegungen von F. Shapiro werden die Aussagen in neurobiologische Annahmen eingebettet. Es werden Erklärungsmodelle dafür geliefert, warum eine Arbeit an den bewussten und unbewussten Formationen der Lebensgeschichte eines Individuums zu einer Reduktion des Schmerzerlebens führen soll. Es wird auf die Entstehungsgeschichte psychogener Schmerzen eingegangen. Unterschiedliche Schmerzsyndrome werden voneinander abgehoben und klinische Implikationen werden beschrieben. Die Überlegungen werden mit Hilfe von Daten aus der Heidelberger Schmerzstudie begründet.
Streeck-Fischer, Annette	2005	Traumaexposition bei Jugendlichen? Ein Fallbeispiel	Persönlichkeitsstörungen - Theorie und Therapie	9	1	22-29	Die Frage, ob Jugendliche mit schweren Posttraumatischen Belastungsstörungen, eingebettet in eine Psychotherapie, einer EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung ausgesetzt werden sollten, wird grundsätzlich bejaht. Infolge der adoleszenzspezifischen Konflikte, die sich um Autonomie- und Eigenständigkeitsbestrebungen ranken, die mit Sprachlosigkeit und gehandelten Mitteilungen verbunden sind, und der instabilen



							Lebenssituation, in der sich solche Jugendliche in der Regel befinden, sind zunächst therapeutische Schritte der Stabilisierung und des Ausbaus von Ressourcen notwendig. Die Traumaexposition mit EMDR kommt nicht immer in der Form zur Geltung, wie es wünschenswert wäre, weil sich die Bewältigung aktueller Aufgaben und Konflikte in den Vordergrund schiebt. Anhand eines Fallbeispiels (17-jährige Patientin) wird die Problematik verdeutlicht.
Street, L. M.; Harris, L.; Curry, R. S.; Eisenach, J. C.	2019	Capsaicin-induced pain and sensitisation in the postpartum period	British journal of anaesthesia	122	1	103–110	BACKGROUND: Recovery from Caesarean delivery in women and surgical nerve injury in animals after delivery is more rapid than expected, an effect reversed in animals by spinal injection of an oxytocin receptor antagonist. We hypothesised that endogenous modulation of acute pain is altered postpartum. METHODS: Endogenous inhibition of acute pain in a conditioned pain modulation paradigm or endogenous sensitisation by topical capsaicin was tested in women who were breastfeeding 10-14 days after Caesarean delivery and age-matched controls (n=80 total: 20 per group and 20 per test). The study was powered to detect a difference in area of hyperalgesia after capsaicin of 33%. Capsaicin-evoked pain was recorded in women, and capsaicin-evoked mechanical hypersensitivity was measured in rats 48 h after delivery and in age-matched female and male animals. RESULTS: There was no effect of the postpartum period in the endogenous sensitisation assay in women, and the conditioned pain modulation assay failed to produce analgesia in either group. Postpartum women, however, reported less intense pain than controls at the end of topical capsaicin exposure (1.3 [1.4] vs 2.0 [2.0] on 0-10 verbal scale), and acute hypersensitivity after capsaicin was less in postpartum than control rats (withdrawal threshold 25 [15] vs 3.6 [1] g). CONCLUSIONS: These results agree with a recent report that oxytocin may desensitise the transient receptor potential for vanilloid-1 channel, although other explanations, including hormone effects, are possible. These results do not, however, support the inhibition of capsaicin-evoked spinal sensitisation in the postpartum period. CLINICAL TRIAL REGISTRATION: NCT01843517.
Strenge, Hans	2016	Zur Beziehung von EMDR und Augenbewegungen - Eine Analyse der aktuellen neurobiologischen Studienlage	Psychotherapie, Psychosomatik, Medizinische Psychologie	66	8	307–315	EMDR (Eye Movement Desensitization and Reprocessing) ist eine wirksame Behandlungsmethode für Patienten mit posttraumatischen Belastungsstörungen. Die klassische Technik des EMDR kombiniert die Aktivierung belastender Erinnerungen mit geführten rhythmischen Augenbewegungen. Vorgelegt wird ein Überblick über den aktuellen Forschungsstand zu den neurobiologischen Korrelaten der beim EMDR aktivierten Augenbewegungen. Die Klassifizierung in Sakkaden und langsame Augenfolgebewegungen erlaubt detaillierte Analysen zu

							okulomotorischen Verknüpfungen mit zerebralen Netzwerken der Domänen Aufmerksamkeit, Gedächtnis und Emotionen. Mögliche Konsequenzen für Forschung und klinische Anwendung des EMDR werden diskutiert.
Stuck, Boris A.; Fadel, Victor; Hummel, Thomas; Sommer, J. Ulrich	2014	Subjective olfactory desensitization and recovery in humans	Chemical senses	39	2	151–157	Adaptation to smells is a well-known phenomenon and appears to be one of the major characteristics of olfaction. However, no standardized protocols for the psychophysical measurement of olfactory adaptation and recovery are available to date. Twenty normosmic participants were included. Hydrogen sulfide (H <sub>2</sub> S) and phenylethyl alcohol were used in different concentrations based on air dilution olfactometry. Volunteers were exposed to a constant flow of odorous air until perception disappeared completely. For testing recovery, the volunteers were exposed to a reference stimulus following complete self-desensitization with the same odor. The subjects were then again exposed to the same odorant after recovery periods of different lengths and instructed to rate stimulus intensity. The time to complete desensitization increased with increasing stimulus concentration for both odorants. Subjects desensitized more rapidly using H <sub>2</sub> S. Olfactory adaptation led to a reduction in stimulus intensity for the subsequent identical stimulation. Longer recovery periods resulted in increased intensity of the subsequent stimulus independent of the stimulus used. The results confirm current knowledge regarding the dynamics of olfactory adaptation and demonstrate differences in olfactory desensitization between the 2 odorants used. Olfactory recovery was independent of the odorant used, indicating that olfactory recovery after complete desensitization may be a uniform process.
Suarez-Morales, Lourdes; Mena, Maite; Schlaudt, Victoria A.; Santisteban, Daniel A.	2017	Trauma in Hispanic youth with psychiatric symptoms: Investigating gender and family effects	Psychological trauma : theory, research, practice and policy	9	3	334–343	Objective: Hispanic youth in the general community experience traumatic events and display symptoms of psychological distress more frequently than do Caucasian youth. However, little is known about how traumatic experiences in this ethnic minority population relate to psychopathology in clinical samples and whether these outcomes vary by gender and are impacted by family functioning. We hypothesized that traumatic stress reactions, including posttraumatic stress disorder (PTSD) and internalizing and externalizing symptoms, would vary by gender and by family functioning in a clinical sample of Hispanic youth. Method: The current study utilized baseline data from a randomized clinical trial (RCT) involving 200 Hispanic adolescents (122 boys and 78 girls) referred to treatment for experiencing clinical symptoms of 1 or more behavioral disorders and conflictual family relations. The rate of traumatic events, differences in outcomes

							depending on trauma exposure, and the effects gender, family functioning, and trauma on psychopathology and PTSD symptoms were examined. Results: Analyses revealed that 61% of Hispanic youth in this clinical sample experienced at least 1 traumatic event. Although only 12% of the sample reported PTSD scores in the clinical range, girls reported higher PTSD scores than did boys. Poor family cohesion was particularly detrimental to girls compared with boys and related to internalizing and PTSD symptoms. High family conflict predicted PTSD symptoms in boys but not in girls. Conclusions: These findings have clinical implications for working with Hispanic populations, suggesting that culturally sensitive interventions should incorporate family-based interventions for individuals who experience trauma to strengthen family bonds and decrease family conflict. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Sugimoto, Atsunori; Suzuki, Yutaro; Endo, Taro; Matsumoto, Keita; Sugiyama, Toshiro; Someya, Toshiyuki	2015	Efficacy of atomoxetine for symptoms of attention-deficit/hyperactivity disorder in children with a history of child abuse	Journal of child and adolescent psychopharmacology	25	3	269–271	OBJECTIVE: Recent studies suggest that the severity and drug response of depression and anxiety are correlated with childhood abuse. However, whether a history of child abuse can predict the severity and/or drug response of attention-deficit/hyperactivity disorder (ADHD) is unclear. Therefore, we conducted a retrospective study to assess the efficacy of atomoxetine in children with a history of child abuse. METHODS: We reviewed 41 cases of children treated with atomoxetine. Specifically, we compared dissociation associated symptoms (DAS) and other symptoms (OS) measured via the ADHD Rating Scale (ADHD-RS) in abused and nonabused children at baseline and at 8 weeks after atomoxetine administration. RESULTS: At baseline, abused children had higher total scores (38.7±9.3 vs. 30.5±9.4, p=0.011), and greater levels of hyperactivity/impulsivity (17.3±5.8 vs. 11.3±6.0, p=0.004) on the ADHD-RS than did nonabused children, whereas the inattention scores were similar between the two groups (21.4±4.8 vs. 19.2±4.6). Additionally, the total score and the two subscores decreased at week 8 for both groups. In the nonabused group, DAS (5.5±2.3 vs. 3.9±1.7, p<0.001) and OS (25.0±8.1 vs. 17.4±6.7, p<0.001) significantly decreased after atomoxetine treatment. However, DAS in the abused group did not change after atomoxetine treatment (5.9±2.3 vs. 5.1±1.8), whereas OS significantly decreased (32.8±7.6 vs. 25.7±7.2, p=0.002). CONCLUSIONS: If DAS were caused by traumatic experiences in abused children, trauma treatment tools other than pharmacotherapy might be useful to treat DAS. These tools may include eye movement desensitization and reprocessing and trauma-focused cognitive behavioral therapy.

Sugiyama, Toshiro	2018	Ego-state Therapy: Psychotherapy for Multiple Personality Disorders	Nihon eiseigaku zasshi. Japanese journal of hygiene	73	1	62–66	The author describes ego-state therapy. This psychotherapy is used for treating multiple personality disorders. The author mentions the theoretical background of this method, and practical points. Initially, ego-state therapy was developed as a type of hypnotherapy, but it evolved as a safe therapeutic method in combination with trauma processing therapies. The author presents a case study, and discusses the clinical significance of this treatment.
Sun, Rui; Zhou, Xiao	2023	Differences in posttraumatic stress disorder networks between young adults and adolescents during the COVID-19 pandemic	Psychological trauma : theory, research, practice and policy	15	Su ppl 1	S29-S36	Objective: Posttraumatic stress disorder (PTSD) has been frequently reported during the COVID-19 pandemic. Although there is evidence for age differences in PTSD symptoms, many studies assume that PTSD is a latent entity and overlook such differences. To address this gap, the aim of this study was to use network analysis to examine and compare PTSD symptom networks across different ages. Method: During the COVID-19 pandemic, 1,153 young adults and 683 adolescents were selected to complete self-report questionnaires. Results: Two networks shared core symptoms (e.g., exaggerated startle response and irritability) in the arousal cluster. A network comparison test indicated that the young adult network was significantly stronger than the adolescent network. Except for exaggerated startle response and lack of positive emotion, symptoms in the young adult network exhibited higher centrality than in the adolescent network. Conclusions: An age difference in PTSD at the symptom level and provide practical evidence that could inform mental health interventions after the COVID-19 pandemic. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Sun, Shufang; Crooks, Natasha; DiClemente, Ralph J.; Sales, Jessica M.	2020	Perceived neighborhood violence and crime, emotion regulation, and PTSD symptoms among justice-involved, urban African-American adolescent girls	Psychological trauma : theory, research, practice and policy	12	6	593–598	Objective: African-American adolescent girls in urban areas are overrepresented in the juvenile justice system, and they are also disproportionately impacted by neighborhood violence and crime (NVC), which has been shown to positively associate with posttraumatic stress disorder (PTSD) symptoms. Guided by an ecological (individual X context) perspective, the present study aimed to examine the main and interactive effects of perceived NVC and emotion regulation (ER) strategies in a sample of justice-involved, urban African-American adolescent girls (n = 85) following their release from detention centers. Method: We investigated this research question longitudinally. Multiple linear regression models were conducted. PTSD symptoms at 3 months after release was used as the outcome variable, predicted by ER strategies, perceived NVC, and their interactions before release, controlling for PTSD symptoms and a brief screening of trauma events assessed before release. Simple slope analysis was used to probe significant interaction terms.

							Results: The main effects of perceived NVC and dysfunctional ER were significant. A significant interaction effect was found between perceived NVC and internal dysfunction ER at baseline to predict PTSD symptoms at 3 months after release. High levels of internal dysfunctional ER intensified the positive association of baseline perceived NVC and PTSD symptoms. Conclusions: Justice-involved African-American adolescent girls who report high NVC and use dysfunctional ER strategies are particularly vulnerable to the development of PTSD symptoms. Interventions with this population may benefit from targeting dysfunctional ER strategies to mitigate or prevent neighborhood violence related PTSD symptoms. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Suomi, Aino; Evans, Lynette; Rodgers, Bryan; Taplin, Stephanie; Cowlshaw, Sean	2019	Couple and family therapies for post-traumatic stress disorder (PTSD)	The Cochrane database of systematic reviews	12	12	CD011257	<p><b>BACKGROUND</b> Post-traumatic stress disorder (PTSD) refers to an anxiety or trauma- and stressor-related disorder that is linked to personal or vicarious exposure to traumatic events. PTSD is associated with a range of adverse individual outcomes (e.g. poor health, suicidality) and significant interpersonal problems which include difficulties in intimate and family relationships. A range of couple- and family-based treatments have been suggested as appropriate interventions for families impacted by PTSD.</p> <p><b>OBJECTIVES</b> The objectives of this review were to: (1) assess the effects of couple and family therapies for adult PTSD, relative to 'no treatment' conditions, 'standard care', and structured or non-specific individual or group psychological therapies; (2) examine the clinical characteristics of studies that influence the relative effects of these therapies; and (3) critically evaluate methodological characteristics of studies that may bias the research findings.</p> <p><b>SEARCH METHODS</b> We searched MEDLINE (1950- ), Embase (1980- ) and PsycINFO (1967- ) via the Cochrane Common Mental Disorders Controlled Trials Register (CCMDCTR) to 2014, then directly via Ovid after this date. We also searched the Cochrane Central Register of Controlled Trials (CENTRAL) via the Cochrane Library. We conducted supplementary searches of PTSDpubs (all available years) (this database is formerly known as PILOTS (Published International Literature on Traumatic Stress)). We manually searched the early editions of key journals and screened the reference lists and bibliographies of included studies to identify other relevant research. We also contacted the authors of included trials for unpublished information. Studies have been</p>

						<p>incorporated from searches to 3 March 2018.</p> <p><b>SELECTION CRITERIA</b> Eligible studies were randomised controlled trials (RCTs) of couple or family therapies for PTSD in adult samples. The review considered any type of therapy that was intended to treat intact couples or families where at least one adult family member met criteria for PTSD. It was required that participants were diagnosed with PTSD according to recognised classification systems.</p> <p><b>DATA COLLECTION AND ANALYSIS</b> We used the standard methodological procedures prescribed by Cochrane. Three review authors screened all titles and abstracts and two authors independently extracted data from each study deemed eligible and assessed the risk of bias for each study. We used odds ratios (OR) to summarise the effects of interventions for dichotomous outcomes, and standardised mean differences (SMD) to summarise post-treatment between-group differences on continuous measures.</p> <p><b>MAIN RESULTS</b> We included four trials in the review. Two studies examined the effects of cognitive behavioural conjoint/couple's therapy (CBCT) relative to a wait list control condition, although one of these studies only reported outcomes in relation to relationship satisfaction. One study examined the effects of structural approach therapy (SAT) relative to a PTSD family education (PFE) programme; and one examined the effects of adjunct behavioural family therapy (BFT) but failed to report any outcome variables in sufficient detail - we did not include it in the meta-analysis. One trial with 40 couples (80 participants) showed that CBCT was more effective than wait list control in reducing PTSD severity (SMD -1.12, 95% CI -1.79 to -0.45; low-quality evidence), anxiety (SMD -0.93, 95% CI -1.58 to -0.27; very low-quality evidence) and depression (SMD -0.66, 95% CI -1.30 to -0.02; very low-quality evidence) at post-treatment for the primary patient with PTSD. Data from two studies indicated that treatment and control groups did not differ significantly according to relationship satisfaction (SMD 1.07, 95% CI -0.17 to 2.31; very low-quality evidence); and one study showed no significant differences regarding depression (SMD 0.28, 95% CI -0.35 to 0.90; very low-quality evidence) or anxiety symptoms (SMD 0.15, 95% CI -0.47 to 0.77; very low-quality evidence) for the partner of the patient with PTSD. One trial with 57 couples (114 participants) showed that SAT was more effective than PFE in reducing PTSD severity for the primary patient (SMD -1.32, 95% CI -1.90 to -0.74; low-quality evidence) at post-treatment. There was no evidence</p>
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							<p>of differences on the other outcomes, including relationship satisfaction (SMD 0.01, 95% CI -0.51 to 0.53; very low-quality evidence), depression (SMD 0.21, 95% CI -0.31 to 0.73; very low-quality evidence) and anxiety (SMD -0.16, 95% CI -0.68 to 0.36; very low-quality evidence) for intimate partners; and depression (SMD -0.28, 95% CI -0.81 to 0.24; very low-quality evidence) or anxiety (SMD -0.34, 95% CI -0.87 to 0.18; very low-quality evidence) for the primary patient. Two studies reported on adverse events and dropout rates, and no significant differences between groups were observed. Two studies were classified as having a 'low' or 'unclear' risk of bias in most domains, except for performance bias that was rated 'high'. Two studies had significant amounts of missing information resulting in 'unclear' risk of bias. There were too few studies available to conduct subgroup analyses.</p> <p><b>AUTHORS' CONCLUSIONS</b></p> <p>There are few trials of couple-based therapies for PTSD and evidence is insufficient to determine whether these offer substantive benefits when delivered alone or in addition to psychological interventions. Preliminary RCTs suggest, however, that couple-based therapies for PTSD may be potentially beneficial for reducing PTSD symptoms, and there is a need for additional trials of both adjunctive and stand-alone interventions with couples or families which target reduced PTSD symptoms, mental health problems of family members and dyadic measures of relationship quality.</p>
Svensson, Lisa; Larsson, Asa; Ost, Lars-Göran	2002	How children experience brief-exposure treatment of specific phobias	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53	31	1	80-89	<p>Examined how 56 children who had received brief-exposure treatment for specific phobias experienced the treatment. It was also investigated whether there was a relation between the children's reported experiences before, during, and after the treatment and therapy outcome. Results indicated that the treatment was experienced as something positive, and the large majority of the children appreciated the pace and degree of control they had during treatment, as well as the therapist and the treatment outcome. The response patterns did not differ between sexes, diagnostic groups, mode of treatment, or age groups. The therapy outcome of the children was not found to differ according to the children's pretreatment expectations and feelings during the treatment, neither according to the children's evaluations of the pace of the treatment nor of the therapist's. However, children's reports about their feelings upon termination of the treatment and the satisfaction with the treatment differed significantly depending on the treatment outcome.</p>

							Results and tentative explanations of these are discussed and implications for future lines of research are suggested.
Szeska, Christoph	2022	Increasing defensive flexibility. Facilitation of fear extinction by non-invasive stimulation of the brain's inhibitory pathways					<p>Fear is an emotional state, characterized by the activation of a defense system that is designed to ensure the organism's survival. This system enables a rapid recognition of threats and organizes defensive response patterns in order to adaptively cope with the threatening environment. Yet, to ensure its flexibility under changing environmental conditions, inhibitory pathways exist that modulate the activation of this defense system, if a previously threatening cue no longer predicts any harm - a memory-formatting process referred to as fear extinction, leading to a reduction of defensive responding. Fear extinction is presumed to at least partially underlie exposure treatment of anxiety disorders, which is why the facilitation of this learning process may promote such treatment's efficacy. Animal models suggested, that the stimulation of the vagus nerve or the superior colliculus (SC) - a midbrain structure mediating visual attentional processing - target these inhibitory extinction pathways and, thus, facilitate fear extinction. However, as it is unclear whether similar mechanisms exist in humans, this thesis manuscript examined how non-invasive stimulation of these inhibitory pathways by transcutaneous vagus nerve stimulation (tVNS) or SC-recruiting visual attentional manipulation impact on human fear extinction. To this end, we conducted three studies using multiple-day single-cue fear conditioning and extinction paradigms. First, we elaborated on fear that is established in these paradigms by examining defensive responding that is elicited by an innocuous conditioned stimulus, which has either been paired (fear learning group) with an aversive unconditioned stimulus (US; an electric shock) or was unpaired (control group; study 1). During the following extinction training, either tVNS vs. sham stimulation was applied (study 1, study 2) or participants were instructed, to either generate saccadic eye movements (strong SC activation) vs. smooth eye pursuits (low SC activation; study 3). During subsequent sessions, extinction consolidation as well as the short- and long-term extinction recall was tested (study 2, study 3). Conditioned fear in the fear learning group was characterized by elevated cognitive risk assessments (US-expectancy ratings), as well as increased cardiac deceleration and startle reflex potentiation compared to controls. Cardiac deceleration was positively correlated to startle potentiation, but was decoupled from cognitive risk assessments (study 1). Initial, short- and long-term extinction of these defensive responses was facilitated by tVNS on all</p>



						<p>three response levels (cognitive, physiological, behavioral; study 1, study 2). In contrast, saccades facilitated initial extinction only for physiological and behavioral elements of the defensive response pattern, while extinction consolidation and recall was impaired by any eye movement manipulation (study 3) for physiological and behavioral indicators of defensive responding. Taken together, the data of the experimental series suggest, that on a behavioral level, conditioned fear may best be conceived as attentive immobility - a defense strategy elicited by inevitable distal threats, that is uniformly expressed across species and is accompanied by cardiac deceleration and startle reflex potentiation. In addition, it was shown that such rather automatic defensive adaptations are independent from verbally expressed threat expectancies. As expected, tVNS impacted on fear extinction on both levels, strongly in line with the suggestion, that vagal stimulation activates cortical and subcortical neural pathways involved in extinction learning, consolidation and recall. TVNS may, thus, be a promising adjuvant for exposure treatment of mental disorders. In contrast, SC-recruiting visual attentional manipulation only affected subcortically mediated defensive responding, in line with rodent findings, indicating that the SC specifically inhibits subcortical parts of the neural defense system. However, as extinction recall was impaired by any type of visual attentional manipulation, this appeared to have functioned as a form of avoidance, initially attenuating fear but preventing extinction consolidation and, thus, impairing sustained fear reduction. Both non-invasive stimulation techniques may therefore increase initial defensive flexibility in the face of no-longer threat-signaling stimuli, but only tVNS may achieve long-term effects on multiple response levels. - Contents: (1) Szeska, C., Richter, J., Wendt, J., Weymar, M. &amp; Hamm, A. O. (2021). Attentive immobility in the face of inevitable distal threat - Startle potentiation and fear bradycardia as an index of emotion and attention. <i>Psychophysiology</i>, 58:e13812. DOI: 10.1111/psyp.13812 (2) Szeska, C., Richter, J., Wendt, J., Weymar, M. &amp; Hamm, A. O. (2020). Promoting long-term inhibition of human fear responses by non-invasive transcutaneous vagus nerve stimulation during extinction training. <i>Scientific Reports</i>, 10:1529. DOI: 10.1038/s41598-020-58412-w (3) Szeska, C., Mohrmann, H. &amp; Hamm, A. O. (n. d.). Facilitated extinction but impaired extinction recall by eye movement manipulation in humans - Indications for action mechanisms and clinical applicability of eye movement desensitization. Manuscript submitted for publication.</p>
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Szeska, Christoph; Mohrmann, Heino; Hamm, Alfons O.	2023	Facilitated extinction but impaired extinction recall by eye movement manipulation in humans - Indications for action mechanisms and the applicability of eye movement desensitization	International Journal of Psychophysiology	184		64-75	Abstract not released by publisher.
Tailor, Ketan; Stewart-Tufescu, Ashley; Piotrowski, Caroline	2015	Children exposed to intimate partner violence: Influences of parenting, family distress, and siblings		29	1		The aim of this study was to investigate associations between maternal stress, parenting behavior, and sibling adjustment in relation to child trauma symptoms in families with and without a history of intimate partner violence (IPV). Maternal report was used to measure maternal stress and child trauma symptoms, whereas parenting behavior was assessed through an observational measure. Participants consisted of mothers with 2 school-age siblings recruited from the community. Results indicated that violent families reported higher levels of maternal stress and sibling trauma symptoms than nonviolent families, although no differences were found in parenting behavior. Sibling trauma symptoms and negative maternal behavior toward a sibling were strong predictors of trauma symptoms in younger siblings exposed to IPV but only modest predictors for older siblings. Moderator analyses showed that in IPV-affected families, the trauma symptoms of older siblings were related to the trauma symptoms of younger siblings when maternal stress was high. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Tairi, Tatiana; Milojev, Petar; Zilikis, Nikos	2018	Clinical profiles among Greek adolescent suicide attempters: A latent class analysis	Crisis: The Journal of Crisis Intervention and Suicide Prevention		21 51- 23 96( Ele ctr oni c), 02 27- 59 10( Pri nt)	335- 343	Background: Suicide attempts are a significant public health problem among youth, resulting in a major social and economic burden for communities and a devastating impact on families. Aims: To determine whether we can identify distinct clinical profiles using latent class analysis in a clinical sample of Greek adolescents who were admitted to hospital following a suicide attempt. Method: Data on 11 clinical parameters from 182 adolescents were analyzed, with a two-class solution selected as the best fitting among the one- through three-class solutions that were examined. Results: We observed two distinct classes, specifically in the probability of mood disorders, substance use disorders, abandonment/neglect, and displaying traits of personality disorders. While most of the adolescents who attempted suicide showed a low probability of these parameters (71.7%), about a third of the sample (28.3%) showed a much more severe clinical profile. Analyses of pertinent contextual and risk factors indicated that those with a more severe clinical profile tend to come from overall more dysfunctional family systems, have more problems in school, and have made a previous attempt. Conclusion:

							We conclude that the adolescent suicide attempt population is a heterogeneous group in need of focused differentiated care specifically targeted to particular subgroups. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Tamura, Fumiyo; Kikutani, Takeshi; Machida, Reiko; Takahashi, Noriaki; Nishiwaki, Keiko; Yaegaki, Ken	2011	Feeding therapy for children with food refusal	The International journal of orofacial myology : official publication of the International Association of Orofacial Myology	37		57-68	Disabled children suffer not only from their primary disease, but also from other complications, including food refusal. The purpose of this study was to elucidate the relationship between these conditions and food refusal in disabled children. The effectiveness of feeding therapy in treating food refusal was also examined. The study subjects were 67 disabled children (35 boys and 32 girls; mean age at initial examination: 6.5 years, SD: 6.0 years) who attended the Nippon Dental University Hospital between April 2004 and August 2008. Of them, the 13 subjects who were diagnosed as those who refused food received feeding therapy combined with desensitization therapy for hypersensitivity. Approximately 20% of the subjects showed food refusal symptoms. Primary disease, respiratory impairment and gastroesophageal reflux were not causes of food refusal in this population. There was a significant relationship between food refusal and hypersensitivity (p = 0.021). After receiving feeding therapy, six of the seven subjects with hypersensitivity but without dysphagia at initial examination recovered from food refusal. Food refusal did not significantly correlate with tube feeding. Hypersensitivity and/or tube feeding may induce food refusal. For subjects with these conditions, feeding therapy combined with desensitization therapy is effective in achieving recovery from food refusal.
tandheelkunde, Sociale; Logie, R.D.J.; Jongh, A. de	2016	Die „Flashforward-Technik“: sich der Katastrophe stellen					
Tang, Sharon Shin Shin; Freyd, Jennifer J.	2012	Betrayal trauma and gender differences in posttraumatic stress	Psychological trauma : theory, research, practice and policy	4	5	469-478	The purpose of the current study was to examine the role of betrayal trauma in explaining why women report higher rates of posttraumatic stress than men. Betrayal trauma theory posits that cognitive dissociation is adaptive when trauma occurs at the hands of a caregiver (Freyd, 1996). Betrayal trauma has also been linked to poorer outcomes in mental health, including depression, anxiety, and posttraumatic stress disorder (PTSD) (DePrince & Freyd, 2002; Goldsmith, 2004). DePrince and Freyd (2002) proposed that the increased frequency with which females experience betrayals accounts in part for the correspondingly higher rates of PTSD and dissociative disorders among women. Thus, it is possible that closeness to the perpetrator acts as a partial mediator of gender differences in prevalence rates (Goldberg & Freyd, 2006). Using an

							online survey with a college sample (n = 1,041) and a community sample (n = 199), the findings of the current study confirmed prior research that traumas high in betrayal (e.g., abuse by a close other) are more strongly associated with symptoms of posttraumatic stress than traumas lower in betrayal (e.g., natural disaster or abuse by someone not close to the victim). Women also reported higher rates of depression, anxiety, and reexperiencing symptoms of PTSD, but not avoidance and hyperarousal symptoms. The hypothesis that betrayal trauma would mediate the association between gender and PTSD reexperiencing symptoms was supported by statistical significance, but the effect was not substantial. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Tang, Tze-Chun; Yang, Pinchen; Yen, Cheng-Fang; Liu, Tai-Ling	2015	Eye movement desensitization and reprocessing for treating psychological disturbances in Taiwanese adolescents who experienced Typhoon Morakot	The Kaohsiung journal of medical sciences	31	7	363–369	In this case-control study, we aimed to assess the intervention effects of four-session eye movement desensitization and reprocessing (EMDR) on reducing the severity of disaster-related anxiety, general anxiety, and depressive symptoms in Taiwanese adolescents who experienced Typhoon Morakot. A total of 83 adolescents with posttraumatic stress disorder related to Typhoon Morakot, major depressive disorder, or current moderate or high suicide risk after experiencing Typhoon Morakot were allocated to a four-session course of EMDR (N = 41) or to treatment as usual (TAU; N = 42). A multivariate analysis of covariance was performed to examine the effects of EMDR in reducing the severity of disaster-related anxiety, general anxiety, and depressive symptoms in adolescents by using preintervention severity values as covariates. The multivariate analysis of covariance results indicated that the EMDR group exhibited significantly lower preintervention severity values of general anxiety and depression than did the TAU group. In addition, the preintervention severity value of disaster-related anxiety in the EMDR group was lower than that in the TAU group (p = 0.05). The results of this study support that EMDR could alleviate general anxiety and depressive symptoms and reduce disaster-related anxiety in adolescents experiencing major traumatic disasters.
Tangir, Gali; Dekel, Rachel; Lavi, Tamar; Gewirtz, Abigail H.; Zamir, Osnat	2017	The contribution of maternal care and control, and community type to children's adjustment to political violence	Psychological trauma : theory, research, practice and policy	9	Su ppl 1	122–129	Objectives: This study explored the behavioral and emotional adjustment of Israeli school-age children who are exposed to political violence. Based on Bronfenbrenner's (1986) ecological model and ecological model of psychosocial trauma (Harvey, 2007), we examined the direct contribution of exposure, gender, maternal characteristics (mother's posttraumatic stress symptoms [PTSS], maternal care and maternal control), and community type (development town vs. kibbutz), to school-age children's adjustment.

							In addition, we examined whether maternal characteristics and community type moderated the association between exposure and adjustment. Method: There were 121 mother-child dyads from the development town of Sderot (n = 62) and from the surrounding kibbutzim (n = 58) participated. Results: Revealed that being a boy, living in Sderot, and mothers' higher PTSS, contributed directly to children's total difficulties (i.e., externalizing and internalizing problems), and that maternal control moderated the association between personal exposure and children's total difficulties. Furthermore, being a girl and mother's higher PTSS and higher maternal control contributed directly to children's PTSS. Mother's PTSS moderated the association between personal exposure and children's PTSS. Maternal care was not associated with children's adjustment. Conclusions: Both the child's gender and the type of community in which he or she lives are associated with maternal distress and children's adjustment to political violence. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Tarrier, Nicholas; Liversidge, Tom; Gregg, Lynsey	2006	The acceptability and preference for the psychological treatment of PTSD	Behaviour research and therapy	44	11	1643–1656	The acceptability and preference of psychological treatments is important in understanding patient treatment seeking, choice, engagement and attrition and possibly treatment response in health care. The acceptability of, and preference for, 14 different types of psychological treatment for posttraumatic stress disorder (PTSD) were investigated in a student population through invitation to participate in a web-based survey. Respondents were asked to rate each treatment on 10 scales and to rank the treatments in order of preference. Respondents were also asked whether they would seek treatment themselves, recommend treatment to friends and family, feel stigmatised by suffering from PTSD, had any prior knowledge of the treatments and if this had been positive or negative and whether they had a history of psychological problems or treatment. A total of 330 respondents completed the survey. A past or current history of psychological problems and treatment was surprisingly high. Almost all respondents indicated that they would seek or recommend treatment in spite of high levels of stigmatisation. Factor analysis of the 10 scales indicated two factors: Endorsement and Discomfort. Rank ordering on preference and Endorsement scores was highly consistent. The highly preferred and endorsed treatments involved cognitive therapy, exposure or psycho-education in spite of high levels of discomfort anticipated with exposure. Treatments involving new technologies, EMDR and psychodynamic psychotherapy received the

							lowest Endorsement and preference. There was a modest influence of prior knowledge of a treatment.
Tasman, Allan; Kay, Jerald; Lieberman, Jeffrey A., First, Michael B.; Maj, Mario	2013	Psychiatry					
Tausch, Reinhard	1997	Praktische Erfahrungen in der Gesprächs- und Verhaltenstherapie mit EMDR					Erfahrungen mit der von F. Shapiro entwickelten Methode der Eye Movement Desensitization and Reprocessing (EMDR) in der Gesprächspsychotherapie und Verhaltenstherapie werden dargestellt. An Beispielen wird gezeigt, dass EMDR zur Verminderung von belastenden angstvollen Erfahrungen eingesetzt werden kann und zu einer erheblichen Beschleunigung von Psychotherapien beiträgt. Des weiteren wird aufgrund der Erfahrungen die Hypothese formuliert, dass Rechts-Links-Augenbewegungen wie bei EMDR bei Personen ohne seelische Belastungen von entspannender, das Wohlbefinden förderlicher Wirksamkeit sind und eine Möglichkeit der Selbsthilfe darstellen.
Tausch, Reinhard	2007	Gesundheitsförderung: Herausforderungen für die personenzentrierte Gesprächspsychotherapie/Beratung und für alltägliche zwischenmenschliche Beziehungen	Report Psychologie	32	4	168–177	Für die wissenschaftliche Anerkennung der personenzentrierten Psychotherapie/Beratung und für die Existenz im öffentlichen Gesundheitswesen wird Folgendes als notwendig angesehen: (1) Vermehrte empirische Effekt-Untersuchungen in verschiedenen Störungs- bzw. Beratungsbereichen. (2) Wirksamere und zeitlich kürzere Gestaltung der personenzentrierten Psychotherapie, ohne Änderung des Gesprächsverhaltens nach Rogers, z. B. durch Wahl des Therapeuten durch die Patienten; Stressverminderung durch schriftliche Information und Anleitung zur Selbsthilfe; Anleitung zum täglichen Entspannungstraining; Anwendung von EMDR (Eye Movement Desensitization and Reprocessing) auch bei geringeren Ängsten; sinnvolle Hausaufgaben (3) Verbesserung des Therapeutenverhaltens, z. B. durch: häufiges schriftliches Feedback der Patienten an die Therapeuten; die Therapeuten-Äußerungen ("reflecting of feelings") entsprechen der Praxis von Rogers (Eingehen zu etwa 65 % auf Kognitionen und zu etwa 25 % auf damit zusammenhängende Gefühle der Patienten); aktives intensives Bemühen der Therapeuten auch bei genereller Nichtdirigiertheit. (4) Die Förderung personenzentrierten Verhaltens von Menschen außerhalb der Therapie in alltäglichen zwischenmenschlichen Beziehungen (z. B. Lehrer, Eltern, Partner) als bedeutsame soziale Aufgabe.
Taylor, Greig D.; Campbell, Caroline	2015	A clinical guide to needle desensitization for the paediatric patient	Dental update	42	4	373-4, 377-8, 381-2	Needle phobia is a common problem encountered by dental practitioners and it can pose a challenge, especially in the paediatric patient. Needle desensitization can be used for patients who have

							needle fear or phobia and help them overcome this by repeated, non-threatening and controlled contacts. This paper will describe an accepted technique of needle desensitization and work through the steps required to achieve a successful outcome of local anaesthesia being delivered in a calm, safe and controlled manner. Clinical Relevance: Needle desensitization is an effective technique which can be used to enable a needle phobic patient to receive a dental injection.
Taylor, Jeremy J.; Grant, Kathryn E.; Zulauf, Courtney A.; Fowler, Patrick J.; Meyerson, David A.; Irsheid, Sireen	2018	Exposure to Community Violence and the Trajectory of Internalizing and Externalizing Symptoms in a Sample of Low-Income Urban Youth	Journal of clinical child and adolescent psychology : the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53	47	3	421–435	This study examined trajectories of psychopathology in a sample of low-income urban youth and tested exposure to community violence as a predictor of these trajectories. Self-report and parent-report survey measures of psychological problems and exposure to community violence were collected annually over 3 years from a sample of 364 fifth- to ninth-grade low-income urban youth (64% female; 95% youth of color). Linear growth models showed that youth experienced declines in both internalizing and externalizing symptoms across adolescence. Exposure to community violence was more strongly associated with externalizing symptoms than with internalizing symptoms but predicted declines in both types of symptoms. Results also indicated that youth reported more internalizing and externalizing symptoms than their parents reported for them. Exposure to community violence may explain unique trajectories of mental health problems among low-income urban youth. In addition, youth efforts to adopt a tough façade in the face of community violence could lead to higher rates of externalizing problems relative to internalizing problems, whereas desensitization processes may better explain reductions in both types of symptoms over time. Finally, youth report may be more valid than parent report in the context of urban poverty.
Taylor, Leslie K.; Weems, Carl F.	2009	What do youth report as a traumatic event? Toward a developmentally informed classification of traumatic stressors	Psychological trauma : theory, research, practice and policy	1	2	91–106	This study explored youth reports of traumatic events by (a) identifying the types of events that children and adolescents report as traumatic in their lives, (b) investigating the association between self-reported traumatic events and self- and parent-reported emotional problems, and (c) examining developmental differences in the type and severity of the events reported as traumatic. Findings suggest that youth reported as traumatic a wide variety of experiences that could be reliably coded and classified and that youth reporting traumatic events and symptoms consistent with posttraumatic stress disorder evidence higher levels of emotional and behavioral problems (via parent and child report) than youth not reporting traumatic events. Youth ages 13–17 tended to report traumas that were rated by

							independent coders as more severe than did youth ages 6–12. Although the types of events reported did not differ in posttraumatic stress disorder symptoms and other emotional and behavioral problems, there were differences in objective ratings of physical severity and psychological intensity. Implications of the findings are discussed in terms of the creation of developmentally informed classification of traumatic stressors. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Taylor, Steven; Thordarson, Dana S.; Maxfield, Louise; Fedoroff, Ingrid C.; Lovell, Karina; Ogrodniczuk, John	2003	Comparative efficacy, speed, and adverse effects of three PTSD treatments: exposure therapy, EMDR, and relaxation training	Journal of consulting and clinical psychology	71	2	330–338	The authors examined the efficacy, speed, and incidence of symptom worsening for 3 treatments of posttraumatic stress disorder (PTSD): prolonged exposure, relaxation training, or eye movement desensitization and reprocessing (EMDR; N = 60). Treatments did not differ in attrition, in the incidence of symptom worsening, or in their effects on numbing and hyperarousal symptoms. Compared with EMDR and relaxation training, exposure therapy (a) produced significantly larger reductions in avoidance and reexperiencing symptoms, (b) tended to be faster at reducing avoidance, and (c) tended to yield a greater proportion of participants who no longer met criteria for PTSD after treatment. EMDR and relaxation did not differ from one another in speed or efficacy.
Telch, M. J.; Valentiner, D. P.; Ilai, D.; Petruzzi, D.; Hehmsoth, M.	2000	The facilitative effects of heart-rate feedback in the emotional processing of claustrophobic fear	Behaviour research and therapy	38	4	373–387	This study examines predictions derived from Foa and Kozak's theory of emotional processing. We hypothesized that the provision of heart-rate feedback would facilitate emotional processing through a fuller activation of the participant's fear structure, and by focusing participants' attention on information that is incompatible with the fear structure, i.e., the interoceptive pattern of habituation. Nonclinical students (N = 54) showing marked claustrophobic fear received 30 min of self-directed exposure to a claustrophobic chamber. Three exposure conditions (heart-rate feedback, paced-tone control, and exposure only control) were examined across six 5-min exposure trials. Participants receiving heart-rate feedback displayed greater between-trial habituation across treatment trials and lower levels of fear at post-treatment. Treatment process findings failed to support the fear activation hypothesis. Implications of the findings for theories of fear reduction are discussed.
Tertemiz, Oktay Faysal; Tüylüoğlu, Emel	2020	Are signs of burnout and stress in palliative care workers different from other clinic workers?	Agri : Agri (Algoloji) Derneği'nin Yayın organidir = The journal of the Turkish Society of Algology	32	2	79–84	OBJECTIVES: Palliative care workers have continuous exposure to the emotionally draining effects of pain, suffering, death, grief, and mourning. Burnout syndrome is common among these individuals who accompany patients on the way to death. This study evaluated burnout, stress, anxiety, and depression among care givers. METHODS: A total of 47 individuals working in palliative care units or



							internal disease and neurology clinics participated in the study. The participants were divided into 2 groups: palliative care workers (Group P) and workers in internal disease and neurology clinics (Group A). All of the participants completed the Maslach Burnout Inventory, the Beck anxiety and depression scales, and the Stress Appraisal Measure. RESULTS: A total of 47 healthcare workers agreed to complete the scales. Emotional burnout and desensitization scores were found to be elevated, and personal success scores were low in both groups. The Beck Anxiety Inventory revealed findings of moderate anxiety in both groups, while cognitive-sensorial, physiological, and pain complaints, as well as signs of stress, were more pronounced in Group A. CONCLUSION: Burnout is a significant problem among healthcare workers and signs of stress and cognitive-sensorial, physiological, and pain complaints are particularly common among those working in palliative care units. Structural arrangements aimed at addressing the causes of burnout could positively affect the well-being of healthcare workers.
Tesarz, Jonas; Leisner, Sabine; Gerhardt, Andreas; Janke, Susanne; Seidler, GÃ¼nter H.; Eich, Wolfgang; Hartmann, Mechthild	2014	Effects of Eye Movement Desensitization and Reprocessing (EMDR) Treatment in Chronic Pain Patients: A Systematic Review	Pain medicine (Malden, Mass.)	15	2	247–263	Abstract Objective This study systematically reviewed the evidence regarding the effects of eye movement desensitization and reprocessing (EMDR) therapy for treating chronic pain. Design Systematic review. Methods We screened MEDLINE, EMBASE, the Cochrane Library, CINHALL Plus, Web of Science, PsycINFO, PSYINDEX, the Francine Shapiro Library, and citations of original studies and reviews. All studies using EMDR for treating chronic pain were eligible for inclusion in the present study. The main outcomes were pain intensity, disability, and negative mood (depression and anxiety). The effects were described as standardized mean differences. Results Two controlled trials with a total of 80 subjects and 10 observational studies with 116 subjects met the inclusion criteria. All of these studies assessed pain intensity. In addition, five studies measured disability, eight studies depression, and five studies anxiety. Controlled trials demonstrated significant improvements in pain intensity with high effect sizes (Hedges' g: 0.87 [95% confidence interval (CI95): 0.51, 1.23] and 1.12 [CI95: 1.82, 0.42]). The pretreatment/posttreatment effect size calculations of the observational studies revealed that the effect sizes varied considerably, ranging from Hedges' g values of 0.24 (CI95: 0.88, 0.40) to 0.86 (CI95: 1.12, 0.60) for reductions in pain intensity, 0.34 (CI95: 1.27, 0.59) to 0.69 (CI95: 24.66, 17.28) for improvements in disability, 0.57 (CI95: 1.47, 0.32) to 1.47 (CI95: 3.18, 0.25) for improvements in depressive symptoms, and 0.59

							(CI95: ?1.05, 0.13) to ?1.10 (CI95: ?2.68, 0.48) for anxiety. Follow-up assessments showed maintained improvements. No adverse events were reported. Conclusions Although the results of our study suggest that EMDR may be a safe and promising treatment option in chronic pain conditions, the small number of high-quality studies leads to insufficient evidence for definite treatment recommendations.
Tesarz, Jonas; Seidler, Günter H.; Eich, Wolfgang	2015	Schmerzen behandeln mit EMDR. Das Praxishandbuch					In einem anwendungsorientierten Manual wird über den Einsatz von EMDR (Eye Movement Desensitization and Reprocessing) in der Schmerztherapie informiert. Zunächst wird ein fundierter und umfassender Einblick in die Anwendung von EMDR bei Patienten mit chronischen Schmerzen gegeben. Im Hinblick auf mögliche therapeutische Konsequenzen werden unterschiedliche Effekte von EMDR bei Schmerzpatienten dargestellt und diskutiert. Im praktischen Teil des Manuals werden Informationen zur konkreten Umsetzung von EMDR bei Schmerzpatienten gegeben. Anhand von konkreten Instruktionen und Fallbeispielen wird ein praxisnahes und alltagsbezogenes Protokoll vermittelt. Zur Erleichterung der täglichen Anwendung werden praktische Arbeitshilfen zur Verfügung gestellt. - Inhalt: (1) Was ist EMDR? (Woher kommt EMDR? Kernelemente von EMDR; acht Phasen (Erhebung der Vorgeschichte, Diagnostik und Behandlungsplanung; Vorbereitung und Stabilisierung des Patienten; Bewertung einer belastenden Erinnerung; Desensibilisierung und Durcharbeitung; Verankerung; Körpertest; Abschluss; Nachbefragung) (2) EMDR und Schmerz (neuronale Netzwerke; Schmerzgedächtnis; Schmerzprägung und Hypermnesie, körpereigene Schmerzmodulation; explizites und implizites Gedächtnis; Netzwerktheorie; Aktivierung neuronaler Netzwerke; weitere Effekte von EMDR bei Schmerzpatienten; Einfluss des Traumas auf den Schmerz). (3) Vor Beginn der Behandlung. (4) Die Behandlung: Das EMDR-Schmerzmanual (Ausgangsthema und der EMDR-Fokus; Phase 1: Anamnese und Behandlungsplanung; Phase 2: Stabilisierung und EMDR-Vorbereitung; Phase 3: Bewertungsphase; Phase 4: Desensibilisieren und Reprozessieren; Phase 5: Verankerung; Phase 6. Körpertest; Phase 7: Abschluss; Phase 8: Überprüfung und Neubewertung). (5) Übungsmaterialien und Kopiervorlagen (Standardprotokoll zur Fokussierung traumaassoziierter Erinnerungen zum Schmerz (TAP); Schmerzprotokoll zur Fokussierung schmerzassoziierter Erinnerungen; Schmerzprotokoll zur Fokussierung aktueller Schmerzen; Ressourcenübungen; Selbstkontrolltechniken; Edukationsmaterial für Patienten). - Literaturempfehlungen (Übersichtsarbeiten zu EMDR und Schmerz;

							schmerzspezifische EMDR-Protokolle; kontrollierte Studien zu EMDR und Schmerz; Einzelfallberichte zu EMDR bei Schmerz).
Teunissen, T. A. M.; Lo Fong Wong, S H; Lagro-Janssen, A. L. M.	2016	Recognizing signs of sexual abuse	Nederlands tijdschrift voor geneeskunde	160		D546	Sexual abuse is very common. In the Netherlands 42% of women and 13% of men aged over 25 years have experienced unacceptable sexual behaviour. Most victims do not seek professional help nor do they report the abuse to the police, and most of the victims who do seek medical help do not mention the abuse. Doctors often do not recognize the signs of sexual abuse. Most victims of rape have symptoms that may develop into posttraumatic stress disorder (PTSD) if they persist for more than 4 weeks, such as sleep problems or panic attacks. Victims of sexual abuse also more often develop a psychiatric disorder or medically unexplained symptoms (MUS). Doctors should ask about sexual abuse in cases of MUS or unexplained mental problems. The complications of abuse can be treated with eye movement desensitization and reprocessing (EMDR) or cognitive processing therapy (CPT).
Teupe, Sigrid; Stierle, Jürgen	2017	Verringerung von traumatischen Belastungen. Erhöhung der sozialen Kompetenz durch die Anwendung des "EMDR-Herbalux-Therapie-Videos"	Kriminalistik	71	11	682–687	Einführend wird die Implementation eines Gesundheitsmanagements bei der Polizei in Nordrhein-Westfalen seit 2008 erläutert und dies in Zusammenhang mit Anstiegen bei psychischen Erkrankungen, der Arbeitsbelastung bis hin zu posttraumatischen Belastungsstörungen gestellt. Die Möglichkeit der Prävention traumatischer Belastungen bei Polizeibeamten durch Anwendung des "EMDR-Herbalux-Therapie-Videos" wird erläutert. Darauf folgen Erläuterungen zu den EMDR-Behandlungsphasen. Anschließend werden Parallelen zur Konzeption des einstündigen Therapievideos hergestellt sowie dessen Anwendung erläutert. Nach hier vertretener Auffassung wird auf Basis von Vorher-Nachher-Befragungen bei mehr als 500 Teilnehmern, die das Video sahen, eine gesundheitsförderliche Wirkung der Videomethode angenommen.
Thoder, Vincent J.; Hesky, James G.; Cautilli, Joseph D.	2010	Using reliable change to calculate clinically significant progress in children with EBD: A BHRS program evaluation	International Journal of Behavioral Consultation and Therapy	6	1	45–66	Children often have complex emotional and behavioral disorders (ADHD, ODD, Depression, PTSD, etc.). A large amount of research exists in the behavioral treatment of children with these disorders regarding specific behavioral problems. Much less research exists for the treatment of comprehensive problematic behaviors that these children experience in the real world. This effectiveness study evaluates the program at Behavior Analysis & Therapy Partners (BATP) for the treatment of children in their program with emotional and behavioral disorders. Sixteen children were treated in the community using what has come to be known as Behavioral Health Rehabilitative Services (BHRS) in the state of Pennsylvania. BATP uses a behavior analytic model for treating these disorders which features a functional

							behavioral assessment of problem behaviors and individual interventions based on the understanding of function. This evaluation found that 62.5% of the children made clinically significant reliable change within 278 days of entering the program. This paper presents a detailed analysis of those results. Since this is the first evaluation of the therapeutic properties of BHRS, clinical implications and future research directions are highlighted. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Thomsen, Klaus	2014	Psychotraumatheapeutische Behandlung von Patienten nach Akutem Herzinfarkt. Eine Psychotherapievergleichsstudie in der stationären Rehabilitation					Bei jedem siebenten Patienten mit akutem Herzinfarkt wird eine Posttraumatische Belastungsstörung aufgrund des dramatischen Infarkterlebens diagnostiziert. Daher ist es wahrscheinlich, dass Infarktpatienten häufig mit Anpassungsstörungen in die kardiologische Rehabilitation kommen. Dort sollen sie sich mit ihrer Krankheit auseinandersetzen und ihr individuelles Risikoverhalten hinterfragen und gesundheitsbewusstes Verhalten lernen. Kann eine traumatherapeutische Behandlung (EMDR = Eye Movement Desensitization and Reprocessing) als Einzeltherapie diesen Patienten helfen, sich schneller und nachhaltiger emotional zu stabilisieren? Sind sie mit Traumatherapie erfolgreicher dabei, sich auf die notwendige Verhaltensänderung einzulassen, als Patienten in der Reha-Standardbehandlung? In einer quasi-randomisierten Studie wurden drei Gruppen von insgesamt 52 traumatisierten Infarktpatienten und -patientinnen verglichen 8 Einzeltherapie mit EMDR versus individuelle verhaltensmedizinische Beratung zum Risikoverhalten versus Kontrollgruppe mit edukativer Reha-Standardbehandlung in Gruppen. Die individualisierte Traumatherapie senkte die traumabezogene Belastung am deutlichsten. Bezogen auf Depression und Verhaltensänderung zeigte die individuelle Beratung im Vergleich zu Traumatherapie und Reha-Standardbehandlung jedoch eine effektivere und langanhaltendere Wirkung. Schlussfolgerung: Bei leichtgradig traumatisierten Koronarpatienten, hilft individuelle verhaltensmedizinische Beratung am besten. Infarktpatienten mit schwerem Trauma sollte zu Beginn der Reha-Behandlung jedoch zur Prävention und Stabilisierung eine effektive Traumabehandlung wie etwa EMDR angeboten werden.
Tilley, Donna Scott; Brackley, Margaret	2005	Men who batter intimate partners: a grounded theory study of the development of male violence in intimate partner relationships	Issues in mental health nursing	26	3	281–297	Intimate partner violence is a serious and pervasive problem in U.S. society, with 25% of women and 7.6% of men reporting physical abuse by an intimate partner each year. Understanding the risk factors for development of violence is essential toward the development of interventions to reduce partner violence. Much of the understanding about the development of partner violence is based on research with

							<p>victims rather than perpetrators. The study was conducted with men convicted of assault on an intimate female partner. Grounded theory was the method used to analyze data from interviews with 16 men participating in a batterers' intervention and prevention program. From the data, the Violent Couples Model was developed. The primary elements of the Violent Couples Model are justifying violence, minimizing violence, childhood exposure to violence, ineffective anger management, childhood experience of violence, and ineffective conflict resolution. Social and familial factors serve as moderating elements. Contextual elements of the model include power and control, social isolation, desensitization, insecure maternal relationships, the view of violence as a private problem, ambivalent intimate relationships, objectification of women, immaturity, lack of awareness about what constitutes violence, mistrust, traditional views of the roles of women, financial issues, and jealousy. Interventions indicated in the model are primary, or preventive, in nature. The model focuses on prevention efforts with the family as a whole, rather than on batterers alone.</p>
Ting, Amanda; McLachlan, Craig	2023	Dr. Smartphone, can you support my trauma? An informatics analysis study of App Store apps for trauma- and stressor-related disorders	PeerJ	11		e15366	<p>BACKGROUND: Psychological trauma is prevalent in developed countries, with prevalence rates and treatment needs exceeding health system capacity. As telemedicine and out-of-patient care are promoted, there has been an expansion of digital apps to complement therapeutic stages in psychological trauma. To date there are no reviews that have compared these apps and their clinical utility. This study aims to identify the availability of trauma- and stressor-related mhealth apps, assess their functionality, and review their therapeutic abilities. METHODOLOGY: The authors conducted a systematic search using an iPhone 13 Pro in the Australian IOS App Store to extract trauma- and stressor-related apps that resulted from the search criteria. A cross-adaptation of the Mobile App Rating Scale (MARS) and the Comprehensive App Evaluation Model (CAEM) were used as a framework to produce the mTrauma App Evaluation Conceptual Model and Informatics Framework. App content descriptors were analysed based on their general characteristics, usability, therapeutic focus, clinical utility, data integration. Following an applicability in concordance with psychological trauma-informed delivery. RESULTS: A total of 234 apps resulting from the search strategy were screened, with 81 apps that met the inclusion criteria. The majority of apps were marketed to 4+ to 17+ years of age, categorised as 'health and fitness', with the highest target markets observed for adolescents, children, parents, clinicians, and clients. A</p>

							total of 43 apps (53.1%) contained a trauma-informed specified section, and 37 (45.7%) incorporated a section useful to support trauma-related symptoms. A significant number of apps there was an absence of therapeutic utility (in 32 apps (39.5%)). Most apps were supporting post-traumatic stress disorder-informed, cognitive behavioural therapy and eye movement desensitisation and reprocessing. Provision of psychoeducation, courses, guided sessions, trainings, self-reflection/journaling, symptom management and progress tracking were highly present. CONCLUSIONS: Trauma-informed mobile apps are available in the App Store, expanding in its target market reach and usability, with an increase of creative psychotherapies being introduced alongside conventional modalities. However, based on the app descriptors, the scarcity of evidenced-based testimonials and therapeutic applicability remains questionable for clinical validity. Although mhealth tools are marketed as trauma-related, current available apps employ a multifunctional approach to general psychological symptomatology, through to associated comorbid conditions and emphasizes on passive activity. For higher uptake on user engagement, clinical application and validity, trauma-apps require curated specification to fulfil its role as complimentary psychological treatment.
Titze, Michael	1997	EMDR-unterstützte Thematisierung bei psychodynamisch fundierten Fokaltherapien					Es wird über Erfahrungen berichtet, die bei der Verwendung der EMDR (Eye Movement Desensitization and Reprocessing) im Rahmen einer adlerianisch orientierten psychodynamischen Kurztherapie gesammelt wurden. Dabei wurde besonders das Ziel verfolgt, die Thematisierung lebensstiltypischer Motive und den Prozess der Abreaktion zu fördern. Beschrieben wird in diesem Zusammenhang die Behandlung eines 48-jährigen Soziologen, der wegen einer "burnout"-Symptomatik in Behandlung kam. Es wird deutlich gemacht, dass die Einbeziehung der EMDR-Methode insbesondere eine rasche und gut kontrollierbare Fokussierung auf emotional akzentuierte primäre Themen ermöglichte.
Tol, Wietse A.; Komproe, Ivan H.; Jordans, Mark J. D.; Gross, Alden L.; Susanty, Dessy; Macy, Robert D.; Jong, Joop T. V. M. de	2010	Mediators and moderators of a psychosocial intervention for children affected by political violence	Journal of consulting and clinical psychology	78	6	818–828	Objective: The authors examined moderators and mediators of a school-based psychosocial intervention for children affected by political violence, according to an ecological resilience theoretical framework. Method: The authors examined data from a cluster randomized trial, involving children aged 8–13 in Central Sulawesi, Indonesia (treatment condition n = 182, waitlist control condition n = 221). Mediators (hope, coping, peer/emotional/play social support) and moderators (gender, age, family connectedness, household size, other forms of social support, exposure to political violence, and

							displacement) of treatment outcome on posttraumatic stress symptoms and function impairment were examined in parallel process latent growth curve models. Results: Compared with the waitlist group, those receiving treatment showed maintained hope, increased positive coping, maintained peer social support, and increased play social support. Of these putative mediators, only play social support was found to mediate treatment effects, such that increases in play social support were associated with smaller reductions in posttraumatic stress disorder (PTSD) symptoms. Furthermore, the authors identified a number of moderators: Girls showed larger treatment benefits on PTSD symptoms; girls, children in smaller households, and children receiving social support from adults outside the household showed larger treatment benefits on function impairment. Conclusions: Findings provide limited evidence for an ecological resilience theoretical framework. On the basis of these findings, the authors recommend a stronger separation between universal prevention (e.g., resilience promotion through play) and selective/indicated prevention (e.g., interventions aimed at decreasing posttraumatic stress symptoms). Play-based interventions should be careful to exclude children with psychological distress. In addition, treatment effects may be augmented by selecting girls and socially vulnerable children. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Tolin, David F.; Foa, Edna B.	2008	Sex differences in trauma and posttraumatic stress disorder: A quantitative review of 25 years of research	Psychological trauma : theory, research, practice and policy	S	1	37-85	This reprinted article originally appeared in Psychological Bulletin, 2006, Vol 132(6), 959-992. (The following abstract of the original article appeared in record 2006-20202-007.) Meta-analyses of studies yielding sex-specific risk of potentially traumatic events (PTEs) and posttraumatic stress disorder (PTSD) indicated that female participants were more likely than male participants to meet criteria for PTSD, although they were less likely to experience PTEs. Female participants were more likely than male participants to experience sexual assault and child sexual abuse, but less likely to experience accidents, nonsexual assaults, witnessing death or injury, disaster or fire, and combat or war. Among victims of specific PTEs (excluding sexual assault or abuse), female participants exhibited greater PTSD. Thus, sex differences in risk of exposure to particular types of PTE can only partially account for the differential PTSD risk in male and female participants. (PsycInfo Database Record (c) 2022 APA, all rights reserved)

Tönnies, Sven	2002	Entspannung, Suggestion, Hypnose. Praxisanleitungen zur Selbsthilfe und Therapie					Beschrieben und anhand anwendungsbezogener Darstellungen erläutert werden die Bedeutung und praktische Durchführung traditioneller und neuerer psychologischer Entspannungsverfahren. Der Wegweiser durch die Entspannungsmethoden kann als Handbuch zur Selbsthilfe sowie von Ärzten und Psychotherapeuten als Praxisanleitung für ihre Patienten verwendet werden. - Inhalt: (1) Von der Anspannung bis zum Stress (Stress und Stressoren unterscheiden lernen; wie unterschiedlich sich Stress auswirkt). (2) Belastungen erkennen lernen (Im alltäglichen Leben; im Berufsleben; im geistig-seelischen Erleben; im körperlichen Befinden). (3) Stress-Management (Therapieverfahren; Selbsthilfemöglichkeiten). (4) Die verschiedenen Entspannungsverfahren (Entwicklung der Hypnose und Entspannungsverfahren; Gemeinsamkeiten und Unterschiede der Entspannungsverfahren; Grundregeln der Entspannung). (5) Apparative Entspannungstechniken (Biofeedback-Verfahren; Mind-Machines; auditive Suggestion). (6) Progressive Muskelentspannung (Standardform; suggestive Weiterentwicklung; orofasziales Training). (7) Autogenes Training (Grundstufe; Oberstufe; Autogenes Training für Kinder). (8) Positives Denken. (9) Mentales Training (Zur Sport und Wettkampfvorbereitung; zur Optimierung geistig-seelischer Funktionen). (10) Imaginative Verfahren. (11) Meditative Verfahren (Transzendente Meditation; Zen Meditation; Meditation nach den Tafeln von Chartres). (12) EMDR-Kurzentspannung. (13) Hypnose (Ursprünge der Hypnose; Hypnotherapie nach Milton Erickson; hypnotische Selbstentspannung).
Toro, J.; Cervera, M.; Feliu, M. H.; Garriga, N.; Jou, M.; Martinez, E.; Toro, E.	2003	Cue exposure in the treatment of resistant bulimia nervosa	The International journal of eating disorders	34	2	227–234	OBJECTIVE: It was hypothesized that binge eating (bulimia nervosa [BN]) may be caused by the anticipatory and immediate anxiety associated with certain types of food. Consequently, an extinction schedule should reduce binge eating. METHODS: Cue exposure was carried out with 6 bulimic women who had responded poorly or not at all to the usual pharmacologic or cognitive-behavioral treatments. RESULTS: Binge eating and vomiting were almost totally suppressed in the 6 patients. Symptom suppression was maintained at two follow-ups, one at 4-20 months and another at 2.5-3 years. DISCUSSION: Cue exposure may be effective with BN that is resistant to conventional treatments. The anxiety associated with food plays an important role in provoking and/or maintaining binge eating. Motivation to change is likely to be an important mediator.
Tounsi, Abrar	2017	Children With Autism Spectrum Disorders can be Successfully	The journal of evidence-based dental practice	17	4	414–415	ARTICLE TITLE AND BIBLIOGRAPHIC INFORMATION: Predicting successful dental examinations for children with autism spectrum disorder in the context of a dental desensitization program. Nelson T,



		Examined Using Dental Desensitization					Chim A, Sheller BL, McKinney CM, Scott JM. J Am Dent Assoc 2017; 148(7): 485-92. SOURCE OF FUNDING: Not available TYPE OF STUDY: Cohort study.
Toussaint, Loren; Kshtriya, Sowmya; Kalayjian, Ani; Cameron, Erinn; Diakonova-Curtis, Daria	2023	Christian religious affiliation is associated with less posttraumatic stress symptoms through forgiveness but not search for meaning after hurricane Irma and Maria	Psychology of Religion and Spirituality	15	1	79-82	This study examined the extent to which Christian religious affiliation promoted greater forgiveness and search for meaning and consequently may have mitigated posttraumatic stress disorder (PTSD) symptoms in the wake of the devastation and loss following two hurricanes in Puerto Rico in 2017. Participants included 511 surviving Puerto Ricans. Most were assigned "female" at birth, educated, Christian, and middle-aged. Participants completed measures of PTSD symptoms, search for meaning, forgiveness, and demographics. Path modeling showed that Christian religious affiliation was negatively associated with PTSD symptoms and was positively associated with forgiveness but not search for meaning. Forgiveness was negatively and search for meaning was positively associated with PTSD symptoms. Christian religious affiliation may stimulate forgiveness, which may be a crucial factor for coping with PTSD symptoms in a natural disaster context such as Hurricanes Irma and Maria in Puerto Rico. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Tripolt, Romana	2011	Der Tanz aus dem Trauma - Psychotrauma-Therapie mit EMDR in Bewegung und bewusstem Tanz	Journal für Psychologie (Online), 2011				In diesem Beitrag wird Psychotrauma-Therapie mittels Eye Movement Desensitization and Reprocessing (EMDR) unter Miteinbeziehung von bewusster Bewegung und Tanz vorgestellt. Beschrieben werden neurobiologische Grundlagen des Beziehungsverhaltens und welche Implikationen dieses Wissen für eine Körper- und Bewegungsorientierte, therapeutische Herangehensweise hat. Es wird gezeigt, wie in der Stabilisierungsphase der Körper als wichtigste Ressource gewonnen, in der Verarbeitungsphase Dissoziationstendenzen verhindert und ein schonungsvoller, effektiver Prozess ermöglicht werden kann. Trauma-Verarbeitung mit EMDR wird, erweitert um die Ebene der Bewegung, kurz vorgestellt. Zwei Fallvignetten veranschaulichen die Vorgehensweise.
Triscari, Maria Teresa; Faraci, Palmira; D'Angelo, Valerio; Urso, Viviana; Catalisano, Dario	2011	Two treatments for fear of flying compared. Cognitive behavioral therapy combined with systematic desensitization or Eye Movement Desensitization and Reprocessing (EMDR)	Aviation Psychology and Applied Human Factors	1	1	9-14	This study aimed to test a combined treatment with eye movement desensitization and reprocessing (EMDR) and cognitive behavioral therapy (CBT), compared with CBT integrated with systematic desensitization, in reducing fear of flying. Participants were patients with aerophobia, who were randomly assigned to two experimental groups in a before- and after-treatment research design. The Flight Anxiety Situations Questionnaire (FAS) and the Flight Anxiety Modality Questionnaire (FAM) were used. The efficacy of each program was evaluated comparing the pre- and post-treatment levels of fear of

							flying within subjects. A comparison of the post-treatment scores between subjects was also conducted. Results showed the effectiveness of each model with a significant improvement in the examined psychological outcomes in both groups.
Trlin, Ivana; Hasanović, Mevludin	2018	EMDR Treatment of a 10 Years Old Boy Who Suffered from Continuous Overnight Waking - A Case Report	Psychiatria Danubina	30	Su ppl 5	271– 275	
Trobisch-Lütge, Stefan; Bomberg, Karl- Heinz	2015	Verborgene Wunden. Spätfolgen politischer Traumatisierung in der DDR und ihre transgenerationale Weitergabe					Es wird eine umfassende Einordnung der Spätfolgen politischer Traumatisierung in der ehemaligen Deutschen Demokratischen Republik (DDR) vorgenommen. Probleme in der aktuellen Begutachtungspraxis psychischer Traumafolgestörungen sowie Besonderheiten der Behandlung im Bereich psychoanalytischer Therapie, Verhaltenstherapie und alternativer Traumatherapiemethodik werden erläutert. Erstmals werden auch die Auswirkungen politischer Verfolgung auf die Familie und die Nachkommen der Opfer in den Fokus der Betrachtung gerückt. - Inhalt: (A) Politische Traumatisierung. (1) Karl-Heinz Bomberg: Anmerkungen zum Alltag in der DDR. (2) Karl-Heinz Bomberg und Stefan Trobisch-Lütge: Eine begriffliche Annäherung: Politische Traumatisierung in DDR/SBZ. (3) Karl-Heinz Bomberg und Stefan Trobisch-Lütge: Die Phasen politischer Verfolgung. (4) Karl-Heinz Bomberg und Stefan Trobisch-Lütge: Psychotraumatologische Einordnung der DDR-Traumatisierung. - (B) Auswirkungen politischer Verfolgung in der DDR/SBZ. (5) Karl-Heinz Bomberg: Seelische Folgen von Zersetzung und politischer Haft in der DDR/SBZ. (6) Stefan Trobisch-Lütge: Auswirkungen der Verfolgung auf die Familien von politisch Verfolgten. (7) Stefan Trobisch-Lütge: Empirische Studien über gesundheitliche Auswirkungen politischer Verfolgung in der DDR/SBZ. (8) Karl-Heinz Bomberg und Stefan Trobisch-Lütge: Diagnostische Einordnung (Erkrankungsformen nach politischer Haft). - (C) Behandlungsmöglichkeiten. (9) Stefan Trobisch-Lütge: Einführung. (10) Karl-Heinz Bomberg: Psychoanalytische Traumatherapie. (11) Erika Kunz: Die Inhärenz-Methode®. (12) Frank-Dietrich Müller: Der Behandlungsansatz EMDR - Eine Fallgeschichte. (13) Bettina Kielhorn: Hundgestützte Interventionen in der therapeutischen Beratungsarbeit der Beratungsstelle Gegenwind mit politisch traumatisierten Menschen. (14) Stefanie Knorr und Mitarbeiter: "Was, Euch gibt's noch?!" - Zur Entwicklung der Spätfolgenberatung in der Beratungsstelle Gegenwind. (15) Karl-Heinz Bomberg: Eigene Bewältigungsformen. (16) Karl-Heinz Bomberg:

							Fallbeispiele. (17) Stefan Trobisch-Lütge: Überwachte Vergangenheit. Auswirkungen politischer Verfolgung der SED-Diktatur auf die Zweite Generation. (18) Jörg Frommer: Realitätsverleugnung als Folge politischer Traumatisierung. Zur Aktualität psychoanalytischer Beiträge. (19) Carsten Spitzer: Psychische Erkrankungen durch politische Verfolgung in der DDR. (20) Freihart Regner: Anerkennung und Normatives Empowerment bei SED-Verfolgten. (21) Doris Denis: Kognitiv-verhaltenstherapeutische Behandlung psychischer Folgestörungen nach politischer Inhaftierung in der DDR. (22) Ruth Ebbinghaus: Probleme in der aktuellen Begutachtungspraxis psychischer Traumafolgestörungen.
Tromp, Noor; van Dijk, Rob; Saunders, Rob; Fonagy, Peter	2021	Mentalization-Based Treatment in Adolescent Inpatients: A Naturalistic Multi-Informant Study of Outcomes	Journal of personality disorders	35	6	881–901	The present era of major cutbacks in intensive treatment programs throughout Europe stresses the importance of evaluating the outcomes of such programs for adolescents with severe personality pathology and comorbidity. Personality pathology has proven to be a valid concept in adolescents, with relatively high prevalence, that needs to be targeted by evidence-based interventions. The present study focused on the evaluation of outcomes of a 12-month mentalization-based treatment for adolescents (MBT-A) program in 118 inpatient adolescents with personality pathology symptoms, using a multi-informant multidomain design. The results showed that during treatment, adolescents improved on general psychiatric symptoms, personality pathology dimensions, and health-related and generic quality of life. Improvement was not only statistically significant, but also clinically important, especially for internalizing domains. Implications for clinical practice and research are discussed.
Tsai, Yu-Li; Tsai, Shiow-Chwen; Yen, Sang-Hue; Huang, Kai-Lin; Mu, Pei-Fan; Liou, Hueh-Chun; Wong, Tai-Tong; Lai, I-Chun; Liu, Pin; Lou, Hsiao-Ling; Chiang, I-Tsun; Chen, Yi-Wei	2013	Efficacy of therapeutic play for pediatric brain tumor patients during external beam radiotherapy	Child's nervous system : ChNS : official journal of the International Society for Pediatric Neurosurgery	29	7	1123–1129	OBJECTIVE: External beam radiotherapy (EBRT) is frequently used to improve disease control for pediatric brain tumor patients. However, to facilitate the radiotherapy (RT) procedure, "forced" type interventions including conscious sedation or general anesthesia are frequently used to manage patients' fear and anxiety. The aim of this study was to investigate the effects of therapeutic play (TP) in reducing anxiety for pediatric brain tumor patients treated by EBRT. METHODS: Between April 1st and September 30th, 2009, 19 young brain tumor patients, aged 3-15 years and recommended for RT, were recruited: ten to a control group and nine to the study intervention group. The study group was introduced with TP during EBRT. The Beck Youth Anxiety Inventory and the Faces Anxiety Scale were used to evaluate patients' psychological levels of anxiety. The heart rate variability and salivary cortisol concentrations were used to indicate the patients' physical levels of anxiety. Both the psychological and physiological

							tests were administered to all subjects before and after the RT procedure. RESULTS: The study group had significantly lower anxiety scores and expressed fewer negative emotions than did the control group before EBRT. CONCLUSIONS: TP can not only improve the quality of medical services but can also reduce costs and staffing demands. In addition, it can help lower young patients' anxiety and fear during medical procedures. As a result, it further decreases the potential negative impacts of hospitalization on these young patients.
Tu, M. T.; Lupien, S. J.; Walker, C-D	2006	Multiparity reveals the blunting effect of breastfeeding on physiological reactivity to psychological stress	Journal of neuroendocrinology	18	7	494–503	Rat studies show that hypothalamic-pituitary-adrenal (HPA) responsiveness to physical and emotional stressors is attenuated during lactation, although situations evoking pup endangerment can supersede this phenomenon. In the human population, blunted cortisol responses are seen in primiparous breastfeeding compared to bottlefeeding mothers following physical stress, but not after psychosocial stress. It is currently unknown whether stressor salience (child-related versus nonrelated stressor) has a differential effect on cortisol reactivity as a function of infant feeding choice and whether HPA responses to stress could be modified by parity. We investigated the impact of infant feeding type and maternal parity on salivary cortisol and alpha-amylase response to stress in 5-20-week postpartum mothers using exposure to the Trier Social Stress Test (TSST) and to an emotional film evoking threats to a child. Analyses show that alpha-amylase responses were similar in all groups and for both types of stress, suggesting that sympathetic reactivity was independent of infant feeding type and parity. By contrast, cortisol response was affected by these variables. In primiparous mothers, cortisol reactivity to psychological stressors did not vary as a function of infant feeding type while, among multiparous mothers, breastfeeding was associated with reduced responsiveness to the TSST and child-related stressor. We speculate that changes in neural mechanisms occurring as a result of pregnancy and lactation and that modulate the HPA axis in women might be exacerbated with multiple repeats of the pregnancy/lactation period. This would serve to 'desensitise' stress circuits and reduce the overall stress-induced cortisol secretion after multiple births.
Turgut, Nergiz; Miranda, Marcela; Kastrup, Andreas; Eling, Paul; Hildebrandt, Helmut	2018	tDCS combined with optokinetic drift reduces egocentric neglect in severely impaired post-acute patients	Neuropsychological Rehabilitation	28	4	515–526	Tested the treatment of visuospatial neglect with a combination of transcranial direct current stimulation (tDCS) and an optokinetic task. A total of 32 post-acute patients with left (n=20) or right-sided neglect were allotted to an intervention or a control group (both groups n=16). The intervention group received eight sessions of 1.5-2.0mA parietal transcranial direct current stimulation (tDCS) during the performance

							of an optokinetic task distributed over two weeks. Additionally, they received standard therapy for five hours per day. The control group received only the standard therapy. Patients were examined twice before (with 3-4 days between examinations) and twice after treatment (5-6 days between examinations). Results show that compared to the control group and controlling for spontaneous remission, the intervention group improved on spontaneous body orientation and the Clock Drawing Test. Intragroup comparisons showed broad improvements on egocentric but not on allocentric symptoms only for the intervention group. A short additional application of tDCS during an optokinetic task led to improvements of severe neglect compared to a standard neurological early rehabilitation treatment. Improvements seem to concern primarily egocentric rather than allocentric neglect.
Turrini, G.; Purgato, M.; Acarturk, C.; Anttila, M.; Au, T.; Ballette, F.; Bird, M.; Carswell, K.; Churchill, R.; Cuijpers, P.; Hall, J.; Hansen, L. J.; Kösters, M.; Lantta, T.; Nosè, M.; Ostuzzi, G.; Sijbrandij, M.; Tedeschi, F.; Valimaki, M.; Wancata, J.; White, R.; van Ommeren, M.; Barbui, C.	2019	Efficacy and acceptability of psychosocial interventions in asylum seekers and refugees: Systematic review and meta-analysis	Epidemiology and Psychiatric Sciences	28	4	376–388	<p>Aims: In the past few years, there has been an unprecedented increase in the number of forcibly displaced migrants worldwide, of which a substantial proportion is refugees and asylum seekers. Refugees and asylum seekers may experience high levels of psychological distress, and show high rates of mental health conditions. It is therefore timely and particularly relevant to assess whether current evidence supports the provision of psychosocial interventions for this population. We conducted a systematic review and meta-analysis of randomised controlled trials (RCTs) assessing the efficacy and acceptability of psychosocial interventions compared with control conditions (treatment as usual/no treatment, waiting list, psychological placebo) aimed at reducing mental health problems in distressed refugees and asylum seekers. Methods: We used Cochrane procedures for conducting a systematic review and meta-analysis of RCTs. We searched for published and unpublished RCTs assessing the efficacy and acceptability of psychosocial interventions in adults and children asylum seekers and refugees with psychological distress. Post-traumatic stress disorder (PTSD), depressive and anxiety symptoms at post-intervention were the primary outcomes. Secondary outcomes include: PTSD, depressive and anxiety symptoms at follow-up, functioning, quality of life and dropouts due to any reason. Results: We included 26 studies with 1959 participants. Meta-analysis of RCTs revealed that psychosocial interventions have a clinically significant beneficial effect on PTSD (standardised mean difference [SMD] = -0.71; 95% confidence interval [CI] -1.01 to -0.41; I<sup>2</sup> = 83%; 95% CI 78-88; 20 studies, 1370 participants; moderate quality evidence), depression (SMD = -1.02; 95% CI -1.52 to -0.51; I<sup>2</sup> =</p>

						89%; 95% CI 82-93; 12 studies, 844 participants; moderate quality evidence) and anxiety outcomes (SMD = -1.05; 95% CI - 1.55 to -0.56; I-2 = 87%; 95% CI 79-92; 11 studies, 815 participants; moderate quality evidence). This beneficial effect was maintained at 1 month or longer follow-up, which is extremely important for populations exposed to ongoing post-migration stressors. For the other secondary outcomes, we identified a non-significant trend in favour of psychosocial interventions. Most evidence supported interventions based on cognitive behavioural therapies with a trauma-focused component. Limitations of this review include the limited number of studies collected, with a relatively low total number of participants, and the limited available data for positive outcomes like functioning and quality of life. Conclusions: Considering the epidemiological relevance of psychological distress and mental health conditions in refugees and asylum seekers, and in view of the existing data on the effectiveness of psychosocial interventions, these interventions should be routinely made available as part of the health care of distressed refugees and asylum seekers. Evidence-based guidelines and implementation packages should be developed accordingly.
Turrini, Giulia; Tedeschi, Federico; Cuijpers, Pim; Del Giovane, Cinzia; Kip, Ahlke; Morina, Nexhmedin; Nosè, Michela; Ostuzzi, Giovanni; Purgato, Marianna; Ricciardi, Chiara; Sijbrandij, Marit; Tol, Wietse; Barbui, Corrado	2021	A network meta-analysis of psychosocial interventions for refugees and asylum seekers with PTSD	BMJ Global Health, 2021			Introduction: Refugees and asylum seekers are vulnerable to common mental disorders, including post-traumatic stress disorder (PTSD). Using a network meta-analysis (NMA) approach, the present systematic review compared and ranked psychosocial interventions for the treatment of PTSD in adult refugees and asylum seekers. Methods: Randomised studies of psychosocial interventions for adult refugees and asylum seekers with PTSD were systematically identified. PTSD symptoms at postintervention was the primary outcome. Standardised mean differences (SMDs) and ORs were pooled using pairwise and NMA. Study quality was assessed with the Cochrane Risk of Bias (RoB) tool, and certainty of evidence was assessed through the Confidence in Network Meta-Analysis application. Results: A total of 23 studies with 2308 participants were included. Sixteen studies were conducted in high-income countries, and seven in low-income or middle-income countries. Most studies were at low risk of bias according to the Cochrane RoB tool. NMA on PTSD symptoms showed that cognitive behavioural therapy (CBT) (SMD=-1.41; 95% CI -2.43 to -0.38) and eye movement desensitisation and reprocessing (EMDR) (SMD=-1.30; 95% CI -2.40 to -0.20) were significantly more effective than waitlist (WL). CBT was also associated with a higher decrease in PTSD symptoms than treatment as usual (TAU) (SMD -1.51; 95% CI -2.67 to -0.36). For all other

							interventions, the difference with WL and TAU was not significant. CBT and EMDR ranked best according to the mean surface under the cumulative ranking. Regarding acceptability, no intervention had less dropouts than inactive interventions. Conclusion: CBT and EMDR appeared to have the greatest effects in reducing PTSD symptoms in asylum seekers and refugees. This evidence should be considered in guidelines and implementation packages to facilitate dissemination and uptake in refugee settings.
Tutus, Dunja; Goldbeck, Lutz; Pfeiffer, Elisa; Sachser, Cedric; Plener, Paul L.	2019	Parental dysfunctional posttraumatic cognitions in trauma-focused cognitive behavioral therapy for children and adolescents	Psychological trauma : theory, research, practice and policy	11	7	722–731	Objective: Trauma-therapy in children and adolescents often involves the inclusion of their parents. A multi-informant approach was used to investigate whether trauma-focused cognitive-behavioral therapy (TF-CBT) changes dysfunctional posttraumatic cognitions (PTCs) in participating parents. This, in turn, may mediate their child's posttraumatic stress symptoms (PTSS) posttreatment. Method: Children and adolescents (6–17 years old) were assigned to either a TF-CBT (n = 57) or a waitlist (n = 56) condition, within a multisite randomized controlled trial conducted in Germany. They were assessed using the Clinician Administered PTSD Scale for Children and Adolescents, version for DSM-IV and they completed the University of California at Los Angeles Post-Traumatic Stress Disorder Reaction Index for Children and Adolescents (UCLA). Their parents completed the UCLA, caregiver report, and the Posttraumatic Cognitions Inventory to rate their dysfunctional PTCs related to their child's trauma. The mediation hypothesis was tested using a multiple mediation model. Results: The change in parental PTCs was stronger in the TF-CBT condition (b = 13.19, 95% confidence interval [CI] [2.89, 23.49]). It mediated the relationship between the group (TF-CBT vs. waitlist) and the caregiver report on the child's PTSS (b = -.08, 95% CI [-.15, -.01]), but not the child's PTSS, assessed using the interview (b = .01, 95% CI [-.14, .17]) and the self-report questionnaire (b = .01, 95% CI [-.08, .10]), posttreatment. Conclusions: TF-CBT helped participating parents to challenge their dysfunctional PTCs related to their child's trauma. The change in parental PTCs only mediated their perception of their child's PTSS but not their child's self-perception or the clinical evaluation of their child's PTSS. (PsychoInfo Database Record (c) 2023 APA, all rights reserved)
Tyler, Patrick M.; Aitken, A. Angelique; Ringle, Jay L.; Stephenson, Jaime M.; Mason, W. Alex	2021	Evaluating social skills training for youth with trauma symptoms in residential programs	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele	104–113	Objective: Youth who receive services in residential programs have high rates of traumatic exposure and associated symptoms of Posttraumatic Stress Disorder (PTSD). Little information is available on specific social skills training that could be beneficial for youth in residential programs with PTSD. This study examined changes in

					ct oni c), 19 42- 96 81( Pri nt)		behavioral incidents and psychopathology in youth receiving group home services based on training they received across three categories of social skills (i.e., self-advocacy, emotional regulation, problem-solving). Method: The sample included archival data on youth (N = 677) ages 10–18 years (M = 15.7 years, SD = 1.53). Hierarchical Linear Modeling was used to examine the frequency of disruptive and self-injurious behaviors over 12 months as it relates to reported traumatic symptoms at admission and the presence of the three types of social skills objectives. Analysis of Covariance was conducted to test whether the social skill objectives differentially predicted changes in youth psychopathology from intake to discharge for youth with low and high trauma symptoms. Results: Youth with high trauma symptoms who received training on problem-solving skills had significantly greater decrease in emotional problems from intake to discharge compared to youth with high trauma symptoms who did not receive problem-solving training (d = -.54). Conclusion: Problem-solving training could be further developed and tested to maximize the support youth with trauma symptoms receive in trauma-informed residential programs. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Tym, R.; Dyck, M. J.; McGrath, G.	2000	Does a visual perceptual disturbance characterize trauma-related anxiety syndromes?	Journal of anxiety disorders	14	4	377–394	The i-test was developed to assess the visual-perceptual disturbances (VPDs) frequently reported by anxious patients. Persons with the disturbance report a specific abnormal illusion of movement when they maintain a fixed gaze at the i-test stimulus. Base rates for positive responses to the i-test and for reports of a "recurrent specific memory" (RSM) of a fear experience were obtained in psychiatric outpatient (n = 301) and community (n = 128) samples. In each case, approximately one fifth of participants had a positive response to the i-test and one fifth of participants reported an RSM of fear. A positive response to the i-test is observed in women more frequently than in men. Among psychiatric patients, approximately 90% of patients who report one symptom also report the other symptom; among community members, the concordance rate is approximately 33%. When psychiatric patients with both an abnormal illusion of movement response and an RSM of trauma are treated with eye movement desensitization, both symptoms are removed in 70% of cases; when these patients undergo some other form of treatment, both symptoms are removed in 30% of cases. These results indicate that the i-test is an effective way of identifying VPDs associated with psychopathologic conditions; the association between the abnormal illusion of movement and reports of recurrent specific memories of



							fear experiences suggests that the VPD may be a marker of traumatic stress syndromes.
Tym, Robert; Beaumont, Paul; Lioulios, T.	2009	Two persisting pathophysiological visual phenomena following psychological trauma and their elimination with rapid eye movements: A possible refinement of construct PTSD and its visual state marker	Traumatology		10 85- 93 73( Ele ctr oni c), 15 34- 76 56( Pri nt)	23-33	This study reports practice-based clinical evidence related to observations of two novel pathophysiologic visual phenomena reported by certain patients to have persisted following the psychological trauma of an acute-fear experience. The initially obscure visual phenomena were initially investigated heuristically in psychiatric, psychological, and ophthalmic practices and subsequently characterized over 25 years. The first phenomenon: "A visual image of what had been seen and felt during the most frightening moment of an acute-fear experience is immediately stored abnormally, and subsequently recalled abnormally as an experiential hallucinatory-like visual-image and other sensory-memory flashback." The second phenomenon: "An abnormality of vision of peripheral oscillopsia, persisting from the time of the same acute-fear experience." The third phenomenon: "A high probability of stepwise simultaneous elimination of both visual phenomena follows the maneuver of repeatedly exposing each voluntarily evoked visual-image and other sensory memory to volitional rapid side-to-side eye movements, as per one aspect of eye movement desensitization and reprocessing. This maneuver leaves the memory stored and recalled normally (i.e., nonexperientially) and vision oscillopsia-free." Clinical features of patients with the visual phenomena are unique to each patient. The authors report further observations over 25 years on the wide spectra of difficulty, intensity, and/or obtrusiveness of each of the three visual phenomena and of three closely related clinical features. Relevant clinical findings pertaining to the visual phenomena in 100 recent consecutively referred patients are reported. The strong inference of these observations induces a schema: a further refinement of the construct posttraumatic stress disorder, together with a visual state marker. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Uccellini, Orlando; Benlodi, Andrea; Caroppo, Emanuele; Cena, Loredana; Esposito, Gianluca; Fernandez, Isabel; Ghazanfar, Maria; Imbasciati, Antonio; Longo, Francesco;	2022	1000 Days: The "WeCare Generation" Program-The Ultimate Model for Improving Human Mental Health and Economics: The Study Protocol	International journal of environmental research and public health	19	24		INTRODUCTION: The COVID-19 pandemic stressed the necessity of a new resilience of the human population and health system. The "WeCare Generation" program is a new proposal of territorial intervention, with a new paradigm, on the diseases of the human body and mind. BACKGROUND: In recent decades, the independent strands of investigation on brain plasticity and early trauma consequences have demonstrated that traumatic experiences in the period from pregnancy to the age of 3 years have an enormous impact on an individual's future development, and both physical and mental

<p>Mazza, Marianna; Marano, Giuseppe; Nacinovich, Renata; Pignatto, Antonio; Rolnick, Arthur; Trivelli, Marco; Spada, Elena; Vanzini, Cinzia</p>							<p>health. Research shows that adverse child experiences (ACEs) are associated with a strong risk of conditions such as: harmful alcohol use, smoking, illicit drug use, high body-mass index, depression, anxiety, interpersonal violence, cancer, type 2 diabetes, cardiovascular diseases, stroke respiratory diseases and, as a consequence, to a high financial cost in Italy and also across Europe (1-9% GDP) and the USA (total annual costs estimated to be USD 581 billion in Europe and USD 748 billion in North America). All this suggests that an early intervention on that traumatized-slice of population leads to multiplied savings. METHODS: A multi-center, randomized, controlled trial was designed. The parents of the future neonatal population (from pregnancy to delivery) with trauma will be enrolled, and randomized to treatment, or control arm. The article describes in detail how the primary outcome (cost to the national health system), and some secondary outcomes, will be collected. DISCUSSION: An overall rate of return on investment (ROI) statistically significant 13.0% per annum with an associated benefit/cost ratio (BCR) of 6.3 is expected as the primary outcome of the "WeCare Generation" program. Our proposed model predicts a new medical paradigm aiming to empower new generations, with a strong return on economy and health.</p>
<p>Unwin, Gemma; Stenfert-Kroese, Biza; Rogers, Gemma; Swain, Sophie; Hiles, Steve; Clifford, Clair; Farrell, Derek; Willner, Paul</p>	<p>2023</p>	<p>Some observations on remote delivery of eye-movement desensitisation and reprocessing to people with intellectual disabilities</p>	<p>J Policy Pract Intellect Disabil (Journal of Policy and Practice in Intellectual Disabilities)</p>	<p>20</p>	<p>2</p>	<p>205–215</p>	<p>Abstract It is increasingly recognised that many people with intellectual disabilities suffer from post-traumatic stress disorder (PTSD). Eye-movement desensitisation and reprocessing (EMDR) has been proposed as a potentially helpful intervention that is less reliant on verbal skills than other effective treatments for PTSD and therefore could be more effective than verbal interventions for people with intellectual disabilities. The Trauma-AID project is a randomised clinical trial (RCT) evaluating the effectiveness of a bespoke EMDR protocol for adults with intellectual disability and PTSD, which incorporates a prolonged phase of Psycho-Education and Stabilisation (PES) prior to the trauma confrontation phase of EMDR. The COVID-19 pandemic struck during the feasibility phase of the Trauma-AID project, necessitating a second feasibility study to evaluate the acceptability and feasibility of remote or hybrid delivery of the PES+EMDR protocol. To this end, we conducted two online surveys of therapists followed by interviews with clients, carers and senior therapists. The surveys were analysed descriptively. Content analysis was used for client and carer interviews, and framework analysis for therapist interviews. All stakeholders reported positive experiences of EMDR; however, some challenges were identified. The majority of</p>

							clients, carers and therapists interviewed reported that the intervention, whether PES alone or the full PES-EMDR package, had improved symptoms of PTSD and psychological well-being, and carers also reported decreases in challenging behaviour. A full account of the data is provided in four Supplementary Digital files. PES-EMDR therapy appears both feasible and acceptable for clients with intellectual disabilities and therapists, whether delivered face-to-face or in a remote or hybrid mode, though remote working appears easier for the PES phase than the EMDR phase of the intervention.
Unwin, Gemma; Willott, Sara; Hendrickson, Stacey; Stenfert Kroese, Biza	2019	Eye movement desensitization and reprocessing for adults with intellectual disabilities: Process issues from an acceptability study	Journal of applied research in intellectual disabilities : JARID	32	3	635–647	BACKGROUND: Eye movement desensitization and reprocessing (EMDR) is recommended for post-traumatic stress disorder and emerging evidence indicates that it is effective for people with intellectual disabilities. However, acceptability from the perspectives of clients with intellectual disabilities, their therapists and other key people has not been formally evaluated. This study investigates process issues in the implementation of EMDR from perspectives of multiple stakeholders. METHOD: Semi-structured interviews were conducted with two adults with intellectual disabilities and three clinical psychologists who had participated in EMDR as well as a key supporter (N = 6) to provide information relating to three cases. The interviews were analysed thematically either directly from the audio recording or from transcripts. RESULTS: Five themes were identified: EMDR feels very different; EMDR is a technical process; the need to work with the present; talking is important; cautious optimism. CONCLUSIONS: Whilst a range of client- and therapist-related factors served as barriers to using EMDR in this small-scale study, such as preferences in working with the present and inexperienced therapists, there was cautious optimism that EMDR may be useful for "the right person at the right time.".
Urtz, Alexander	2011	EMDR in der Behandlung von Traumatisierung nach akuter Herzerkrankung	Psychologie in Österreich	31	4	314–321	Die Anwendung von Augenbewegungsdesensibilisierung bzw. Eye Movement Desensitization Therapy (EMDR) für traumatisierte Herzpatienten wird beschrieben. Nach einleitenden Anmerkungen zu den möglichen traumatisierenden Auswirkungen von Herzerkrankungen werden folgende Aspekte thematisiert: Behandlungssituation von Herzpatienten; Konsequenzen des Nichterkennens der psychischen Folgen einer Herzerkrankung; Anzeichen einer Traumatisierung nach Herzerkrankung; Differentialdiagnose; positive Veränderungen durch eine erfolgreiche Traumabehandlung; Aufbau eines EMDR-Behandlungsprotokolls für traumatisierte Herzpatienten. Das Vorgehen wird abschließend durch

							ein Fallbeispiel (77-jährige Patientin nach Aortendissektion) veranschaulicht.
Urtz, Alexander	2015	Nach dem Infarkt. Behandlung Posttraumatischer Belastungsstörungen mit EMDR in Folge einer Herzerkrankung	Trauma & Gewalt	9	1	66–78	Herzerkrankungen sind die Haupttodesursache in der westlichen Welt. In Deutschland werden pro Jahr über 2.800.000 Patienten wegen einer Herzerkrankung behandelt. 10 bis 30 Prozent dieser Patienten mit einer Herzerkrankung entwickeln in der Folge eine Posttraumatische Belastungsstörung (PTBS). Speziell monotraumatische Ereignisse, zu denen auch Herzerkrankungen zu zählen sind, können mit Eye Movement and Desensitization (EMDR) gut behandelt werden. Das Standard Protokoll des EMDR wurde den speziellen Bedürfnissen dieser Patientengruppe und dem stationären Setting einer Rehabilitationsklinik angepasst. In einer ausführlichen Falldarstellung wird die Arbeit mit dem "EMDR Protokoll für Herz-Kreislauf Patienten im stationären Setting" veranschaulicht.
Usée, Franziska; Jacobs, Arthur M.; Lüdtke, Jana	2020	From abstract symbols to emotional (in-)sights: An eye tracking study on the effects of emotional vignettes and pictures	Frontiers in Psychology, 2020				Reading is known to be a highly complex, emotion-inducing process, usually involving connected and cohesive sequences of sentences and paragraphs. However, most empirical results, especially from studies using eye tracking, are either restricted to simple linguistic materials (e.g., isolated words, single sentences) or disregard valence-driven effects. The present study addressed the need for ecologically valid stimuli by examining the emotion potential of and reading behavior in emotional vignettes, often used in applied psychological contexts and discourse comprehension. To allow for a cross-domain comparison in the area of emotion induction, negatively and positively valenced vignettes were constructed based on pre-selected emotional pictures from the Nencki Affective Picture System (NAPS; Marchewka et al., 2014). We collected ratings of perceived valence and arousal for both material groups and recorded eye movements of 42 participants during reading and picture viewing. Linear mixed-effects models were performed to analyze effects of valence (i.e., valence category, valence rating) and stimulus domain (i.e., textual, pictorial) on ratings of perceived valence and arousal, eye movements in reading, and eye movements in picture viewing. Results supported the success of our experimental manipulation: emotionally positive stimuli (i.e., vignettes, pictures) were perceived more positively and less arousing than emotionally negative ones. The cross-domain comparison indicated that vignettes are able to induce stronger valence effects than their pictorial counterparts, no differences between vignettes and pictures regarding effects on perceived arousal were found. Analyses of eye movements in reading replicated results from experiments using isolated words and sentences: perceived

							positive text valence attracted shorter reading times than perceived negative valence at both the supralexical and lexical level. In line with previous findings, no emotion effects on eye movements in picture viewing were found. This is the first eye tracking study reporting superior valence effects for vignettes compared to pictures and valence-specific effects on eye movements in reading at the supralexical level.
Usta, Mirac Baris; Gumus, Yusuf Yasin; Say, Gokce Nur; Bozkurt, Abdullah; Şahin, Berkan; Karabekiroğlu, Koray	2018	Basal blood DHEA-S/cortisol levels predicts EMDR treatment response in adolescents with PTSD	Nordic journal of psychiatry	72	3	164–172	OBJECTIVE: In literature, recent evidence has shown that the hypothalamic-pituitary-adrenal (HPA) axis can be dysregulated in patients with post-traumatic stress disorder (PTSD) and HPA axis hormones may predict the psychotherapy treatment response in patients with PTSD. In this study, it was aimed to investigate changing cortisol and DHEA-S levels post-eye movement desensitization and reprocessing (EMDR) therapy and the relationship between treatment response and basal cortisol, and DHEA-S levels before treatment. METHOD: The study group comprised 40 adolescents (age, 12-18 years) with PTSD. The PTSD symptoms were assessed using the Child Depression Inventory (CDI) and Child Post-traumatic Stress Reaction Index (CPSRI) and the blood cortisol and DHEA-S were measured with the chemiluminescence method before and after treatment. A maximum of six sessions of EMDR therapy were conducted by an EMDR level-1 trained child psychiatry resident. Treatment response was measured by the pre- to post-treatment decrease in self-reported and clinical PTSD severity. RESULTS: Pre- and post-treatment DHEA-S and cortisol levels did not show any statistically significant difference. Pre-treatment CDI scores were negatively correlated with pre-treatment DHEA-S levels (r: -0.39). ROC analysis demonstrated that the DHEA-S/cortisol ratio predicts treatment response at a medium level (AUC: 0.703, p: .030, sensitivity: 0.65, specificity: 0.86). CONCLUSION: The results of this study suggested that the DHEA-S/cortisol ratio may predict treatment response in adolescents with PTSD receiving EMDR therapy. The biochemical parameter of HPA-axis activity appears to be an important predictor of positive clinical response in adolescent PTSD patients, and could be used in clinical practice to predict PTSD treatment in the future.
Uttendörfer, Jochen	2008	Traumazentrierte Pädagogik. Von der Entwicklung der Kultur eines "Sicheren Ortes"	Unsere Jugend	60	2	50–65	Das Konzept einer die Erkenntnisse der Psychotraumatologie und Ergebnisse der Gehirnforschung integrierenden traumazentrierten Pädagogik wird vorgestellt. Zunächst wird der aktuelle Erkenntnisstand zu posttraumatischen Belastungsstörungen (PTBS) und den daran beteiligten neurobiologischen Vorgängen dargestellt, und Möglichkeiten der Behandlung von Personen mit PTBS mittels

							<p>"Eye Movement Desensitization and Reprocessing" (EMDR) werden aufgezeigt. Anschließend wird das Konzept des "sicheren Ortes" als eine Voraussetzung für die therapeutische Arbeit mit traumatisierten Personen eingeführt. Das Konzept umschreibt die Imagination eines Ortes, der dem Betroffenen das Gefühl der Kontrolle über die traumatischen Erfahrungen ermöglicht oder aber eines Ortes, an dem belastende Gedanken, Bilder und Gefühle sicher gelagert werden können. Vor diesem Hintergrund werden Komponenten eines Curriculums zur Umsetzung einer traumazentrierten Pädagogik erläutert. Im Rahmen dieses Curriculums soll Erzieherinnen und Erziehern vermittelt werden, ihre pädagogische Arbeit auf traumatisierte Kinder abzustimmen. Neben dem Erkennen von PTBS und der Einschätzung der Belastung bildet die Auseinandersetzung mit dem Konzept des sicheren Ortes einen wesentlichen Bestandteil der Ausbildung zum Traumapädagogen. Es wird verdeutlicht, dass eine Kultur des sicheren Ortes in Einrichtungen der Jugendhilfe die in der familiären Sozialisation nicht vermittelten protektiven Faktoren bei Kindern und Jugendlichen ersetzen kann.</p>
v. Saint Paul, Nikola	2001	EMDR und systemische Familientherapie	EMDRIA Rundbrief		2	14-17	
Valedi, Sahar; Alimoradi, Zainab; MoradiBaglooei, Mohammad; Pakpour, Amir H.; Ranjbaran, Mehdi; Chegini, Venus	2019	Investigating the effect of Eye Movement Desensitization and Reprocessing on pain intensity in patients with primary dysmenorrhea: a protocol for a randomized controlled trial	Trials	20	1	404	<p>BACKGROUND: Unpleasant experience with the previous menstruation can increase the sensitivity to pain which may lead to moderate to severe pain in patients with dysmenorrhea. Eye movement desensitization and reprocessing (EMDR) is a psychological method to alleviate the distress from unpleasant memories and related events and can be used for other conditions such as anxiety, depression, and chronic pain. This protocol was designed to investigate the effect of EMDR therapy on pain intensity in patients with dysmenorrhea. METHODS/DESIGN: A randomized clinical trial was designed in compliance with the Consolidated Standards of Reporting Trials (CONSORT). Female students who have moderate to severe primary dysmenorrhea (based on a visual analogue scale [VAS] score of at least 4 for two consecutive months) and who live in dormitories at Qazvin University of Medical Sciences in Qazvin, Iran will be invited to participate in the study. The total sample size will be 88 girls, who will be randomly assigned to intervention (N = 44) and control (N = 44) groups. EMDR therapy will be performed for the intervention group, while the control group can use sedative or other pain relief methods as their routine... There will be six treatment sessions, which will be held twice a week. The duration of each session is 30-90 min, according to the convenience of each</p>

							<p>participant. The data will be collected using the demographic characteristics questionnaire, the VAS, the Subjective Units of Anxiety or Distress Scale (SUD), and the Validity of Cognition Scale (VOC). The data on pain intensity due to primary dysmenorrhea in both groups will be collected at 1 and 2 months before the intervention (to identify eligible participants) and 1 and 2 months after the intervention (follow-ups). Data will be analyzed by using SPSS version 25 software and analysis of variance (ANOVA) with repeated measures with appropriate post hoc tests. A P value of less than 0.05 will be considered significant. DISCUSSION: The results are expected to provide the information on the efficacy of EMDR therapy to manage moderate to severe pain in patients with primary dysmenorrhea. ETHICS AND DISSEMINATION: The research proposal is approved by the human ethics committee of Qazvin University of Medical Sciences (IR.QUMS.REC.1397.100). The results of this trial will be submitted for publication in a peer-reviewed research journal. TRIAL REGISTRATION: IRCT20180823040851N1 . Registered on 6, October 2018.</p>
Valent, Paul	2007	Eight survival strategies in traumatic stress	Traumatology	13	2	4–14	<p>Posttraumatic stress disorder (PTSD) in its fourth criterion relies on the consequences of fight and flight survival responses. However, this limits understanding of a much wider variety of stress responses from other survival strategies. Information from a variety of disciplines suggests eight survival strategies including fight and flight. The anatomy, physiology, cognitions, emotions, and social expressions of these strategies are described in animals, and human infants and adults. A wider variety of survival strategies enriches conceptualization of PTSD and apparent comorbid phenomena. (Psycho Database Record (c) 2022 APA, all rights reserved)</p>
Vallati, Morgan; Cunningham, Simone; Mazurka, Raegan; Stewart, Jeremy G.; Larocque, Cherie; Milev, Roumen V.; Bagby, R. Michael; Kennedy, Sidney H.; Harkness, Kate L.	202	Childhood maltreatment and the clinical characteristics of major depressive disorder in adolescence and adulthood	Journal of abnormal psychology	129	5		<p>Childhood maltreatment is widely implicated as the strongest developmental risk factor for depression onset. The current research is novel in examining the fine-grained associations of childhood emotional versus physical versus sexual maltreatment to indices of the severity, course, and presence of anxiety and trauma-related psychopathology in depression. An amalgamation across 6 previous investigations resulted in a sample of 575 adolescents and adults (76% female; age range 12–70, M = 27.88, SD = 13.58). All participants were in a current episode of a unipolar depressive disorder. Retrospective reports of childhood maltreatment were assessed using a rigorous contextual interview with independent, standardized ratings. Higher levels of emotional maltreatment and/or sexual maltreatment emerged as significantly associated with greater depression severity, number of previous episodes, and risk for</p>

							<p>posttraumatic stress disorder (PTSD), and were significantly more strongly associated with these characteristics than was physical maltreatment. Further, emotional maltreatment perpetrated by mothers was significantly associated with depression severity and history, whereas emotional maltreatment perpetrated by fathers was significantly associated with a greater risk of PTSD. These latter results suggest that prevention and intervention efforts may need to focus on the unique roles of mothers versus fathers on the development of depressive- versus threat-related psychopathology, respectively. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
<p>van den Berg, David P G; de Bont, Paul A J M; van der Vleugel, Berber M; Roos, Carlijn de; Jongh, Ad de; van Minnen, Agnes; van der Gaag, Mark</p>	2015	<p>Prolonged exposure vs eye movement desensitization and reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: a randomized clinical trial</p>	JAMA psychiatry	72	3	259–267	<p>IMPORTANCE: The efficacy of posttraumatic stress disorder (PTSD) treatments in psychosis has not been examined in a randomized clinical trial to our knowledge. Psychosis is an exclusion criterion in most PTSD trials. OBJECTIVE: To examine the efficacy and safety of prolonged exposure (PE) therapy and eye movement desensitization and reprocessing (EMDR) therapy in patients with psychotic disorders and comorbid PTSD. DESIGN, SETTING, AND PARTICIPANTS: A single-blind randomized clinical trial with 3 arms (N = 155), including PE therapy, EMDR therapy, and waiting list (WL) of 13 outpatient mental health services among patients with a lifetime psychotic disorder and current chronic PTSD. Baseline, posttreatment, and 6-month follow-up assessments were made. INTERVENTIONS: Participants were randomized to receive 8 weekly 90-minute sessions of PE (n = 53), EMDR (n = 55), or WL (n = 47). Standard protocols were used, and treatment was not preceded by stabilizing psychotherapeutic interventions. MAIN OUTCOMES AND MEASURES: Clinician-rated severity of PTSD symptoms, PTSD diagnosis, and full remission (on the Clinician-Administered PTSD Scale) were primary outcomes. Self-reported PTSD symptoms and posttraumatic cognitions were secondary outcomes. RESULTS: Data were analyzed as intent to treat with linear mixed models and generalized estimating equations. Participants in the PE and EMDR conditions showed a greater reduction of PTSD symptoms than those in the WL condition. Between-group effect sizes were 0.78 (P &lt; .001) in PE and 0.65 (P = .001) in EMDR. Participants in the PE condition (56.6%; odds ratio [OR], 3.41; P = .006) or the EMDR condition (60.0%; OR, 3.92; P &lt; .001) were significantly more likely to achieve loss of diagnosis during treatment than those in the WL condition (27.7%). Participants in the PE condition (28.3%; OR, 5.79; P = .01), but not those in the EMDR condition (16.4%; OR, 2.87; P = .10), were more likely to gain full remission than those in the WL condition (6.4%). Treatment effects</p>



							were maintained at the 6-month follow-up in PE and EMDR. Similar results were obtained regarding secondary outcomes. There were no differences in severe adverse events between conditions (2 in PE, 1 in EMDR, and 4 in WL). The PE therapy and EMDR therapy showed no difference in any of the outcomes and no difference in participant dropout (24.5% in PE and 20.0% in EMDR, $P = .57$ ). CONCLUSIONS AND RELEVANCE: Standard PE and EMDR protocols are effective, safe, and feasible in patients with PTSD and severe psychotic disorders, including current symptoms. A priori exclusion of individuals with psychosis from evidence-based PTSD treatments may not be justifiable. TRIAL REGISTRATION: isrctn.com Identifier: ISRCTN79584912.
van den Hout, Marcel A.; Engelhard, Iris M.; Smeets, Monique A. M.; Hornsveld, Hellen; Hoogeveen, Elsbeth; Heer, Eric de; Toffolo, Marieke B. J.; Rijkeboer, Marleen	2010	Counting during recall: Taxing of working memory and reduced vividness and emotionality of negative memories	J. Clin. Psychol. (Journal of clinical psychology)	24	3	303–311	Abstract While initially subject to debate, meta-analyses have shown that eye movement desensitization and reprocessing (EMDR) is effective in the treatment of posttraumatic stress disorder (PTSD). Earlier studies showed that eye movements during retrieval of emotional memories reduce their vividness and emotionality, which may be due to both tasks competing for limited working memory (WM) resources. This study examined whether another secondary task that taxes WM has beneficial effects, and whether the stronger the taxing, the stronger the reductions in vividness/adversity. A reaction time (RT) paradigm showed that counting backwards requires WM resources, and that more complex counting is more demanding than simple counting. Relative to a retrieval-only condition, counting during retrieval of emotional memories reduced vividness and emotionality during later recall of these memories. However, the counting conditions did not differ in the magnitude of this reduction, and did not show the predicted dose-response relationship. Implications for a working-memory explanation of EMDR and for clinical practice are discussed. Copyright ? 2010 John Wiley & Sons, Ltd.
van den Hout, Marcel A; Eidhof, Marloes B.; Verboom, Jesse; Littel, Marianne; Engelhard, Iris M.	2014	Blurring of emotional and non-emotional memories by taxing working memory during recall	Cognition & emotion	28	4	717–727	Memories that are recalled while working memory (WM) is taxed, e.g., by making eye movements (EM), become blurred during the recall + EM and later recall, without EM. This may help to explain the effects of Eye Movement and Desensitisation and Reprocessing (EMDR) in the treatment of post-traumatic stress disorder (PTSD) in which patients make EM during trauma recall. Earlier experimental studies on recall + EM have focused on emotional memories. WM theory suggests that recall + EM is superior to recall only but is silent about effects of memory emotionality. Based on the emotion and memory literature, we examined whether recall + EM has superior effects in blurring emotional memories relative to neutral memories. Healthy volunteers

							recalled negative or neutral memories, matched for vividness, while visually tracking a dot that moved horizontally ("recall + EM") or remained stationary ("recall only"). Compared to a pre-test, a post-test (without concentrating on the dot) replicated earlier findings: negative memories are rated as less vivid after "recall + EM" but not after "recall only". This was not found for neutral memories. Emotional memories are more taxing than neutral memories, which may explain the findings. Alternatively, transient arousal induced by recall of aversive memories may promote reconsolidation of the blurred memory image that is provoked by EM.
van den Hout, Marcel A; Engelhard, Iris M.; Beetsma, Daniel; Slofstra, Christien; Hornsveld, Hellen; Houtveen, Jan; Leer, Arne	2011	EMDR and mindfulness. Eye movements and attentional breathing tax working memory and reduce vividness and emotionality of aversive ideation	Journal of behavior therapy and experimental psychiatry	42	4	423–431	BACKGROUND AND OBJECTIVES: Eye Movement Desensitization and Reprocessing (EMDR) and Mindfulness-Based Cognitive Therapy (MBCT) are effective in reducing the subjective impact of negative ideation. In both treatments, patients are encouraged to engage in a dual-task (eye movements (EM) in the case of EMDR and attentional breathing (AB) in the case of MBCT) while they experience negative thoughts or images. Working memory theory explains the effects of EM by suggesting that it taxes limited working memory resources, thus rendering the image less vivid and emotional. It was hypothesized that both AB and EM tax working memory and that both reduce vividness and emotionality of negative memories. METHODS: Working memory taxation by EM and AB was assessed in healthy volunteers by slowing down of reaction times. In a later session, participants retrieved negative memories during recall only, recall + EM and recall + AB (study 1). Under improved conditions the study was replicated (study 2). RESULTS: In both studies and to the same degree, attentional breathing and eye movements taxed working memory. Both interventions reduced emotionality of memory in study 1 but not in study 2 and reduced vividness in study 2 but not in study 1. LIMITATIONS: EMDR is more than EM and MBCT is more than AB. Memory effects were assessed by self reports. CONCLUSIONS: EMDR and MBCT may (partly) derive their beneficial effects from taxing working memory during recall of negative ideation.
van den Hout, Marcel A; Rijkeboer, Marleen M.; Engelhard, Iris M.; Klugkist, Irene; Hornsveld, Hellen; Toffolo, Marieke J. B.; Cath, Danielle C.	2012	Tones inferior to eye movements in the EMDR treatment of PTSD	Behaviour research and therapy	50	5	275–279	Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder (PTSD). During EMDR, patients make eye movements (EMs) while recalling traumatic memories, but recently therapists have replaced EMs by alternating beep tones. There are no outcome studies on the effects of tones. In an earlier analogue study, tones were inferior to EMs in the reduction of vividness of aversive memories. In a first EMDR session, 12 PTSD patients recalled trauma memories in three conditions: recall only,

							recall + tones, and recall + EMs. Three competing hypotheses were tested: 1) EMs are as effective as tones and better than recall only, 2) EMs are better than tones and tones are as effective as recall only, and 3) EMs are better than tones and tones are better than recall only. The order of conditions was balanced, each condition was delivered twice, and decline in memory vividness and emotionality served as outcome measures. The data strongly support hypothesis 2 and 3 over 1: EMs outperformed tones while it remained unclear if tones add to recall only. The findings add to earlier considerations and earlier analogue findings suggesting that EMs are superior to tones and that replacing the former by the latter was premature.
van Denderen, MariÅ«tte; Keijser, Jos de; Stewart, Roy; Boelen, Paul A.	2018	Treating complicated grief and posttraumatic stress in homicidally bereaved individuals: A randomized controlled trial	Clinical psychology & psychotherapy	25	4	497–508	Homicidally bereaved individuals may experience symptoms of Complicated Grief (CG) and Posttraumatic Stress Disorder (PTSD). This Randomized Controlled Trial examined the effectiveness of an 8-session treatment encompassing Cognitive Behavioural Therapy (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) to reduce self-rated CG and PTSD symptoms in 85 Dutch adult homicidally bereaved men and women. We compared changes in symptoms of CG (assessed using the Inventory of Complicated Grief) and PTSD (assessed using the Impact of Event Scale) between an intervention group and a waitlist control group. The treatment was effective in reducing CG and PTSD symptoms, from pretreatment to posttreatment. It can be concluded that EMDR and CBT seem promising treatments for homicidally bereaved individuals for both men and women, and regardless of the time since the loss. Further research is needed to examine whether a combined treatment of EMDR and CBT together is of added value in situations where grief and trauma are intertwined over offering only one of the two treatment modalities.
van der Asdonk, Sabine; Kesarlal, Ashwina R.; Schuengel, Carlo; Draaisma, Nina; Roos, Carlijn de; Zuidgeest, Karine; Rippe, Ralph C. A.; Alink, Lenneke R. A.	2022	Testing an attachment- and trauma-informed intervention approach for parents and young children after interparental violence: protocol for a randomized controlled trial	Trials	23	1	973	BACKGROUND: Interparental violence has persistent adverse effects on victimized parents and children. Young children, including infants and toddlers, are at particular risk to develop long-lasting negative outcomes, and yet specific evidence on effective intervention approaches for this vulnerable group is still lacking. This study will test the effectiveness of an attachment- and trauma-informed intervention approach in a sample of parent-child dyads who have experienced severe interparental violence. We test the individual and combined effects of two interventions: (1) "Nederlandse Interventie Kortdurend op Atypisch oudergedrag" (NIKA; Dutch, short-term intervention focused on atypical parenting behavior) aimed at improving the attachment relationship and (2) eye movement desensitization and

							<p>reprocessing (EMDR) therapy aimed at reducing parental post-traumatic stress disorder (PTSD) symptoms. METHODS: This study uses a multicenter randomized controlled design across multiple domestic violence shelters in the Netherlands. We aim to recruit 150 parent-child dyads with children aged between 0.5 and 6 years old. The study design consists of two phases. During the first phase for testing the effect of NIKA only, eligible dyads are randomly allocated to either NIKA or a waitlist usual care group. A pre-test is conducted prior to the treatment period and a post-test takes place directly afterwards (6 weeks after the pre-test). Phase 2 follows directly for testing the effects of EMDR and the combination of NIKA and EMDR. Parents who report clinical PTSD symptoms are randomly allocated to either EMDR therapy or a waitlist usual care group. Parents who do not report clinical PTSD symptoms only receive care as usual. Six weeks later, a post-test of phase 2 is conducted for all participating dyads. Primary study outcomes are disrupted parenting behavior, sensitive parenting behavior, and parental PTSD symptoms. Secondary study outcomes include PTSD symptoms and behavioral and emotional problems of the child. DISCUSSION: This study will inform and enhance the clinical field by providing new insights regarding effective treatment combinations for traumatized parents and their young children after interparental violence. TRIAL REGISTRATION: Netherlands Trial Register (NTR) NL9179 . Registered 7 January 2021.</p>
van der Kolk, Bessel A.	2009	Entwicklungstrauma-Störung: Auf dem Weg zu einer sinnvollen Diagnostik für chronisch traumatisierte Kinder	Praxis der Kinderpsychologie und Kinderpsychiatrie	58	8	572–586	<p>Verdeutlicht wird, dass weniger als acht Jahre nach Gründung des Nationalen Traumanetzwerks für Kinder (National Child Traumatic Stress Network, NCTSN) im Jahr 2001 die gegenwärtigen diagnostischen Klassifikationen für Zehntausende von traumatisierten Kindern inadäquat sind. Durch die Einführung der Posttraumatischen Belastungsstörung (PTBS) in psychiatrische Klassifikationen wurden 1980 umfassende wissenschaftliche Studien zu dieser Diagnose möglich. Mehr als 25 Jahre später gibt es eine parallele Initiative im Bereich der Entwicklungspsychopathologie, die die Folgen interpersoneller Traumatisierung und des Bruchs im frühen Pflegesystem für die Entwicklung der Affektregulation, der Aufmerksamkeit, der Kognitionen, der Wahrnehmung und der interpersonellen Beziehungen dokumentiert. Von besonderer Bedeutung sind dabei auch die Auswirkungen früher belastender Lebensereignisse auf die Hirnentwicklung. Ziel der Einführung der Diagnose "Entwicklungstrauma-Störung" (Developmental Trauma Disorder) ist es, die Realität der klinischen Symptomatik von Kindern und Jugendlichen zu erfassen, die chronischem interpersonellen</p>

							Trauma ausgesetzt sind. Kinder, ob sie nun einige PTBS-Symptome aufweisen oder nicht, die sich in einem Umfeld von andauernder Gefahr, Misshandlung und inadäquater Versorgung entwickelt haben, sind durch das gegenwärtige diagnostische System schlecht bedient: Sie erhalten häufig verschiedene, nicht zusammenhängende Diagnosen, die besonders auf die Verhaltenskontrolle fokussieren, ohne dass damit das interpersonelle Trauma, die Ätiologie der Symptome und die Entwicklungsbrüche, die den Symptomen zugrunde liegen, erfasst werden.
van der Meer, A.; Wulffraat, N. M.; Prakken, B. J.; Gijssbers, B.; Rademaker, C. M. A.; Sinnema, G.	2007	Psychological side effects of MTX treatment in juvenile idiopathic arthritis: a pilot study	Clinical and experimental rheumatology	25	3	480–485	OBJECTIVE: To document the psychological side effects of methotrexate (MTX) treatment in children with juvenile idiopathic arthritis (JIA) and to explore the usefulness of psychological therapy to ameliorate these side effects. METHODS: The patients included in this study consisted of 29 patients with JIA using MTX. Of these, ten were referred to a pediatric psychologist because of MTX side effects, and had behavioural therapy to cope with these side effects with a strong behavioural component (anticipatory nausea, anxiety). The behavioural therapy was adapted to age and used systemic desensitization (distraction in a positive atmosphere) or cognitive behavioural therapy (relaxation and overruling negative thoughts by positive ones). The parents of the 29 children were interviewed about MTX treatment and the side effects their child had developed. Parents of children referred to the psychologist were also interviewed for their impression of the results of the behavioural therapy. RESULTS: Prior to the behavioural therapy, nine out of 10 children reported MTX related nausea. Six of these ten were nauseous even before the administration and developed anticipatory nausea. Nine out of ten patients also showed some sign of distress in anticipation of MTX treatment, either orally or via injections. The behavioural therapy they had fully abolished side effects in five children and decreased the severity of nausea and distress in two children. Of the remaining nineteen children, not referred to the pediatric psychologist, 11 reported nausea after MTX treatment and four of these developed anticipatory nausea. In addition, eight of these 18 developed behavioural distress in anticipation of the treatment. CONCLUSION: This study showed that children with JIA who receive MTX treatment frequently develop psychological side effects, such as anticipatory nausea and behavioural distress in anticipation of treatment. This is true for patients selected for reported MTX side effects, as well as for randomly chosen JIA patients using MTX. As MTX is still the first choice in the treatment of severe JIA, more attention should be given to the

							treatment and prevention of side effects. Psychological intervention can be of help, but further studies are needed on the nature of the side effects, as well as on the prerequisites and efficacy of behavioural therapy.
van Dijk, N.; Velzeboer, S. C.; Destrée-Vonk, A.; Linzer, M.; Wieling, W.	2001	Psychological treatment of malignant vasovagal syncope due to bloodphobia	Pacing and clinical electrophysiology : PACE	24	1	122–124	A 17-year-old boy with frequent faints due to blood-injury phobia was studied. During cardiovascular reflex investigation in our syncope unit, 50 seconds of asystole were recorded. He was treated using systematic desensitization with muscular tension and cognitive techniques by the Pediatric Psychosocial Department and has not experienced syncopal events again.
van Dyck, R.; Spinhoven, P.	1997	Does preference for type of treatment matter? A study of exposure in vivo with or without hypnosis in the treatment of panic disorder with agoraphobia	Behavior modification	21	2	172–186	There is evidence that preference for a given therapy may influence results. Literature also suggests that hypnotizability may be elevated in agoraphobic patients, making hypnosis a potentially powerful method for treatment. Agoraphobic patients (N = 64) were treated with either exposure in vivo or exposure combined with hypnosis in a crossover design. Half of the patients started with the treatment they preferred and the other half received the other treatment first. Although patients' preference clearly shifted in favor of the combined therapy in the course of the study, no effect of preference on outcome was evident. Although hypnotizability clearly correlated to outcome in the combined therapy, no difference in effect between the two therapies was found on behavioral, self-report, and observer measures. No additional effect of hypnosis could be shown and preference was not found to be a powerful mediator of effect.
van Etten, Michelle L.; Taylor, Steven	1998	Comparative efficacy of treatments for post-traumatic stress disorder: a meta-analysis	Clinical psychology & psychotherapy	5	3	126–144	Abstract A meta-analysis was conducted on 61 treatment outcome trials for post-traumatic stress disorder (PTSD). Conditions included drug therapies (TCAs, carbamazepine, MAOIs, SSRIs, and BDZs), psychological therapies (behaviour therapy, Eye-Movement Desensitization and Reprocessing (EMDR), relaxation training, hypnotherapy, and dynamic therapy), and control conditions (pill placebo, wait-list controls, supportive psychotherapies, and non-saccade EMDR control). Psychological therapies had significantly lower drop-out rates than pharmacotherapies (14% versus 32%), with attrition being uniformly low across all psychological therapies. In terms of symptom reduction, psychological therapies were more effective than drug therapies, and both were more effective than controls. Among the drug therapies, the SSRIs and carbamazepine had the greatest effect sizes, although the latter was based upon a single trial. Among the psychological therapies, behaviour therapy and EMDR were most effective, and generally equally so. The most effective psychological therapies and drug therapies were generally

							equally effective. Differences across treatment conditions were generally evident across symptom domains, with little matching of symptom domain to treatment type. However, SSRIs had some advantage over psychological therapies in treating depression. Follow-up results were not available for most treatments, but available data indicates that treatment effects for behaviour therapy and EMDR are maintained at 15-week follow-up. ? 1998 John Wiley & Sons, Ltd.
van Lankveld, Jacques J D M; Kuile, Moniek M. ter; Groot, H. Ellen de; Melles, Reinhilde; Nefs, Janneke; Zandbergen, Maartje	2006	Cognitive-behavioral therapy for women with lifelong vaginismus: a randomized waiting-list controlled trial of efficacy	Journal of consulting and clinical psychology	74	1	168–178	Women with lifelong vaginismus (N=117) were randomly assigned to cognitive-behavioral group therapy, cognitive-behavioral bibliotherapy, or a waiting list. Manualized treatment comprised sexual education, relaxation exercises, gradual exposure, cognitive therapy, and sensate focus therapy. Group therapy consisted of ten 2-hr sessions with 6 to 9 participants per group. Assistance with minimal-contact bibliotherapy consisted of 6 biweekly, 15-min telephone contacts. Twenty-one percent of the participants left the study before posttreatment assessment. Intent-to-treat analysis revealed that successful intercourse at posttreatment was reported by 14% of the treated participants compared with none of the participants in the control condition. At the 12-month follow-up 21% of the group therapy participants and 15% of the bibliotherapy participants, respectively, reported successful intercourse. Cognitive-behavioral treatment of lifelong vaginismus was thus found to be efficacious, but the small effect size of the treatment warrants future efforts to improve the treatment.
van Minnen, A.; Arntz, A.; Keijsers, G. P. J.	2002	Prolonged exposure in patients with chronic PTSD: predictors of treatment outcome and dropout	Behaviour research and therapy	40	4	439–457	The present study investigated predictors of treatment outcome and dropout in two samples of PTSD-patients with mixed traumas treated using prolonged imaginal exposure. Possible predictors were analysed in both samples separately, in order to replicate in one sample findings found in the other. The only stable finding across the two groups was that patients who showed more PTSD-symptoms at pre-treatment, showed more PTSD-symptoms at post-treatment and follow-up. Indications were found that benzodiazepine use was related to both treatment outcome and dropout, and alcohol use to dropout. Demographic variables, depression and general anxiety, personality, trauma characteristics, feelings of anger, guilt, and shame and nonspecific variables regarding therapy were not related to either treatment outcome or dropout, disconfirming generally held beliefs about these factors as contra-indications for exposure therapy. It is concluded that it is difficult to use pre-treatment variables as a powerful and reliable tool for predicting treatment outcome or dropout. Clinically seen, it is therefore argued that exclusion of PTSD-

							patients from prolonged exposure treatment on the basis of pre-treatment characteristics is not justified.
van Minnen, Agnes; Voorendonk, Eline M.; Rozendaal, Linda; Jongh, Ad de	2020	Sequence matters: Combining Prolonged Exposure and EMDR therapy for PTSD	Psychiatry research	290		113032	<p>OBJECTIVE: Investigating the influence of the sequence in which two evidence-based trauma-focused treatments are offered to PTSD-patients. METHODS: PTSD-patients were treated using an intensive eight-day treatment program, combining Prolonged Exposure (PE) and EMDR therapy. Forty-four patients received a PE session in the morning and an EMDR session in the afternoon, while 62 patients received the reversed sequence (EMDR followed by PE). Outcome measures were PTSD symptom severity and subjective experiences. RESULTS: Patients who received PE first and EMDR second showed a significantly greater reduction in PTSD symptoms. Patients preferred this sequence and valued the treatment sessions as significantly more helpful compared to patients in the EMDR-first condition. CONCLUSION: The results of this explorative study are supportive of the notion that PE and EMDR therapy can be successfully combined, and that sequence matters. First applying PE sessions before EMDR sessions resulted in better treatment outcome, and better subjective patient's evaluations in terms of treatment helpfulness and preference.</p>
van Pelt, Ytje; Fokkema, Petra; Roos, Carlijn de; Jongh, Ad de	2021	Effectiveness of an intensive treatment programme combining prolonged exposure and EMDR therapy for adolescents suffering from severe post-traumatic stress disorder	European journal of psychotraumatology	12	1	1917876	<p>Background: Following promising effects of an intensive trauma treatment for adults, the question arises whether adolescents who suffer from severe post-traumatic stress disorder (PTSD) can also profit from a similar treatment programme. Objective: To assess the effectiveness of an intensive trauma-focused treatment programme combining two evidence-based trauma-focused therapies and physical activities for adolescents suffering from severe PTSD. Method: Treatment consisted of daily sessions of prolonged exposure (PE) therapy and eye movement desensitization and reprocessing (EMDR) therapy supplemented with physical activity (13 days on average). All patients (N = 27; 96.3% women, mean age = 16.1 years; SD = 1.3) had been exposed to one or more (interpersonal) traumatic events. Twenty-two of them (81.5%) also fulfilled the diagnostic criteria of a comorbid psychiatric disorder (mean number of comorbid disorders = 2.22). The majority of patients were referred because previous treatment was difficult or complications were expected to occur. Severity of PTSD symptoms and presence of a PTSD diagnostic status were assessed using the Dutch version of the CAPS-CA IV at baseline, post-treatment and at 3-month follow-up. Results: CAPS-CA IV scores decreased significantly from pre- to post-treatment (Cohen's <math>d = 1.39</math>). Of all patients 81.5% (n = 22) showed a clinically meaningful</p>



						response, of whom 63% (n = 17) no longer fulfilled the diagnostic criteria of PTSD at post-treatment as established with the CAPS-CA IV. The results were maintained at 3-month follow-up. During treatment, neither adverse events nor dropout occurred. Conclusions: The results suggest that an intensive trauma-focused treatment programme combining prolonged exposure, EMDR therapy, and physical activity can be an effective and safe treatment for adolescents suffering from severe PTSD and multiple comorbid psychiatric disorders.	
van Schie, Kevin; van Veen, Suzanne C.; Hageaars, Muriel A.	2019	The effects of dual-tasks on intrusive memories following analogue trauma	Behaviour research and therapy	120		103448	Patients with post-traumatic stress disorder frequently and involuntarily experience intrusions, which are strongly linked to the trauma hotspot. Voluntary memory characteristics (i.e., vividness and unpleasantness) of this hotspot can be reduced by performing a dual-task, such as making horizontal eye movements, which is frequently used in Eye Movement Desensitization and Reprocessing. We tested whether such dual-task interventions would also reduce involuntary memory (i.e., intrusions). Moreover, we examined if changes in hotspot vividness and unpleasantness predicted intrusion frequency. Additionally, we examined whether the effects were dependent on dual-task modality. We tested this in three experiments. Participants watched a trauma film and performed one of the interventions 10-min post-film (1) Recall + Eye movements, (2) Recall + Counting, or (3) No-Task Control. Before and after the intervention, participants rated the hotspot vividness and unpleasantness. They recorded intrusive memories about the film in a diary for a week. Unexpectedly, we found that hotspot vividness and unpleasantness ratings were not affected by the intervention. However, the prolonged (experiment 2), but not standard (experiment 1), dual-task interventions resulted in a lower number of intrusions, regardless of modality. However, this effect was not replicated in experiment 3. We discuss potential explanations and present suggestions for future research.
van Veen, Suzanne C.; Kang, Sahaj; van Schie, Kevin	2019	On EMDR: Measuring the working memory taxation of various types of eye (non-)movement conditions	Journal of behavior therapy and experimental psychiatry	65		101494	BACKGROUND AND OBJECTIVE: A recent, large randomized controlled trial employing different forms of eye (non-)movements in eye movement desensitization and reprocessing (EMDR) showed that fixating the eyes either on a therapist's moving or non-moving hand led to equal reductions in symptoms of post-traumatic stress disorder (PTSD). However, numerous EMDR lab analogue studies found that eye movements produce larger memory effects than eyes stationary. These beneficial effects are typically explained by differences in working memory (WM) taxation. We tested the degree of WM taxation of several eye (non-)movement conditions used in the clinical trial.

						<p>METHODS: All participants (N = 40) performed: (1) eyes moving by following the experimenter's moving finger, (2) eyes fixed on the experimenter's stationary finger, (3) eyes closed, or (4) looking unfocused into the room. Simultaneously they performed a simple reaction time task. Reaction times are an objective index of the extent to which different dual attention tasks tax WM. RESULTS: Eyes moving is more taxing than eyes fixed, while eyes fixed did not differ from eyes unfocused. All conditions were more taxing than eyes closed. LIMITATIONS: We studied WM taxation in a laboratory setting; no clinical interventions were applied. CONCLUSIONS: In line with previous lab studies, making eye movements was more taxing than eyes fixed. We discuss why this effect was not observed for reductions in PTSD symptoms in the clinical trial (e.g., differences in dependent variables, sample population, and intervention duration). For more comprehensive future insights, we recommend integration of mechanistically focused lab analogue studies and patient-oriented clinical studies.</p>
<p>van Veen, Suzanne C.; van Schie, Kevin; van de Schoot, Rens; van den Hout, Marcel A; Engelhard, Iris M.</p>	2020	<p>Making eye movements during imaginal exposure leads to short-lived memory effects compared to imaginal exposure alone</p>	<p>Journal of behavior therapy and experimental psychiatry</p>	67	101466	<p>BACKGROUND AND OBJECTIVES: A plethora of eye movement desensitization and reprocessing (EMDR) analogue studies has shown that, in the short term, making eye movements (EM) during brief imaginal exposure ("recall + EM") blurs memories more than just imaginal exposure ("recall only"). Yet, results of the few studies that included a follow-up test are inconsistent. We improved this paradigm's ecological validity by including an extended intervention phase and multiple assessments per phase. We hypothesized that recall + EM results in larger immediate and 24 h reductions in memory vividness, negative valence, and distress than recall alone. We explored the persistence of the effects, as well as the predictive value of memory characteristics and individual differences. METHODS: Students (N = 100) selected a negative autobiographical memory and were randomized to recall + EM or recall alone; both interventions lasted 32 intervals of 24s. During the interventions they rated the memory after every four intervals. RESULTS: After 4 × 24s intervention, recall + EM resulted in memory deflation, while recall only caused memory inflation. After the full intervention (i.e., 32 × 24s), both conditions resulted in immediate and 24 h reductions on all outcome measures. Crucially, memory effects in the recall + EM condition partially relapsed 24 h later, while the effects in the recall only condition persisted. Change patterns were hardly explained by predictive variables. LIMITATIONS: We used a non-clinical sample; replication in clinical samples is warranted. CONCLUSION: Making</p>

							EM during imaginal exposure leads to short-lived effects compared to imaginal exposure alone. However, EM may offer a response aid for those who avoid imaginal exposure.
van Vliet, Noortje I.; Huntjens, Rafaele J. C.; van Dijk, Maarten K.; Huisman, Mark; Bachrach, Nathan; Meewisse, Marie-Louise; van Haren, Sietske; Jongh, Ad de	2023	Predictors and moderators of treatment outcomes in phase-based treatment and trauma-focused treatments in patients with childhood abuse-related post-traumatic stress disorder	European journal of psychotraumatology	15	1	2300589	Background: Knowledge of treatment predictors and moderators is important for improving the effectiveness of treatment for PTSD due to childhood abuse. Objective: The first aim of this study was to test the potential predictive value of variables commonly associated with PTSD resulting from a history of repeated childhood abuse, in relation to treatment outcomes. The second aim was to examine if complex PTSD symptoms act as potential moderators between treatment conditions and outcomes. Method: Data were obtained from a randomized controlled trial comparing a phase-based treatment (Skills Training in Affect and Interpersonal Regulation [STAIR] followed by Eye Movement Desensitization and Reprocessing [EMDR] therapy; n = 57) with a direct trauma-focused treatment (EMDR therapy only; n = 64) in people with PTSD due to childhood abuse. The possible predictive effects of the presence of borderline personality disorder, dissociative symptoms, and suicidal and self-injurious behaviours were examined. In addition, it was determined whether symptoms of emotion regulation difficulties, self-esteem, and interpersonal problems moderated the relation between the treatment condition and PTSD post-treatment, corrected for pre-treatment PTSD severity. Results: Pre-treatment PTSD severity proved to be a significant predictor of less profitable PTSD treatment outcomes. The same was true for the severity of dissociative symptoms, but only post-treatment, and not when corrected for false positives. Complex PTSD symptoms did not moderate the relationship between the treatment conditions and PTSD treatment outcomes. Conclusions: The current findings suggest that regardless of the common comorbid symptoms studied, immediate trauma-focused treatment is a safe and effective option for individuals with childhood-related PTSD. However, individuals experiencing severe symptoms of PTSD may benefit from additional treatment sessions or the addition of other evidence-based PTSD treatment approaches. The predictive influence of dissociative sequelae needs further research. The study design was registered in The Dutch trial register ( <a href="https://www.trialregister.nl/trialreg/admin/rctview.asp?TC=5991">https://www.trialregister.nl/trialreg/admin/rctview.asp?TC=5991</a> ) NTR5991 and was approved by the medical ethics committee of Twente NL 56641.044.16 CCMO.
van Vliet, Noortje I.; Huntjens, Rafaele J.	2018	Phase-based treatment versus immediate trauma-focused	Trials	19	1	138	BACKGROUND: The treatment of posttraumatic stress disorder (PTSD) related to a history of sexual and/or physical abuse in childhood is the

C.; van Dijk, Maarten K.; Jongh, Ad de		treatment in patients with childhood trauma-related posttraumatic stress disorder: study protocol for a randomized controlled trial					subject of international debate, with some favouring a phase-based approach as their preferred treatment, while others argue for immediate trauma-focused treatment. A history of (chronic) traumatisation during childhood has been linked to the development of distinct symptoms that are often labelled as symptoms of complex PTSD. Many therapists associate the presence of symptoms of complex PTSD with a less favourable treatment prognosis. The purpose of this study is to determine whether a phase-based approach is more effective than stand-alone trauma-focused therapy in individuals with PTSD and possible symptoms of complex PTSD resulting from a history of repeated sexual and/or physical abuse in childhood. An additional aim is to investigate moderators, predictors of treatment (non) response and drop-out. METHOD: The sample consists of patients between 18 and 65 years old with a diagnosis of PTSD who report a history of repeated sexual and/or physical abuse in childhood (N = 122). Patients will be blindly allocated to either 16 sessions of eye movement desensitization and reprocessing (EMDR) therapy preceded by a stabilization phase (eight sessions of Skills Training in Affect and Interpersonal Regulation (STAIR)) or only 16 sessions of EMDR therapy. Assessments are carried out pre-treatment, after every eighth session, post-treatment, and at 3 and 6 months follow up. The main parameter will be the severity of PTSD symptoms (PTSD Symptoms Scale-Self Report). Secondary outcome variables are the presence of a PTSD diagnosis (Clinician-Administered PTSD Scale for DSM-5), severity of complex PTSD symptoms (Structured Interview for Disorders of Extreme Stress-Revised and symptoms-specific questionnaires), changes in symptoms of general psychopathology (Brief Symptom Inventory), and quality of life (Euroqol-5D). Health care consumption and productivity loss in patients will also be indexed. DISCUSSION: The study results may help to inform the ongoing debate about whether a phase-based approach has added value over immediate trauma-focused therapy in patients suffering from PTSD due to childhood abuse. Furthermore, the results will contribute to knowledge about the safety, efficacy, and cost-effectiveness of treatments in this target group. TRIAL REGISTRATION: Nederlands Trialregister, NTR5991 . Registered on 23 august 2016. <a href="http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=5991">http://www.trialregister.nl/trialreg/admin/rctview.asp?TC=5991</a> .
van Wesel, Floryt; Boeije, Hennie; Alisic, Eva; Drost, Sarah	2012	I'll be working my way back: A qualitative synthesis on the trauma experience of children	Psychological Trauma: Theory, Research,		19 42- 96	516- 526	Children who experience some kind of traumatic event, such as losing a sibling, witnessing war, or being the victim of abuse or an accident, all have the need to process this event. Few theories exist about the

			Practice, and Policy		9X( Electronic), 1942-9681(Print)	development of posttraumatic stress disorder, specifically in traumatized children. Therefore, a synthesis of qualitative research is conducted in which the available qualitative studies on the children's perspective on traumatic experiences are integrated. A total of 17 English-language peer-reviewed articles were selected and a thematic synthesis was carried out. The core themes in the findings pertain to three domains: the individual, the family, and the community. We found a qualitative synthesis beneficial for creating a complete picture of children dealing with trauma and for strengthening the emerging theory. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Vanderlinden, Johan	1999	Hypnose in der Behandlung von Anorexie, Bulimie und Adipositas (Workshop mit Demonstrationen und Videoeinspielungen)				Im Rahmen eines Workshops wird der Einsatz hypnotherapeutischer Methoden in der Behandlung von essgestörten Patienten vorgestellt. Johann Vanderlinden beginnt den Workshop mit der Darstellung diagnostischer Kriterien von Anorexie, Bulimie und Adipositas und wendet sich dann deren spezifischen psychotherapeutischen Behandlungsprinzipien zu. Der Ausgangspunkt ist die eindeutige Bestimmung eines realistischen therapeutischen Zieles. Für alle Formen der Therapie gilt die Erstellung eines konkreten Behandlungsplans, der die Faktoren Essen, Selbstwahrnehmung und soziale Interaktion beinhaltet, ebenso wie die monatliche Effektivitätskontrolle der Behandlung. Vanderlinden schildert Modelle und Techniken, die zu Symptomreduktion und erhöhter Selbstkontrolle beitragen. Ausführlich und mit einem Video veranschaulicht stellt er die "Activ Alert Hypnosis" vor, ein Zusammenwirken von physischer Aktivität und Hypnose. Diese Methode ist vor allem für Adipositas-Patientinnen geeignet. Neben der ausführlichen Vermittlung theoretischer Hintergründe, Zusammenhänge und Untersuchungsergebnisse gestaltet Vanderlinden den Workshop mit vielen Beispielen und zwei Demonstrationen praxisnah. Hierzu tragen auch die Nachfragen, Anregungen und Diskussionsbeiträge der Teilnehmer bei. Vanderlinden beschreibt und demonstriert einige Techniken zur Wiederherstellung eines positiven Körperkontaktes und Körpererlebnisses. Das zentrale Thema dieses Workshops ist aber die Anwendung von Hypnose bei der Behandlung von essgestörten Patientinnen mit traumatischen Erfahrungen sowie von Patientinnen, die unter traumatisch induzierten dissoziativen Episoden leiden. Zur Einstimmung zeigt Vanderlinden ein Video-Ausschnitt über eine Frau mit Anorexia und Bulimia. Anschließend schildert er die Ergebnisse neurophysiologischer Untersuchungen mit traumatisierten Patienten

							und entwickelt daraus einen spezifischen Therapieansatz. Ziel dieses Ansatzes ist es, Emotion und Kognition in eine problemlösende Balance zu bringen. Vanderlinden stellt einige Techniken vor und veranschaulicht sie in Demonstrationen. Für die Therapieeingangs- und Explorationsphase eignet sich besonders eine entdeckende Technik von Brian Alman. Mit Videoausschnitten belegt, beschreibt Vanderlinden eine hypnotherapeutische Technik, mit der durch ideomotorische Signale Kontrolle, Selbstkontrolle und Sicherheit vermittelt und Retraumatisierung verhindert wird. Mit einer weiteren Videodarstellung verdeutlicht und erörtert er schrittweise Interventionen und Ziele seiner Arbeit. Im letzten Teil des Workshops wird die "Eye Movement Desensitization and Reprocessing"-Methode erklärt und demonstriert.
VanFleet, Rise; Lilly, John Paul; Kaduson, Heidi	1999	Play therapy for children exposed to violence: Individual, family, and community interventions	International Journal of Play Therapy	8	1		Outlines play therapy-related interventions that have been used to assist children who have been exposed to violence and are at risk for developing posttraumatic stress disorder (PTSD). Play therapy approaches for children exposed to violence, family play therapy for families affected by violent trauma, and a description of a community intervention that works with play therapists to ensure that children and families are empowered and supported following violence and abuse are included. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Vannest, Jennifer; Rajagopal, Akila; Cicchino, Nicole D.; Franks-Henry, Julie; Simpson, Sarah M.; Lee, Gregory; Altaye, Mekibib; Sroka, Claire; Holland, Scott K.	2014	Factors determining success of awake and asleep magnetic resonance imaging scans in nonsedated children	Neuropediatrics	45	6	370–377	Effective techniques that allow children to complete magnetic resonance imaging (MRI) scans without sedation are high priority for the imaging community. We used behavioral approaches to scan 64 sleeping infants and toddlers younger than 4 years, and 156 awake children aged 2.5 to 18 years, for a neuroimaging research protocol. Infants and their families participated in a desensitization protocol for several days, then scanning was performed at the child's bedtime during natural sleep. For awake young children, a behavioral protocol was used that included tangible reinforcers, exploration of the scanner environment and a brief practice session. Two scan sessions were targeted for awake children. Success rates by participant were quantified in terms of the proportion of requisite scans in each session that were successfully acquired. The average success rate in sleeping infants and toddlers was 0.461. For awake children aged 2.5 to 6 years, success rates for each session were 0.739 and 0.847. For children aged 7 years and older, success rates were over 0.900 for both the sessions. Overall, though success was lower later in a scan session for both sleeping infants and awake young children, our results demonstrate that it is feasible to collect high-quality imaging

							data using standard imaging sequences in infants and children without sedation.
Varese, Filippo; Sellwood, William; Aseem, Saadia; Awenat, Yvonne; Bird, Leanne; Bhutani, Gita; Carter, Lesley-Anne; Davies, Linda; Davis, Claire; Horne, Georgia; Keane, David; Logie, Robin; Malkin, Debra; Potter, Fiona; van den Berg, David; Zia, Shameem; Bentall, Richard	2021	Eye movement desensitization and reprocessing therapy for psychosis (EMDRp): Protocol of a feasibility randomized controlled trial with early intervention service users	Early Intervention in Psychiatry (Early Intervention in Psychiatry)	15	5	1224–1233	Abstract Aim Traumatic events are involved in the development and maintenance of psychotic symptoms. There are few trials exploring trauma-focused treatments as interventions for psychotic symptoms, especially in individuals with early psychosis. This trial will evaluate the feasibility and acceptability of conducting a definitive trial of Eye Movement Desensitization and Reprocessing for psychosis (EMDRp) in people with early psychosis. Methods Sixty participants with first episode psychosis and a history of a traumatic/adverse life event(s) will be recruited from early intervention services in the North West of England and randomized to receive 16 sessions of EMDRp + Treatment as Usual (TAU) or TAU alone. Participants will be assessed at baseline, 6 and 12 months post-randomization using several measures of psychotic symptoms, trauma symptoms, anxiety, depression, functioning, service-user defined recovery, health economics indicators and quality of life. Two nested qualitative studies to assess participant feedback of therapy and views of professional stakeholders on the implementation of EMDRp into services will also be conducted. The feasibility of a future definitive efficacy and cost-effectiveness evaluation of EMDRp will be tested against several outcomes, including ability to recruit and randomize participants, trial retention at 6- and 12-month follow-up assessments, treatment engagement and treatment fidelity. Conclusions If it is feasible to deliver a multi-site trial of this intervention, it will be possible to evaluate whether EMDRp represents a beneficial treatment to augment existing evidence-based care of individuals with early psychosis supported by early intervention services.
Vásquez Amézquita, Milena; Leongoméz, Juan David; Seto, Michael C.; Salvador, Alicia	2019	Differences in Visual Attention Patterns to Sexually Mature and Immature Stimuli Between Heterosexual Sexual Offenders, Nonsexual Offenders, and Nonoffending Men	Journal of sex research	56	2	213–228	Men, whether gynephilic or androphilic, show both early and late attention toward adults and not toward children. We examined early and late visual attention to sexually mature versus immature stimuli in four groups of heterosexual men: sexual offenders against children (SOAC = 18), sexual offenders against adults (SOAA = 16), nonsexual offenders (NSO = 18), and nonoffending men (NOM = 19). We simultaneously presented adult and child stimuli and measured time to first fixation, number of first fixations, total duration of fixation, and fixation count to four areas of interest: entire body, then face, chest, and pelvis. We found a significant interaction where only SOAC tended to fixate more first times to child than to adult stimuli. Conversely, we found longer total duration of fixations for the bodies of adults

							compared to the bodies of children in all groups; however, in both the total duration of fixations and the fixation count for the whole body, but especially in the chest, SOAC tended to fixate longer and more often on child stimuli than the other two groups of offenders, but not longer or more often than NOM. This study adds to the limited research using eye-tracking techniques in samples of SOAC.
Vaughan, K.; Wiese, M.; Gold, R.; Tarrier, N.	1994	Eye-movement desensitisation. Symptom change in post-traumatic stress disorder	The British journal of psychiatry : the journal of mental science	164	4	533–541	A novel approach is described for the treatment of post-traumatic stress disorder (PTSD). Eye-movement desensitisation (EMD) requires the patient to generate images of the trauma in the mind and define physiological and emotional arousal states. While concentrating on these states, lateral multisaccadic eye movements are induced. Ten consecutive cases are reported who presented with symptoms originating from a range of traumas. The effectiveness of EMD in reducing symptoms outlined by DSM-III-R is described. An independent rater indicated that eight of the ten cases showed considerable improvement in PTSD symptoms following EMD, which was maintained at follow-up. Particular reference is given to the 'specificity' of EMD in treating symptoms and the changing pattern of effect at follow-up.
Velu, Merel E.; Martens, Irene; Shahab, Mona; Roos, Carlijn de; Jongedijk, Ruud A.; Schok, Michaela; Mooren, T.	2022	Trauma-focused treatments for refugee children: study protocol for a randomized controlled trial of the effectiveness of KIDNET versus EMDR therapy versus a waitlist control group (KIEM)	Trials	23	1	347	<b>BACKGROUND:</b> Prevalence of posttraumatic stress disorder (PTSD) in refugees is reportedly higher in comparison to the general population. Refugee children specifically are often coping with trauma and loss and are at risk for mental health difficulties. With staggering numbers of people seeking refuge around the world and 50% being 18 years or younger, research examining the effects of trauma-focused therapies for refugee children with PTSD is highly needed. Both Eye Movement Desensitization and Reprocessing (EMDR) therapy and the child version of Narrative Exposure Therapy (KIDNET) have been used for refugees, although these treatment methods have not been systematically compared. The aim of the current study is to investigate the effectiveness of EMDR and KIDNET, compared to a waitlist control group and with each other, offered to refugee children. <b>METHODS:</b> A randomized controlled three-arm trial has been designed. The primary outcome is PTSD diagnosis and symptom severity assessed with the Clinician-Administered PTSD Scale for Children DSM5 (CAPS-CA-5) at baseline (T1), 1 month post-treatment, or after 8 weeks of waiting (T2) and 3 months follow-up (T3). Additionally, instruments to assess posttraumatic stress symptoms, behavioral and emotional problems, and quality of life perception in children aged 8-18 are conducted at T1, T2, and T3. <b>DISCUSSION:</b> This is the first RCT that examines the effectiveness of EMDR and KIDNET in refugee children aged 8-18 years



							specifically, compared to a waitlist control group intended to reduce PTSD diagnosis and severity of posttraumatic stress symptoms and comorbid complaints in a growing and challenging population. TRIAL REGISTRATION: Dutch Trial Register NL40769 . Retrospectively registered on June 16, 2021.
Venta, Amanda; Cadenas, Germán; Mercado, Alfonso; Garcini, Luz M.; Domenech Rodríguez, Melanie M.	2022	Trauma exposure and trauma symptoms as predictors of police perceptions in Latinx youths	Psychology of Violence	12	4	252–259	Objective: The Latinx immigrant youth population composes nearly a quarter of all children in the U.S. and are a high-risk group for police encounters. Based on perceptions of Latinxs as criminals, increased enforcement actions against Latinxs in the U.S., and failures of policing and police brutality in immigrants' home countries, we expected that immigrants who reported increased trauma exposure and symptoms would have more negative perceptions of police. Method: This study utilized data from 107 recently immigrated Latinx youth to examine how trauma exposure (Child Trauma Screen) and symptoms (Child PTSD Symptoms Scale) related to perceptions of police (Criminal Sentiments Scale–Modified). Results: Consistent with the proposed hypotheses, trauma symptoms evidenced a significant main effect in relation to perceptions of police, $B = .115$ , $t = 2.35$ ; $p = .021$ , such that greater trauma symptoms were associated with more negative perceptions of law enforcement. Though trauma exposure did not evidence a significant main effect in relation to perceptions of police, $B = .254$ , $t = 1.46$ ; $p = .146$ , moderation analyses indicated that trauma exposure was associated with more negative perceptions of police, $B = -.019$ , $t = -2.08$ ; $p = .040$ . However, this interaction effect indicated that when both trauma symptoms and trauma exposure were high, less negative perceptions of police were observed. Conclusion: The present study provides novel data on police perceptions in young Latinx immigrants. Findings highlight the need for improved community relations and culturally responsive strategies between law enforcement and communities of color. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Venta, Amanda; Hatkevich, Claire; Mellick, William; Vanwoerden, Salome; Sharp, Carla	2017	Social cognition mediates the relation between attachment schemas and posttraumatic stress disorder	Psychological trauma : theory, research, practice and policy	9	1	88–95	Objective: A social–cognitive perspective on posttraumatic stress disorder (PTSD) has been proposed and posits that impaired social cognition, rooted in attachment insecurity, plays a role in the development of PTSD. Support for the role of impaired social cognition in PTSD has been found in adults, but the social–cognitive perspective on PTSD has not been examined in adolescents. This study sought to explore differences in social cognition and PTSD on the basis of attachment security, and it examined social cognition as a mediator in the relation between attachment security and PTSD and with regard to PTSD symptom change during inpatient treatment. Method: We

							recruited 142 adolescents from an inpatient psychiatric hospital, where adolescents and their parents completed assessments at admission and discharge. Results: Adolescents with a secure attachment demonstrated better social–cognitive skills than did those with an insecure attachment. Social cognition mediated the relation between adolescents’ maternal attachment representations and PTSD at admission across 3 self- and parent-report measures. Social cognition also mediated the relation between adolescents’ maternal attachment representations at admission and PTSD treatment outcome. Conclusion: This study provides the 1st support for the application of Sharp, Fonagy, and Allen’s (2012) social–cognitive perspective of PTSD to adolescents by showing a link between clinically significant symptoms of PTSD and attachment security through social–cognitive impairment. Findings indicate that improvement in PTSD during medium-stay inpatient treatment is partially driven by baseline attachment security and social–cognitive abilities, highlighting the potential of social–cognitive skills as important targets of clinical intervention among adolescents with PTSD. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Verelst, an; Spaas, Caroline; Pfeiffer, Elisa; Devlieger, Ines; Kankaapää, Reeta; Peltonen, Kirsi; Vänskä, Mervi; Soye, Emma; Watters, Charles; Osman, Fatumo; Durbeej, Natalie; Sarkadi, Anna; Andersen, Arnfinn; Primdahl, Nina Langer; Derluyn, Ilse	2022	Social determinants of the mental health of young migrants	European Journal of Health Psychology	29	1	61–73	Background: Young migrants face particular risks to develop mental health problems. Discrimination and social support impact mental health, yet little is known about the differential impact thereof on mental health in newcomers, non-newcomer migrants, and non-migrants. Aim: This study sheds light on mental health (posttraumatic stress, behavioral problems, hyperactivity, emotional distress, peer relationship problems, prosocial behavior) and the overall well-being of newcomers, non-newcomer migrants, and non-migrants. Furthermore, the impact of social support and discrimination on mental health is investigated. Method: Descriptive analysis and Structural Equation Modelling (SEM) were applied to analyze responses of 2,320 adolescents through self-report questionnaires in Finland, Sweden, and the UK. Results: Newcomers, non-newcomer migrants, and non-migrants have different psychological profiles. While newcomers suffer more from posttraumatic stress disorder (PTSD) and peer problems, non-newcomers and non-migrants report more hyperactivity. Discrimination strongly threatens all mental health dimensions, while support from family serves as a protective factor. Support from friends has a positive impact on PTSD among newcomers. Limitations: As this study has a cross-sectional design, conclusions about causality cannot be drawn. In addition, history of traumatic life events or migration trajectory was lacking, while it may

							impact mental health. Conclusion: Different mental health profiles of newcomers, non-newcomer migrants, and non-migrants point to the need for a tailored and diversified approach. Discrimination remains a risk factor for mental health, while family support is a protective factor for adolescents. Interventions that foster social support from friends would be especially beneficial for newcomers. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Verlinden, E.; Lindauer, R. J. L.	2015	Trauma in children and adolescents: screening, diagnoses and treatment	Tijdschrift voor psychiatrie	57	12	912–916	BACKGROUND: Young people often experience one or more traumatic events during their life. About 16% develops a post-traumatic stress disorder (PTSD). Whereas trauma treatments are effective, untreated PTSD has serious consequences for the psychosocial development. Adequate screening, correct diagnosis and treatment are very important. AIM: To investigate current screening techniques and diagnostic tools and to study the effects of treatment on traumatised children en adolescents. METHOD: In this article we discuss the results of several trauma studies that formed part of two recent successfully completed PhD programmes. RESULTS: The Children's Revised Impact of Event Scale (CRIES-13) is a validated trauma screening tool. The Clinician-Administered PTSD Scale, Child and Adolescent Version (CAPS-CA) is a validated clinical trauma interview. Trauma focused cognitive behavioral therapy (TF-CBT) and eye movement desensitisation and reprocessing (EMDR) are the treatments of choice for children and adolescents with PTSD. CONCLUSION: The CRIES-13 is suitable for use in general care, whereas the CAPS-CA is more suitable for specialist care. TF-CBT and EMDR are the treatment of choice for children and adolescents with PTSD.
Vermetten, Eric; Meijer, Lydia; van der Wurff, Peter; Mert, Agali	2013	The effect of military motion-assisted memory desensitization and reprocessing treatment on the symptoms of combat-related post traumatic stress disorder: first preliminary results	Studies in health technology and informatics	191		125–127	Although the symptoms of Post-Traumatic Stress Disorder (PTSD) in the general and military population seem very similar, combat-related PTSD (cr-PTSD) is typically thought to be more severe due to the repeated and prolonged exposure of traumatic events. Therapeutic adherence is reported a problem in military populations compromising treatment efficacy. Therefore, a new potential supplementary treatment is specially designed for patients with cr-PTSD. This intervention is called Military Motion Memory Desensitization and Reprocessing (3MDR). The treatment incorporates key elements of successful treatments as Virtual Reality Exposure (VRE) and Eye Movement Desensitization Reprocessing (EMDR) and adds motion to the condition. We aimed at designing a treatment procedure that preserved dual task processing principle, yet introduced new engagement by performing the desensitization during

							<p>motion by to walking on a treadmill. Moreover, we aimed at exposure to real high-affect pictures of deployment setting. Subjects walk a repetitive cycle while walking and viewing high affect pictures of deployment scenes. Dual task processing was maintained by an oscillating ball. Aspects of presence are adhered to, to maximize possible positive outcome. METHOD: Two veterans with chronic PTSD, received four weekly sessions of 3MDR therapy. The indicator of effectiveness was difference in CAPS (Clinical Administrated PTSD Scale)-score. The treatment was designed on the Computer Assisted Rehabilitation Environment (CAREN) facility. RESULTS: The 3MDR treatment did further decrease PTSD symptoms. Patients were highly satisfied about the treatment and had no attention to drop out. CONCLUSION: The results of the two cases suggest that the 3MDR treatment is a successful, more additional treatment that goes further into the patients affect where other treatment may stagnate. The presence was highly appreciated. Further research with more patients needs to be performed to obtain more reliable results.</p>
Vermeulen, Mirjam; Smits, Dirk; Boelen, Paul A.; Claes, Laurence; Raes, Filip; Krans, Julie	2019	The Dutch version of the Centrality of Event Scale (CES): Associations with negative life events, posttraumatic stress, and depression symptoms in a student population	European Journal of Psychological Assessment	36	2		<p>Event centrality is defined as the extent to which the memory of a traumatic event forms a reference point for personal identity and the attribution of meaning to other experiences in a person's life. The current study investigated the psychometric properties of the Dutch translation of the Centrality of Event Scale (CES; Berntsen &amp; Rubin, 2006) and its relation with symptoms of Posttraumatic Stress Disorder (PTSD), depression, exposure to traumatic events as defined by DSM-5 trauma criterion A, and negative life events in a student sample (N = 967). An underlying structure of one factor was found. This factor structure was replicated in two additional independent samples. High internal consistency was found for a 6-item CES. CES scores were positively related to symptoms of PTSD and depression, to the DSM-5 trauma criterion A, and the number of negative life events. The CES made a unique contribution to the explained variance in PTSD symptoms when controlling for depression. However, CES scores were unrelated to depression when controlling for PTSD symptoms, suggesting that event centrality might be more typically related to PTSD, and less to depression. (PsycInfo Database Record (c) 2020 APA, all rights reserved)</p>
Vermeulen, Mirjam; Smits, Dirk; Claes, Laurence; Gandhi, Amarendra; Raes, Filip; Krans, Julie	2022	The Dutch 20 item Centrality of Event Scale: Factor structure, psychometric properties, and prospective value	European Journal of Psychological Assessment	39	3		<p>Event centrality is defined as the extent to which a memory of a traumatic event forms a reference point for people's identity and attribution of meaning to other experiences in their life. Event centrality is typically measured with the Centrality of Event Scale (CES; Berntsen &amp; Rubin, 2006). The present study's first aim was to</p>

							investigate the underlying factor structure and construct validity of the Dutch 20-item CES (CES-20) in undergraduates (N = 1,091). The second aim was to test whether the CES-20 could prospectively predict posttraumatic stress disorder (PTSD) symptoms four months later. The data supported a one-factor structure of the CES with a high internal consistency ( $\alpha = .95$ ), which is not in line with the theoretical model of event centrality but aligns with previous empirical research. Furthermore, high construct validity was evidenced by positive and significant relations between the CES and PTSD symptoms, depressive symptoms, DSM-5 trauma A criterion, and the number of experienced negative life events. Event centrality was not a significant predictor of PTSD symptoms four months later when controlling for PTSD symptoms at time 1, which questions the prospective relation between event centrality and later PTSD symptoms for those events. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Vernberg, Eric M.; La Greca, Annette M.; Silverman, Wendy K.; Prinstein, Mitchell J.	1996	Prediction of posttraumatic stress symptoms in children after Hurricane Andrew	Journal of abnormal psychology	105	2	237–248	The authors used an integrative conceptual model to examine the emergence of posttraumatic stress disorder (PTSD) symptoms in 568 elementary school-age children 3 months after Hurricane Andrew. The model included 4 primary factors: Exposure to Traumatic Events, Child Characteristics, Access to Social Support, and Children's Coping. Overall, 62% of the variance in children's self-reported PTSD symptoms was accounted for by the 4 primary factors, and each factor improved overall prediction of symptoms when entered in the analyses in the order specified by the conceptual model. The findings suggest that the conceptual model may be helpful to organize research and intervention efforts in the wake of natural disasters. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Viana, Andres G.; Dixon, Laura J.; Berenz, Erin C.; Espil, Flint M.	2017	Trauma and deliberate self-harm among inpatient adolescents: The moderating role of anxiety sensitivity	Psychological trauma : theory, research, practice and policy	9	5	509–517	Objective: Youth with posttraumatic stress disorder (PTSD) symptoms have significant difficulties regulating affective experiences; as a result, many engage in nonadaptive coping behaviors including deliberate self-harm (DSH). To identify youth with PTSD symptoms who may be most at risk for DSH, this study examined anxiety sensitivity (AS) as a moderator of the relationship between PTSD symptoms and DSH in a diverse sample of psychiatric inpatient youth with a history of potentially traumatic events (PTE). Method: Participants (N = 50; 52.0% female; Mage = 15.1 years, SD = .51; 44% White) completed a test battery that included measures of DSH frequency, depression, AS and PTSD symptomatology. Results: The proposed model accounted for 53.6% of variance in DSH, with PTSD symptoms being a significant predictor ( $sr^2 = .11$ ). The interaction of PTSD symptoms and AS accounted for an additional 4.5% of variance

							above and beyond covariates and main effects. Simple slopes revealed that the association between PTSD symptoms and DSH was significant for individuals scoring high ( $b = .25$ , $SE = .06$ ; $t(50) = 3.83$ , $p < .01$ ) but not low ( $b = .03$ , $SE = .10$ ; $t(50) = 0.30$ , $p = .765$ ) on the AS. Conclusions: Findings are consistent with theoretical and empirical work suggesting that DSH may be used to reduce emotional distress in the presence of maladaptive cognitive and emotional processes. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Vickerman, Katrina A.; Margolin, Gayla	2007	Posttraumatic stress in children and adolescents exposed to family violence: II. Treatment	Professional Psychology: Research and Practice		19 39- 13 23( Ele ctr oni c), 07 35- 70 28( Pri nt)	620– 628	Interventions for youth exposed to family violence recently have incorporated a trauma focus with the objective of reducing posttraumatic stress disorder symptoms along with alleviating other wide-ranging childhood disorders. This article describes generally agreed-upon treatment components for youth exposed to violence in the home (specifically, children who are physically abused or witnesses to interparental violence), including reexposure interventions, education about violence and cognitive restructuring, processing of emotional cues, social problem-solving skills, and parenting interventions. Information is drawn from clinical intervention descriptions, expert consensus, and empirical treatment outcome evaluations. Empirically evaluated treatment programs for different developmental stages (preschool, school-age, and adolescence) are summarized, and remaining questions about how to best focus treatment efforts for youth traumatized by family violence are presented. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Vickerman, Katrina A.; Margolin, Gayla	2009	Rape treatment outcome research: empirical findings and state of the literature	Clinical psychology review	29	5	431– 448	This article reviews empirical support for treatments targeting women sexually assaulted during adolescence or adulthood. Thirty-two articles were located using data from 20 separate samples. Of the 20 samples, 12 targeted victims with chronic symptoms, three focused on the acute period post-assault, two included women with chronic and acute symptoms, and three were secondary prevention programs. The majority of studies focus on posttraumatic stress disorder (PTSD), depression, and/or anxiety as treatment targets. Cognitive Processing Therapy and Prolonged Exposure have garnered the most support with this population. Stress Inoculation Training and Eye Movement Desensitization and Reprocessing also show some efficacy. Of the four studies that compared active treatments, few differences were found. Overall, cognitive behavioral interventions lead to better PTSD outcomes than supportive counseling does. However, even in the strongest treatments more than one-third of women retain a PTSD diagnosis at post-treatment or drop out of treatment. Discussion

							highlights the paucity of research in this area, methodological limitations of examined studies, generalizability of findings, and important directions for future research at various stages of trauma recovery.
Vickers, Kristin; McNally, Richard J.	2004	Panic Disorder and Suicide Attempt in the National Comorbidity Survey	Journal of abnormal psychology	113	4	582–591	Clinical and some epidemiological data conflict concerning the likelihood of suicide attempt in individuals with panic disorder (PD). The purpose of this study was to illuminate the panic disorder-suicide attempt association in the National Comorbidity Survey (NCS; R. C. Kessler et al., 1994). Specifically, suicide attempt histories of those 5,872 respondents answering "yes" or "no" to the suicide attempt question were regressed against lifetime diagnostic histories. Lifetime PD history, in the presence of other disorders, was unrelated to elevated risk of suicide attempt and did not account for additional variance. PD respondents who had made a suicide attempt were characterized by Comorbidity. Epidemiological respondents with lifetime histories of PD alone are not at heightened risk for self-reported suicide attempt. (PsyInfo Database Record (c) 2022 APA, all rights reserved)
Villalobos, Bianca T.; Dueweke, Aubrey R.; Orengo-Aguayo, Rosaura; Stewart, Regan W.	2023	Patient perceptions of trauma-focused telemental health services using the Telehealth Satisfaction Questionnaire (TSQ)	Psychological Services	20	1		Telehealth services can address many barriers to traditional office-based mental health services. Few studies have assessed youth and caregiver perceptions of and satisfaction with trauma-focused interventions delivered via telemental health. The present study reports data collected using the Telehealth Satisfaction Questionnaire (TSQ), which was developed to measure child and caregiver satisfaction with services, comfort with the telehealth equipment, and barriers to traditional office-based services. Thirteen clinicians delivered home- and school-based Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) via videoconferencing on tablets and computers to 60 child patients (71.7% Latinx, 18.3% Black, and 10.0% non-Hispanic White). Patients and caregivers completed the TSQ at treatment discharge via telephone, videoconferencing, or in-person interviews. There was a high level of satisfaction among patients and caregivers receiving TF-CBT via telemental health. Furthermore, most youth and caregivers felt comfortable using the telehealth equipment from the outset of therapy, and all participants who were not initially comfortable using the equipment reported feeling more comfortable over time. The most common barriers to traditional office-based services were caregiver work schedule (57.7%), distance to mental health clinic (55.8%), and lack of transportation (44.2%). Patients and caregivers expressed a preference for telemental health services if given the option between receiving therapy via videoconferencing

							versus going to an office-based clinic. Findings indicated telemental health treatment addressed barriers that would have otherwise prevented families from accessing office-based services. The TSQ can be used to help clinics and providers assess patient and caregiver satisfaction with telehealth services in various settings. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Villanueva-Bonilla, Cristian; Londoño-Guzmán, Daniel; Ríos-Gallardo, Ángela; Montoya-Arenas, David; Gaviria-Gómez, Ana Milena	2023	Effect of a neuropsychological intervention program on executive functions and social cognition in select child witnesses in the Colombian armed conflict					Chronic exposure to stress from adverse early experiences such as armed conflict can generate long-term changes in various neurotransmitter systems and cortical structures involved in the individual's ability to respond appropriately to the social context. Child victims of armed conflict show difficulties in executive functioning and social cognition that impact adaptability. The objective of this exploratory study was to evaluate the efficacy of a sociocognitive intervention on the executive behaviors, including executive functioning and social cognition, of children who are victims of conflict. The sample consisted of 26 children aged between 6 and 11 years (M = 8.58, SD = 1.65) and was divided into two equal groups. The treatment condition (N = 13) received 16 sessions of the sociocognitive intervention. Compared to the standard treatment group, the intervention group had large posttreatment effect sizes (Cohen's d > 0.8) on variables of executive functioning, social cognition, and executive behaviors. The results obtained reveal the importance of intervening cognition and behavior in unfavorable social contexts and in early stages of development. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Vogel, Anna; Eilers, Rebekka; Rosner, Rita	2022	Therapie der Posttraumatischen Belastungsstörung bei Kindern und Jugendlichen					Besonderheiten posttraumatischer Belastungsstörungen (PTBS) und ihrer Behandlung bei Kindern und Jugendlichen werden im Überblick behandelt. Nach Ausführungen zum Störungsbild sowie zu Epidemiologie und Verlauf wird der aktuelle Forschungsstand zur Psychotherapie von PTBS bei Kindern und Jugendlichen in den Blick genommen. Wichtige Behandlungsansätze werden kurz vorgestellt: Cognitive Processing Therapy (CPT), Eye Movement desensitization and Reprocessing (EMDR), kognitive Therapie, Narrative Expositionstherapie für Kinder (KIDNET), prolongierte Exposition, traumafokussierte kognitive Verhaltenstherapie. Zur Illustration wird ein Fallbeispiel beschrieben.
Vogelgesang, Monika	2003	Verhaltensmedizinische Behandlungskonzepte und klinische Erfahrungen bei sexuell Traumatisierten					Es wird über verhaltensmedizinische Behandlungskonzepte und klinische Erfahrungen bei Patienten mit sexuellen Traumatisierungen informiert. Dabei wird deutlich gemacht, dass sexuelle Gewalt häufig zu posttraumatischen Belastungsstörungen und einer Vielzahl weiterer psychischer Störungen führt. Nach Anmerkungen zur



							<p>Epidemiologie und Diagnostik wird auf die Theorie einer gestörten Informationsverarbeitung bei posttraumatischen Belastungsstörungen eingegangen. Bei der Behandlung fokussiert die Verhaltenstherapie neben jeweils vorliegenden psychischen Begleitsymptomen die zwischenmenschliche Beziehungsfähigkeit sowie die dysfunktionalen Fremd- und Selbstschemata der viktimisierten Patienten. Zur Reduktion der traumabedingten Symptomatik kommen primär stabilisierende Vorgehensweisen (etwa die Einübung der Imagination des sicheren Ortes), danach vorsichtige konfrontative Maßnahmen (etwa Wiedergabe der Geschichte der Gewalt, konfrontative (Rettungs)Imaginationen, EMDR) zum Einsatz. Die Funktionalität der psychischen Störungen vor dem Hintergrund der sexuellen Traumatisierung wird als suboptimale Überlebensstrategie gewürdigt und einer Veränderung zuführbar gemacht. Die Ressourcen der Betroffenen werden analysiert und gestärkt. Die Isolation wird etwa durch Gruppentherapie, verringert. Als Ziel verhaltensmedizinischer Behandlung wird eine Reduktion der psychischen Störungssymptomatik durch eine Integration der traumakorrelierten Erinnerungen in die Gesamtpersönlichkeit und Lebensgeschichte angestrebt.</p>
Vogt, Ralf	2008	Körperpotenziale in der traumaorientierten Psychotherapie					
Vogt, Ralf	2008	Körperpotenziale in der traumaorientierten Psychotherapie. Aktuelle Trends in körperorientierter Psychotraumatologie, Hirnforschung und Bewegungswissenschaften					
Voisin, Dexter R.; Neilands, Torsten B.; Hunnicutt, Shannon	2011	Mechanisms linking violence exposure and school engagement among African American adolescents: Examining the roles of psychological problem behaviors and gender	American Journal of Orthopsychiatry	81	1	61–71	<p>This study examines whether the relationship between violence exposure and school engagement is mediated by psychological problem behaviors and whether such relationships are gendered. Five hundred and sixty-three high school African American adolescents (ages 13–19 years) completed questionnaires that assessed two types of violence exposure (community violence and marital conflict), psychological problem behaviors (e.g., posttraumatic stress disorder symptoms, anxiety, withdrawal, and aggressive behaviors), and school engagement (i.e., student–teacher connectedness and grade point average [GPA] obtained from school records). For male adolescents, psychological problem behaviors collectively mediated the</p>

							relationship between community violence exposure and student–teacher connectedness. For female adolescents, both community violence and marital conflict exposure were negatively related to both GPA and student–teacher connectedness via aggressive behavior. Findings suggest that the differential impact of type of violence exposure and its sequela based on gender should be considered when addressing low school engagement among African American youth. (PsycInfo Database Record (c) 2021 APA, all rights reserved)
Voogd, Lycia D. de; Kanen, Jonathan W.; Neville, David A.; Roelofs, Karin; Fernández, Guillén; Hermans, Erno J.	2018	Eye-Movement Intervention Enhances Extinction via Amygdala Deactivation	The Journal of neuroscience : the official journal of the Society for Neuroscience	38	40	8694–8706	Improving extinction learning is essential to optimize psychotherapy for persistent fear-related disorders. In two independent studies (both n = 24), we found that goal-directed eye movements activate a dorsal frontoparietal network and transiently deactivate the amygdala ( $\eta$ (p)(2) = 0.17). Connectivity analyses revealed that this downregulation potentially engages a ventromedial prefrontal pathway known to be involved in cognitive regulation of emotion. Critically, when eye movements followed memory reactivation during extinction learning, it reduced spontaneous fear recovery 24 h later ( $\eta$ (p)(2) = 0.21). Stronger amygdala deactivation furthermore predicted a stronger reduction in subsequent fear recovery after reinstatement ( $r = 0.39$ ). In conclusion, we show that extinction learning can be improved with a noninvasive eye-movement intervention that triggers a transient suppression of the amygdala. Our finding that another task which taxes working memory leads to a similar amygdala suppression furthermore indicates that this effect is likely not specific to eye movements, which is in line with a large body of behavioral studies. This study contributes to the understanding of a widely used treatment for traumatic symptoms by providing a parsimonious account for how working-memory tasks and goal-directed eye movements can enhance extinction-based psychotherapy, namely through neural circuits (e.g., amygdala deactivation) similar to those that support cognitive control of emotion. SIGNIFICANCE STATEMENT Fear-related disorders represent a significant burden on individual sufferers and society. There is a high need to optimize treatment, in particular via noninvasive means. One potentially effective intervention is execution of eye movements following trauma recall. However, a neurobiological understanding of how eye movements reduce traumatic symptoms is lacking. We demonstrate that goal-directed eye-movements, like working-memory tasks, deactivate the amygdala, the core neural substrate of fear learning. Effective connectivity analyses revealed amygdala deactivation potentially engaged dorsolateral and ventromedial prefrontal pathways. When applied during safety

							learning, this deactivation predicts a reduction in later fear recovery. These findings provide a parsimonious and mechanistic account of how behavioral manipulations taxing working memory and suppressing amygdala activity can alter retention of emotional memories.
Vössing, Heidrun	2005	Wenn die Angst die Leistung bremst. Auftritts-Coaching mit der wingwave-Methode	MultiMind	14	2	26–30	Anhand von Erfahrungen aus einer Coaching-Praxis werden Möglichkeiten beschrieben, wie Lampenfieber, Auftrittsängste, Redeangst oder Rampenlicht-Stress im Coaching effektiv bearbeitet und aufgelöst werden können. Eingesetzt wird dabei die Methode des "wingwave-coaching", auch als "limbisches Coaching" bezeichnet. Es werden drei Methoden miteinander verbunden: (1) Erzeugen schneller Augenbewegungen (bilaterale Hemisphärenstimulation) ähnlich wie bei der EMDR-Methode, (2) Elemente aus dem neurolinguistisches Programmieren wie die Arbeit mit Submodalitäten oder Umwandeln einschränkender in erfolgsfördernde Glaubenssätze sowie (3) Prüfung von stressauslösenden Wörtern oder Gedanken mit Hilfe eines kinesiologisches Muskeltests.
Vučina, Tea	2021	EMDR Treatment of Phobia of Thirteen Years Old Girl - Case Study	Psychiatria Danubina	33	Su ppl 1	46–48	
Wachtel, Paul L.	2003	EMDR und Psychoanalyse					Die Verbindung von EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung mit einer psychodynamischen bzw. psychoanalytischen Perspektive wird erörtert. Dabei werden zunächst einige aktuelle Trends in der Psychoanalyse besprochen, die sich auf die mögliche Verbindung von Psychoanalyse und EMDR auswirken könnten, etwa die zunehmende Offenheit der Psychoanalytiker und die Entwicklung weg von Ein-Personen- hin zu Zwei-Personen-Modellen. Anschließend wird eingegangen auf (1) EMDR und das "Durcharbeiten", (2) EMDR und die psychodynamische Exploration und (3) EMDR, Psychoanalyse und Widerstand. Um zu veranschaulichen, wie eine psychoanalytische Sicht der EMDR-Behandlung zugute kommen könnte, werden einige Aspekte der bei der EMDR-Arbeit benutzten Verfahrensweisen genauer analysiert: Behandeln von Störungen versus Behandeln von Mustern des Lebens und Erlebens; die Beschwerden der Patienten und die umfassenderen Lebensmuster, in die sie eingebettet sind; zyklische Psychodynamiken und die interaktive Dimension der Schwierigkeiten, unter denen Menschen leiden; die Nutzung der Gegenübertragung und die Rolle des Therapeuten als "Komplize". Abschließend wird die Problematik der teilweisen Ersetzung der kognitiven Dimension der EMDR durch die interpretierende des psychoanalytischen Ansatzes diskutiert.

Wadaa, Najla N.; Zaharim, Norzarina Mohd; Alqashan, Humoud F.	2010	The Use of EMDR in Treatment of Traumatized Iraqi Children	Digest of Middle East Studies	19	1	26–36	Abstract The purpose of this article is to determine the prevalence of post-traumatic stress disorder (PTSD) among Iraqi children and the effectiveness of eye movement desensitization and reprocessing (EMDR) treatment in traumatized Iraqi children. The participants in the present study were Iraqi children, ages 7?12; mean age = 10.17 years. There were 29 boys and 31 girls who immigrated to Malaysia during the recent war in Iraq. Those children were assessed for PTSD. Following the assessment, 37 children were assigned to two groups: 12 to the experimental group and 25 to the control group. The 12 children in the experimental group were treated with EMDR and were compared with the 25 children in the control group. This was done in order to determine the effectiveness of EMDR in reducing PTSD symptoms among traumatized children. UCLA PTSD DSM-IV (Revision 1) was used to determine the prevalence of PTSD among Iraqi children. The results suggested that EMDR was effective in reducing PTSD symptoms.
Wadji, Dany Laure; Martin-Soelch, Chantal; Camos, V.	2022	Can working memory account for EMDR efficacy in PTSD?	BMC Psychology, 2022				Background: Although eye movement desensitization and reprocessing (EMDR) has been shown to be effective in the treatment of PTSD for years, it remains controversial due to the lack of understanding of its mechanisms of action. We examined whether the working memory (WM) hypothesis -the competition for limited WM resources induced by the dual task attenuates the vividness and emotionality of the traumatic memory - would provide an explanation for the beneficial effect induced by bilateral stimulation. Methods: We followed the Prisma guidelines and identified 11 articles categorized in two types of designs: studies involving participants with current PTSD symptoms and participants without PTSD diagnosis. Results: Regardless of the types of studies, the results showed a reduction of vividness and emotionality in the recall of traumatic stimuli under a dual-task condition compared to a control condition, such as recall alone. However, two studies used a follow-up test to show that this effect does not seem to last long. Conclusion: Our results provide evidence for the WM hypothesis and suggest that recalling a traumatic memory while performing a secondary task would shift the individual's attention away from the retrieval process and result in a reduction in vividness and emotionality, also associated with the reduction of symptoms.
Wagner, Amy W.; Rizvi, Shireen L.; Harned, Melanie S.	2007	Applications of dialectical behavior therapy to the treatment of complex trauma-related	Journal of traumatic stress	20	4	391–400	In this article, the authors take the perspective that effective treatment of complex trauma-related problems requires, in the absence of empirically supported treatments, a reliance on theory, idiographic assessment, and empirically supported principles of change.

		problems: when one case formulation does not fit all					Dialectical behavior therapy (DBT; M. M. Linehan, 1993) is used to demonstrate the applicability of this approach to the treatment of multiproblem, heterogeneous populations in general. Two case studies are presented that highlight the utility of DBT principles to complex trauma-related problems specifically.
Wagner, Frank E.; Seidler, Günter H.	2005	Die Wirksamkeit von EMDR im direkten Vergleich zur kognitiv-behavioralen Therapie in der Behandlung von PTSD - eine metaanalytische Betrachtung	Zeitschrift für Psychotraumatologie und Psychologische Medizin	3	2	61-72	In einer metaanalytischen Betrachtung werden Eye Movement Desensitization and Reprocessing (EMDR) und kognitiv-behaviorale Therapie direkt miteinander verglichen. Mittlerweile liegen hierzu sieben Originalarbeiten vor. Die Ergebnisse der Meta-Analyse legen nahe, dass beide Therapieformen eine ähnlich hohe Wirksamkeit besitzen. Die Überlegenheit einer Behandlungsmethode ist mit der momentanen Datenlage jedoch nicht nachweisbar. Dennoch scheint es Moderatorvariablen zu geben, welche die Therapieeffektivität beeinflussen. Die geringe Anzahl der Originalstudien lässt jedoch eine nähere Untersuchung dieser Faktoren gegenwärtig nicht sinnvoll erscheinen.
Waller, Rebecca; Hicks, Brian M.	2019	Trajectories of alcohol and marijuana use among primary versus secondary psychopathy variants within an adjudicated adolescent male sample	Personality Disorders: Theory, Research, and Treatment	10	1		The distinction between low-anxious primary versus high-anxious secondary psychopathy is well-established among incarcerated adults and adolescents. However, no studies have used a prospective longitudinal approach to explore whether primary versus secondary psychopathy variants have different rates of alcohol and marijuana use across adolescence, and what mechanisms account for these differences. The sample was 1,170 male adolescents who had interacted with the justice system, with data collected as part of the Pathways to Desistance project. We used interviewer assessments of psychopathy and self-reported anxiety at baseline to identify primary and secondary psychopathy subgroups. We explored subgroup differences via self-reported measures of psychopathic traits and anxiety, aggression, depression, and posttraumatic stress disorder symptoms at baseline and a 6-month follow-up. Finally, we tested whether groups had different trajectories of alcohol and marijuana use over 4 years, and whether poor impulse control or anxiety mediated these differences. Latent profile analysis identified four groups: low-anxious primary psychopathy, high-anxious secondary psychopathy, anxious only, and low risk. The secondary group had similar levels of aggression and psychopathy to the primary group, but more depression, anxiety, and posttraumatic stress symptoms. The primary and secondary psychopathy variants did not differ in rates of alcohol or marijuana use across adolescence, but alcohol use among secondary variants was specifically mediated via poor impulse control. The findings establish two psychopathy groups that differ

							meaningfully in their internalizing psychopathology and pathways to alcohol use. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Walma van der Molen, Juliette H	2004	Violence and suffering in television news: toward a broader conception of harmful television content for children	Pediatrics	113	6	1771–1775	Traditionally, the public and professional debate about the inappropriateness of media violence for children focuses mainly on the negative effects of violence in entertainment programming. However, since the terrorist attacks on September 11th and the recent coverage of the war in Iraq, the suitability of real-life news violence for children may be doubted more than ever. To draw attention to the potential harmful effects of violence presented in news programs, it is argued in the present article that health care professionals should advocate a broader conception of media violence than thus far has been used. On the basis of recent research, potential effects of violent news content, such as fear, aggression, and desensitization, are discussed and recommendations are provided on how to abate these outcomes.
Walters, Val	2000	Through the eyes of a child: EMDR with children. By Robert H. Tinker and Sandra A. Wilson. W. W. Norton & Company, New York. 1999. Pp 284. ISBN 0-393-70287-1	Contemp. Hypnosis (Contemporary Hypnosis)	17	2	78–83	
Walton, Jamie S.; Chou, Shihning	2015	The Effectiveness of Psychological Treatment for Reducing Recidivism in Child Molesters: A Systematic Review of Randomized and Nonrandomized Studies	Trauma, violence & abuse	16	4	401–417	In this systematic review, the effectiveness of psychological treatment interventions for child molesters was examined. Studies were restricted to randomized control trials (RCTs), controlled trials, and cohort designs where recidivism had been used as the outcome variable. ASSIA, NCJRS, Medline, PsychINFO, EMBASE, Pro-requests Dissertations and Theses A&I, and the Cochrane Library were searched. Ten experts were contacted and the reference lists of 12 systematic reviews and 40 primary studies were observed. The number of hits was 3,019, of which 564 duplicates, 2,388 irrelevant references, and 38 that did not meet the inclusion criteria were removed. Fourteen studies using mixed samples had to be omitted because it was not possible to determine the recidivism rates of child molesters in the samples described. One RCT and 9 cohort studies were included in the data synthesis, providing 2,119 participants. In all, 52.1% received the intervention under investigation and 47.9% did not. The reported recidivism rates were 13.9% for the treated child molesters compared to 18.6% for the untreated child molesters. Three studies reported statistically significant lower recidivism rates for treated child molesters. Eight studies were assessed as weak. Four

							studies were assessed as having bias which increased the chance of finding a treatment effect and four studies were assessed as having bias which reduced the chance of finding a treatment effect. It was not possible to determine the direction of bias for two studies.
Wamboldt, Marianne Z.; Weintraub, Philippe; Krafchick, Dana; Berce, Nancy; Wamboldt, Frederick S.	1995	Links between past parental trauma and the medical and psychological outcome of asthmatic children: A theoretical model	Family Systems Medicine		07 36- 17 18( Pri nt)	129– 149	Assessed the frequency of trauma and posttraumatic symptoms in the parents of adolescents with severe, chronic asthma and examined whether parental traumas and traumatic symptom responses covary with parental and adolescent psychopathology. 62 adolescents (aged 10–18 yrs) having severe, chronic asthma and their parents (mean age 42.1 yrs) were interviewed to assess Ss' psychopathology and parental history of traumatization. Results show that a high proportion of parents had posttraumatic experiences occurring prior to the onset of the adolescent's asthma. More and earlier parental trauma was associated with greater probability of the Ss having an anxiety or depressive disorder. It is concluded that parental trauma is associated with more psychological distress, putting the parents at higher risk for being traumatized by the Ss' illness and treatments. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wamser-Nanney, Rachel; Steinzor, Cazzie E.	2016	Characteristics of attrition among children receiving trauma-focused treatment	Psychological trauma : theory, research, practice and policy	8	6	745– 754	Objectives: Identifying the factors related to premature termination from trauma-focused child therapy is an important first step in ultimately preventing attrition in at-risk families. The primary aim of the present study was to investigate whether demographic factors and pretreatment symptom levels were associated with premature termination among children who received trauma-focused treatment. Because different definitions of attrition may influence results, candidate factors were examined in relation to 2 operational definitions of attrition. Method: Four hundred and sixty-six children (ages 2–18 years; M = 9.23, SD = 3.78; 66.1% females) who were referred to a Child Advocacy Center (CAC) for trauma-focused therapy were included in the study. Demographic and family variables, characteristics of the traumatic event, and caregiver- and child-reported pretreatment symptoms levels were assessed in relation to both clinician-rated treatment status and whether the child received an adequate dose of treatment (i.e., ≥12 sessions). Results: Several demographic factors (e.g., child's age, minority status, household income, maternal years of education), Child Protective Services (CPS) involvement, type of treatment received, number of traumatic events, and caregiver-rated pretreatment symptom levels were related to clinician-rated treatment status. Relatively fewer factors were associated with the adequate dose operationalization of attrition. Children's symptom reports were unrelated to either attrition

							definition. Conclusions: Demographic and family factors, trauma characteristics, and level of caregiver-reported symptoms may help identify families at risk for premature termination. Efforts to understand the interactions between attrition factors, as well the use of different operational definitions in relation to premature termination, are warranted. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Wang, David C.; Aten, Jamie D.; Boan, David; Jean-Charles, Wismick; Griff, Kathylynn Pierre; Valcin, Viola C.; Davis, Edward B.; Hook, Joshua N.; Davis, Don E.; van Tongeren, Daryl R.; Abouezzeddine, Tania; Sklar, Quyen; Wang, Anna	2016	Culturally adapted spiritually oriented trauma-focused cognitive-behavioral therapy for child survivors of restavek	Spirituality in Clinical Practice	3	4	224–236	Restavek is a form of modern-day slavery that is estimated to affect 300,000 (i.e., approximately 1 in 10) children in Haiti. It typically involves a child from a poor rural family being sent to work as an indentured domestic servant for an affluent urban family. Restavek children experience a high rate of trauma, as well as other mental health concerns. The present study explored the effectiveness of a culturally adapted form of Spiritually Oriented Trauma-Focused Cognitive-Behavioral Therapy (SO-TF-CBT), a treatment model for assessing and treating religious and spiritual issues within the standard TF-CBT protocol (an evidence-based treatment for childhood trauma). This study involved 20 control participants and 38 treatment participants assigned to a 12-session protocol. Results indicated that participants who received the treatment, relative to those who did not, reported lower PTSD symptoms and spiritual struggles (relative to control participants), with medium-to-large effect sizes. Implications of these findings for future research and clinical work with restavek children are discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Wang, Na; Chung, Man Cheung; Wang, Yabing; Liu, Fangsong	2023	The impact of adolescent profiles of posttraumatic stress, emotion regulation, and disorganized attachment on posttraumatic growth and psychiatric symptoms: Academic stress and egocentrism as covariates	Psychological trauma : theory, research, practice and policy			No Paginat on Specifie d-No Paginat on Specifie d	Objective: The present study aimed to examine the profile patterns of co-occurring posttraumatic stress disorder (PTSD), cognitive emotion regulation (CER), and disorganized attachment in traumatized adolescents. It also aimed to examine whether these adolescents with different profiles would differ in posttraumatic growth (PTG) and comorbid psychiatric symptoms after controlling for academic stress and egocentrism. Method: Nine hundred and forty-nine (N = 949) adolescents were recruited from two secondary schools in China. They completed measures on PTSD, comorbid psychiatric symptoms, PTG, CER, disorganized attachment, and covariates of egocentrism and academic stress. Results: Latent profile analysis identified a four-class model as the optimal solution: low trauma group (Class 1), adaptive copers (Class 2), moderate trauma group (Class 3), and high trauma group (Class 4). After controlling for demographics and levels of egocentrism and academic stress, Class 4 had more severe comorbid psychiatric symptoms than the other three classes. Class 3



						had higher levels of comorbid psychiatric symptoms than Class 2 and Class 1, while these latter two were comparable in comorbid psychiatric symptoms. Conversely, Class 4 students had lower levels of PTG than individuals in the other three classes. Class 3 had similar levels of PTG to Class 1, and these two classes reported lower levels of PTG than Class 2. Conclusions: Chinese adolescents may experience both negative and positive changes after stressful events. The extent of these psychological outcomes could vary depending on the adolescents' previous trauma experiences, emotion regulation, and attachment qualities. Implications for clinical practice were discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Wanklyn, Sonya G.; Pukay-Martin, Nicole D.; Belus, Jennifer M.; St. Cyr, Kate; Girard, Todd A.; Monson, Candice M.	2016	Trauma types as differential predictors of posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and their comorbidity	Canadian Journal of Behavioural Science / Revue canadienne des sciences du comportement	48	4	Posttraumatic stress disorder (PTSD) and major depressive disorder (MDD) are 2 of the most common mental health conditions subsequent to traumatic exposure among military personnel, and these disorders are frequently comorbid. This comorbidity is associated with substantial personal and societal costs. Identification of military personnel at higher risk for developing comorbid PTSD/MDD is important, yet limited research has examined potential correlates of this comorbidity. The present study examined whether specific types of traumatic events increase the likelihood of comorbid PTSD/MDD as compared with MDD or PTSD alone among a sample of 7,047 Canadian Forces personnel (5,012 men, 2,035 women) who had experienced a traumatic event. A complex pattern of findings emerged such that trauma types were differentially associated with diagnostic status, and the pattern of associations was different among men relative to women. Nonsexual interpersonal trauma had the broadest and most consistent relationship with diagnostic status in both sexes, undisclosed/other trauma was associated with PTSD/MDD in both sexes, and accident or unexpected trauma and traumas occurring as a refugee or civilian in a war zone were not associated with diagnostic outcome for either sex. Deployment-related trauma was uniquely associated with PTSD-only among men and PTSD/MDD among women. Although sexual trauma was associated with PTSD-only, MDD-only, and PTSD/MDD among women, it was not associated with mental health disorders among men. These findings indicate that trauma type may facilitate identification of military personnel at increased likelihood for PTSD/MDD comorbidity and its associated greater morbidity and mortality. (PsycInfo Database Record (c) 2020 APA, all rights reserved)

Ward, Cynthia M.; Brinkman, Tara; Slifer, Keith J.; Paranjape, Shruti M.	2010	Using behavioral interventions to assist with routine procedures in children with cystic fibrosis	Journal of cystic fibrosis : official journal of the European Cystic Fibrosis Society	9	2	150–153	Routine cystic fibrosis (CF) medical care includes invasive procedures that may be difficult for young children and adolescents to tolerate because of anxiety, concern with health status, or unfamiliarity with the performed tasks. A growing body of pediatric psychology literature suggests that behavior therapy can effectively increase patient cooperation with stressful medical procedures such as tracheostomy care and needle sticks. Throat cultures are obtained at least quarterly in the outpatient setting or more frequently if a CF patient develops respiratory symptoms. Obtaining a throat culture from an anxious and uncooperative child poses a significant challenge for physicians, since the child may demonstrate emotional distress and avoidant behavior that disrupts efficient specimen collection during a routine clinic visit. The use of behavioral interventions, such as relaxation exercises, diaphragmatic breathing, differential reinforcement, gradual exposure, and systematic desensitization, is beneficial in addressing this commonly encountered problem in CF care. This case series describes the implementation of a behavioral therapy protocol utilizing two interventions, gradual exposure and systematic desensitization, in two young CF patients for the treatment of behavioral distress with routine throat cultures. The behavioral interventions were simple and transferred easily from mock procedures to actual specimen collection. Moreover, these cases highlight the important roles of the pediatric psychology staff on a comprehensive multidisciplinary CF care team to improve patient cooperation with routine clinic procedures and the medical treatment regimen overall.
Wass, Sam V.; Porayska-Pomsta, Kaska	2014	The uses of cognitive training technologies in the treatment of autism spectrum disorders	Autism : the international journal of research and practice	18	8	851–871	In this review, we focus on research that has used technology to provide cognitive training - i.e. to improve performance on some measurable aspect of behaviour - in individuals with autism spectrum disorders. We review technology-enhanced interventions that target three different cognitive domains: (a) emotion and face recognition, (b) language and literacy, and (c) social skills. The interventions reviewed allow for interaction through different modes, including point-and-click and eye-gaze contingent software, and are delivered through diverse implementations, including virtual reality and robotics. In each case, we examine the evidence of the degree of post-training improvement observed following the intervention, including evidence of transfer to altered behaviour in ecologically valid contexts. We conclude that a number of technological interventions have found that observed improvements within the computerised training paradigm fail to generalise to altered behaviour in more naturalistic settings,

							which may result from problems that people with autism spectrum disorders experience in generalising and extrapolating knowledge. However, we also point to several promising findings in this area. We discuss possible directions for future work.
Wasserman, Richard L.; Hague, Angela R.; Pence, Deanna M.; Sugerman, Robert W.; Silvers, Stacy K.; Rolen, Joanna G.; Herbert, Morley	2019	Real-World Experience with Peanut Oral Immunotherapy: Lessons Learned From 270 Patients	The journal of allergy and clinical immunology. In practice	7	2	418-426.e4	BACKGROUND: Peanut allergy (PA) is a significant and increasing problem, interfering with psychological development and family life. The standard recommendation to avoid peanut products and have access to injectable epinephrine is often inadequate. Oral immunotherapy for PA has been formally studied. Clinical observations of allergen immunotherapy have repeatedly enhanced patient care. OBJECTIVE: The purpose of this study was to report observations on the treatment of 270 patients with PA over 8.5 years. METHODS: This is a retrospective record review of patients beginning peanut oral immunotherapy between January 1, 2009, and June 1, 2017, approved by the North Texas Institutional Review Board. RESULTS: A total of 270 patients aged 4 to 18 years comprising 107 girls and 163 boys were treated. A total of 214 of 270 patients (79%) completed immunotherapy escalation. Age ( $P < .001$ ) and peanut IgE ( $P < .001$ ) correlate inversely with completing dose escalation. Epinephrine-treated reactions in 63 and isolated gastrointestinal symptoms in 101 patients, respectively, were the most common adverse reactions to treatment but did not preclude success. Peanut IgE decreased by 65% after 3 years of maintenance treatment and 14 of 214 patients (6.5%) were able to achieve sustained unresponsiveness. CONCLUSIONS: In an allergy office practice setting, 79% of patients are able to complete a peanut desensitization protocol and maintain the desensitized state indefinitely with daily dosing. With appropriate planning and precautions, peanut oral immunotherapy may be performed in an allergy office. Careful observations of clinical treatment can contribute to the development of effective treatment strategies.
Watt, Margo C.; Stewart, Sherry H.; Lefaiivre, Marie-Josée; Uman, Lindsay S.	2006	A brief cognitive-behavioral approach to reducing anxiety sensitivity decreases pain-related anxiety	Cognitive behaviour therapy	35	4	248–256	Anxiety sensitivity (AS; fear of anxiety-related sensations) is a known risk factor for anxiety disorders and recently has been linked to pain disorders. The present study was guided by the hypothesis that a program designed to reduce AS levels might also result in a decrease in anxiety related to pain sensations. Female undergraduates, selected as either high or low in AS according to screening scores on the Anxiety Sensitivity Index (ASI), were randomly assigned to participate in 3 1-hour, small group sessions of either cognitive behavioral therapy (CBT; psycho-education, cognitive restructuring, and interoceptive exposure) or a non-specific treatment (NST).

							Immediately prior to and following the intervention, participants completed the 20-item Pain Anxiety Symptoms Scale (PASS-20). Consistent with hypothesis, results revealed a 3-way interaction between AS group, intervention condition, and time on PASS-20 total scores. Only participants with high pre-morbid levels of AS assigned to the CBT condition showed a significant reduction in scores on the PASS-20 from pre- to post-treatment. Implications for improving CBT approaches for pain disorders are discussed.
Webb, Charles; Hayes, Adele M.; Grasso, Damion; Laurenceau, Jean-Philippe; Deblinger, Esther	2014	Trauma-focused cognitive behavioral therapy for youth: Effectiveness in a community setting	Psychological Trauma: Theory, Research, Practice, and Policy	6	5		The current investigation examined the effectiveness of trauma-focused cognitive behavioral therapy (TF-CBT) in treating child traumatic stress when implemented in community settings on a state-wide level. Seventy-two youths (ages 7 to 16 years) with a history of documented trauma (sexual or physical abuse, traumatic loss, or domestic or community violence) and symptoms of posttraumatic stress disorder (PTSD) received an average of 10 sessions, delivered in a state-contracted mental health agency. PTSD symptoms and internalizing and externalizing behavior problems were assessed at pretreatment and then at 3, 6, 9, and 12 months after intake. Piecewise hierarchical linear modeling revealed that symptoms of PTSD, as well as internalizing and externalizing problems, decreased significantly over the 6 months after intake (pretreatment, 3-month, and 6-month assessments), and these gains were maintained over the next 6 months (6-, 9-, and 12-month assessments). Symptoms of externalizing symptoms increased somewhat during the follow-up period, but this change was not statistically significant. These findings suggest that TF-CBT can be implemented effectively in community settings. Treatment outcomes were similar to those reported in efficacy trials of TF-CBT delivered in specialty clinic settings. Improvements in PTSD symptoms and internalizing and externalizing problems were maintained up to 1 year after treatment began, although the changes in externalizing symptoms were the least stable. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Weber, Scott	2009	Treatment of trauma- and abuse-related dissociative symptom disorders in children and adolescents	Journal of child and adolescent psychiatric nursing : official publication of the Association of Child and Adolescent	22	1	2-6	TOPIC: Dissociation is believed to be one of the most common underlying psychological processes among children and adolescents receiving mental health treatment, but most of the dissemination of information about dissociation has occurred among psychiatrists and psychologists. PURPOSE: Modes of treatment for dissociation as it affects children and adolescents are described. SOURCES USED: Current research and practice scholarly articles on treatment of children and adolescents for dissociation and dissociative symptom disorders were accessed and critically reviewed. CONCLUSIONS:

			Psychiatric Nurses, Inc				Prognosis in children and adolescents can vary widely among patients and between the specific types of dissociation disorder; however, expert clinicians and researchers agree that early, intense treatment offers the greatest possibility of full recovery.
Webermann, Aliya R.; Maldonado, Ana; Singh, Rupsha; Torres, Steffany; Bushee, Samantha; Murphy, Christopher M.	2020	Centrality of traumatic events and men's intimate partner violence perpetration	Psychological Trauma: Theory, Research, Practice, and Policy	12	2		Objective: The event centrality model indicates that the development and maintenance of posttraumatic stress symptoms (PTSSs) occurs when a traumatic event becomes central to one's identity, marking a key turning point in one's life narrative and influencing the meaning assigned to subsequent posttrauma events. Previous research has shown that event centrality is associated with PTSSs among survivors of intimate partner violence (IPV). However, research has not yet determined whether event centrality may explain associations between trauma exposure and IPV among perpetrators of IPV. Trauma and PTSSs are key risk factors for IPV perpetration, but many questions remain about the mechanisms that explain these associations. Method: Study participants came from a sample of 134 men presenting for treatment at a community-based relationship violence intervention program in the Baltimore–Washington, DC metro area between July 2013 and July 2015 during routine program intake. In the hypothesized serial model, exposure to potentially traumatic events predicted event centrality, which predicted PTSSs, which predicted IPV perpetration and relationship problems. Results: The serial mediation model was significant for physical assault, psychological aggression, emotional abuse, and relationship problems, but not for sexual coercion. Conclusions: The results indicate that the extent to which a trauma becomes central to one's identity is important in understanding the links between trauma exposure, PTSSs, and IPV perpetration. These findings support the development and application of trauma-informed interventions to reduce IPV perpetration and reduce event centrality in this population. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Weems, Carl F.; Russell, Justin D.; Banks, Donice M.; Graham, Rebecca A.; Neill, Erin L.; Scott, Brandon G.	2014	Memories of traumatic events in childhood fade after experiencing similar less stressful events: Results from two natural experiments	Journal of experimental psychology. General	143	5	2046–2055	The long-term stability of youth reports of traumatic events is largely unknown. Translational animal research suggests that there may be an alteration of memories for traumatic events via memory reconsolidation processes, whereas clinical research suggests memory alteration may occur through augmentation by negative emotions. In this report, 2 natural experiments test reconsolidation model and augmentation model predictions about the course of traumatic memories in youth. Data are from 2 prospective studies that assessed reports of an initial traumatic event (Hurricane Katrina) and tested recall both pre and post a similar event (Hurricane Gustav). In

						<p>the 1st (Sample 1; n = 94, initial Grade 9 followed to 11), youth were assessed at 4 time points: Times 1–3 were 13, 20, and 26 months post-Katrina and then Time 4 was 5 months post-Hurricane Gustav. In the 2nd (Sample 2; n = 141, Grades 4 through 8), youth were assessed at 12 months pre-Gustav (Time 1; 24 months post-Katrina) and then again at 1 month (Time 2) and 8 months (Time 3) post-Gustav. Those with relatively high Gustav exposure showed more stability in their reports of Katrina exposure events, whereas in those with low Gustav exposure, reports of Katrina events decreased. Time spans between recall, age, gender, symptoms of posttraumatic stress disorder, or cognitive/learning ability did not explain changes in the reports. The study provides the 1st long-term data on the consistency of youth reports of disaster-related experiences and provides initial evidence for the ecological validity of memory reconsolidation theory applied to traumatic events in youth. (PsycInfo Database Record (c) 2022 APA, all rights reserved)</p>
Wehrsig, Dirk	2010	PEP als Orientierungshilfe und Zusatzverfahren bei unterschiedlichen Therapie-, Coaching- und Trainingsmethoden				<p>Der Einsatz der Techniken der prozessorientierten energetischen Psychologie (PEP) als Orientierungshilfe und Zusatzverfahren bei unterschiedlichen Therapie-, Coaching und Trainingsmethoden wird beschrieben. Zunächst wird eine kurze Einführung in die PEP gegeben, und das Prozessmodell der PEP wird vorgestellt. Dieses gliedert sich in eine emotionale und kognitive Ebene, die eigenen Ressourcen sowie den so genannten Ökologie-Check und lässt sich leicht zur Orientierung und Prozessplanung innerhalb von Selbsthilfeprozessen verwenden. Es folgt ein Vergleich der PEP mit verschiedenen Psychotherapieverfahren. Folgende Stärken der PEP werden genannt und detailliert beschrieben: (1) Erleben von Selbstwirksamkeit und -kontrolle, (2) Möglichkeit zum prozessorientierten therapeutischen Arbeiten, (3) rasche Reduktion der Überenergetisierung des Nervensystems, (4) direkte Interventionen zur Modifikation dysfunktionaler Kognitionsmuster, (5) Erkennen von Hindernissen bei der Modifikation dysfunktionaler Kognitionsmuster und förderliche Beeinflussungsmöglichkeiten durch den Kognition-Kongruenz-Test, (6) Möglichkeiten einer unterstützenden Selbstbehandlung bei minimalem Risiko sowie (7) gute Möglichkeiten zur Selbstfürsorge der Therapeuten. Ferner werden die Kombinationsmöglichkeiten von PEP mit folgenden Verfahren skizziert und anhand von Fallbeispielen illustriert: Kognitive Therapie, EMDR und Ego-State Therapie. Schließlich werden Beispiele für den Einsatz von PEP im Coaching und Ressourcentraining angeführt. Abschließend wird die PEP als</p>

							wertvolle Zusatztechnik bewertet, deren empirische Evaluation noch aussteht.
Wehrsig, Dirk	2010	Prozess- und Embodimentfokussierte Psychologie zur Behandlung von posttraumatischen Belastungen und Traumafolgestörungen					Möglichkeiten und Grenzen der Zusatztechnik "prozessorientierte energetische Psychologie" (PEP) zur Behandlung von posttraumatischen Belastungen und Traumafolgestörungen werden herausgearbeitet. Zunächst werden Gemeinsamkeiten und Unterschiede zwischen PEP, Verfahren der energetischen Psychologie und "Eye Movement Desensitization and Reprocessing" (EMDR) bei der Traumabehandlung aufgezählt. Es folgt eine Beschreibung des Ablaufes von Traumabehandlungen mit PEP. Unabhängig von der therapeutischen Schule sollte eine Traumabehandlung die drei Phasen Stabilisierung, Traumabearbeitung und Rehabilitation oder Reintegration beinhalten. Ein Ablaufschema zur Traumabearbeitung mit PEP wird vorgestellt. Es wird zwischen Traumaverarbeitung auf der körperlich-emotionalen und Traumaverarbeitung auf der kognitiven Ebene differenziert. Anschließend wird ein Fallbeispiel angeführt. Im Fazit wird als Stärke der PEP das rasche Erleben von Selbstwirksamkeit hervorgehoben. Es wird jedoch betont, dass PEP keine Wundermethode, sondern lediglich eine wirkungsvolle Zusatztechnik ist.
Wehrsig, Dirk; Jacob, Bernhard	2007	Nach dem Tsunami. Trainingsseminare zur Behandlung traumatisierter Kinder in Sri Lanka, August 2005	Trauma & Gewalt	1	1	62-69	Beschrieben wird die Durchführung zweier Schulungsseminare in Sri Lanka für pädagogische und medizinische Mitarbeiter von Institutionen, die traumatisierte Kinder und Jugendliche nach dem Tsunami 2004 betreuen. Den meist psychotherapeutischen Laien wurden Grundkenntnisse in Psychotraumatologie, Ressourcenarbeit, den Therapieverfahren NET (Narrative Exposure Therapy) und EMDR (Eye Movement Desensitization and Reprocessing) vermittelt. Eigene Traumatisierungen dieser Helfer aus dem langjährigen Kriegsgebiet mussten einkalkuliert werden. Zwei Nachbefragungen am Ende der Seminare und ein halbes Jahr später zeigen, dass die Kenntnisse erfolgreich angewendet wurden. Intensivere Methoden-Trainings sowie die Unterstützung beim Aufbau eines Netzwerkes wurden gewünscht. Direkte Kontakte vor Ort sollen Aufschluss über die niedrige Rücklaufquote geben. Die Erkenntnisse fließen in die Durchführung diesjähriger Seminare ein.
Weierich, Mariann R.; Nock, Matthew K.	2008	Posttraumatic stress symptoms mediate the relation between childhood sexual abuse and nonsuicidal self-injury	Journal of consulting and clinical psychology	76	1	39-44	Prior research consistently has shown a strong relation between childhood abuse and nonsuicidal self-injury (NSSI), yet it is unclear why this relation exists. The authors examined 2 specific posttraumatic stress disorder (PTSD) symptom clusters as potential mechanisms through which childhood abuse may be related to NSSI. Participants were 86 adolescents (78% female, 22% male; 73%

							Caucasian, 27% other races/ethnicities; mean age = 17.03 years, range = 12-19 years) who completed measures of childhood abuse, Diagnostic and Statistical Manual of Mental Disorders (4th ed.) PTSD symptoms, and NSSI. Analyses revealed a significant relation between childhood sexual abuse in particular and the presence and frequency of NSSI. Moreover, data supported a theoretical model in which PTSD reexperiencing and avoidance/numbing symptoms independently mediate this relation. Future research must test the temporal relation between childhood sexual abuse, PTSD symptoms, and NSSI and identify additional pathways to engagement in NSSI. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Weierstall, Roland; Hinsberger, Martina; Kaminer, Debra; Holtzhausen, Leon; Madikane, Solomon; Elbert, Thomas	2013	Appetitive aggression and adaptation to a violent environment among youth offenders	Peace and Conflict: Journal of Peace Psychology	19	2	138–149	Previous research has demonstrated that those who perpetrate violence and report aggression to be appetitive are less vulnerable to developing posttraumatic stress disorder (PTSD). The current study examined the hypothesis that, among youth offenders living in a high-violence community, an attraction to violence is associated with improved psychosocial functioning and less concern about future threats. A sample of 69 male youth offenders living in two high-violence communities in Cape Town, South Africa, completed measures of trauma exposure, PTSD symptoms, appetitive aggression, reactive aggression, psychosocial functioning, and concerns about future threats. Higher PTSD symptoms predicted lower psychosocial functioning as well as more concern about future threats. However, participants high in appetitive aggression showed better functioning and fewer concerns about future threat. By contrast, reactive aggression was a significant predictor of reduced functioning and increased concerns about threat. These findings suggest that, for youth offenders living in contexts of ongoing violence exposure, appetitive aggression may serve a psychologically self-protective function. Implications for interventions with youth offenders living in high-violence communities are considered. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Weig, Wolfgang; Cording, Clemens	1998	Der "schwierige" Patient im Psychiatrischen Krankenhaus		2			
Weinberger, Emily C.; Cruise, Keith R.; Auguste, Evan E.; Samuels, John K.	2023	The Structured Trauma-Related Experiences and Symptoms Screener (STRESS): Assessing factor structure and clinical utility in a juvenile justice sample		15	Su ppl 1		Objective: High prevalence of traumatic event exposure and posttraumatic stress disorder (PTSD) among justice-involved adolescents has necessitated the use of trauma screening in juvenile justice settings. The present study explored the psychometric properties, factor structure, and construct validity of a trauma screen, the Structured Trauma-Related Experiences and Symptoms Screener (STRESS), in a detained adolescent sample. Prior to the current study,



						<p>psychometric characteristics of the STRESS were evaluated only in a child welfare sample (Grasso et al., 2015). Method: The sample consisted of 132 adolescents in secure detention facilities in a southeastern state. Participants were included in the study if they engaged in the mental health screening process at intake and a follow-up assessment process with facility staff psychologists. Data consisted of de-identified, archival records. Results: The STRESS total symptom and 4 criterion symptom count scores demonstrated high internal consistency. Confirmatory factor analysis revealed that the STRESS had excellent fit with the DSM-5 four-factor PTSD model. Equally strong evidence was found for a higher order PTSD model, thus reinforcing the use of both STRESS PTSD total and criterion symptom count scores with justice-involved adolescents. Additionally, preliminary evidence of convergent and discriminant validity was supported. Conclusions: Findings support the STRESS as a reliable and valid trauma screen for use with detained adolescents. Results suggest that both STRESS total symptom and criterion symptom count scores have clinical utility for intake-level mental health decisions in juvenile detention settings. Implications for expanding use of the STRESS to inform appropriate interventions for justice-involved adolescents are discussed. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>
Weinstein, Netta; Khabbaz, Farah; Legate, Nicole	2016	Enhancing need satisfaction to reduce psychological distress in Syrian refugees	Journal of consulting and clinical psychology	84	7	<p>Objective: Becoming a refugee is a potent risk factor for indicators of psychological distress such as depression, generalized stress, and posttraumatic stress disorder (PTSD), though research into this vulnerable population has been scant, with even less work focusing on interventions. The current study applied principles from self-determination theory (SDT; Ryan &amp; Deci, 2000) to develop and test an intervention aimed at increasing need-satisfying experiences in refugees of Syrian civil unrest. Method: Forty-one refugees who fled Syria during the past 24 months and resettled in Jordan participated in the study and were randomly assigned to receive the intervention or a neutral comparison. Results: The 1-week-long intervention alleviated some of the need frustration likely associated with refugee status, a major aim of the intervention, and also lowered refugees' self-reported symptoms of depression and generalized stress as compared to the comparison condition, though it did not reduce symptoms of PTSD. Conclusions: Discussion focuses on how these findings speak to the universal importance of need satisfaction for mental health, and how need-satisfying experiences can help buffer against the profound stress of being a refugee. Avenues for longer-term or more intensive</p>

							interventions that may target more severe outcomes of refugee experiences, such as PTSD symptoms, are also discussed. (PsycInfo Database Record (c) 2020 APA, all rights reserved)
Weisenberg, Matisyohu; Schwarzwald, Joseph; Waysman, Mark; Solomon, Zahava; Klingman, Avigdor	1993	Coping of school-age children in the sealed room during scud missile bombardment and postwar stress reactions	Journal of consulting and clinical psychology	61	3	462–467	Children's coping behaviors in the sealed room (a shelter against chemical and biological weapons) during scud missile attacks in the Persian Gulf War were examined in relation to postwar stress reactions. Three weeks after the war, 5th, 7th, and 10th graders (N = 492) completed questionnaires assessing coping behaviors and emotional responses in the sealed room, as well as current stress reactions and posttraumatic stress disorder (PTSD). Despite an underlying feeling of tension, the dominant emotional stance in the sealed room was one of detached optimism. Common forms of coping involved information seeking, checking, and wishful thinking. Emotion-focused coping such as avoidance and distraction strategies was associated with less postwar stress reactions than persistence at direct problem-focused actions once the minimal actions available had been undertaken. Fifth graders were found to use less emotion-focused and more problem-focused coping strategies than were the 7th and 10th graders. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Weisman, Gilbert K.	1993	Adolescent PTSD and developmental consequences of crack dealing	American Journal of Orthopsychiatry	63	4	553–561	Examines problems found among 37 adolescent psychiatric patients not addicted to crack, whose primary association with crack was their involvement in dealing it. Four case vignettes are provided to show that a significant number of psychological problems result from the violence and trauma associated with dealing, and that crack dealing rather than its use seems to be the primary source of this violence. The effects of the violence are implicated in precipitating dormant psychological disorders, in increasing the severity of existing psychological disorders, or in leading to posttraumatic stress disorder (PTSD). Crack dealing itself may lead to a worsening of conduct disorders and can draw adolescents into establishing criminal identities related to dealing, violence, and murder. The PTSD in some of the 37 Ss had striking similarities to that described in the military. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Welch, Kenneth L.; Beere, Donald B.	2002	Eye movement desensitization and reprocessing: a treatment efficacy model	Clin. Psychol. Psychother. (Clinical psychology & psychotherapy)	9	3	165–176	Abstract Eye movement desensitization and reprocessing (EMDR), though controversial, is increasingly utilized for treatment of posttraumatic stress disorder (PTSD). This article reviews the debate concerning efficacy and concludes that the evidence, though not definitive, supports EMDR's positive treatment effects. The authors argue that EMDR is a therapeutic intervention different from exposure. The authors set forth three interrelated hypotheses to explain EMDR's

							therapeutic mechanism: bilateral hemispheric activation, normalized brain activation patterns, and activation/desensitization of emotion/arousal; avoidant/constricted attention is disrupted, allowing normalizing processes to occur. Lowered arousal then leads to a resumption of more adaptive cognitive processing. Some predictions to test this model are presented. Copyright ? 2002 John Wiley & Sons, Ltd.
Wells, Adrian; Colbear, Judith S.	2012	Treating posttraumatic stress disorder with metacognitive therapy: a preliminary controlled trial	Journal of clinical psychology	68	4	373–381	OBJECTIVES: Exposure, trauma-focused cognitive therapy and eye-movement desensitisation and re-processing (EMDR) are effective treatments for posttraumatic stress disorder (PTSD) producing equivalent outcomes. How might the field advance? One way is to base new treatments on PTSD maintenance mechanisms. A treatment that does this, metacognitive therapy (MCT), underwent preliminary controlled evaluation in this study. METHOD: Twenty participants aged 18 to 65 years with chronic PTSD were randomly allocated to either a total of 8 sessions of MCT or a delayed treatment control. Measures of PTSD, emotional symptoms, and underlying metacognitive variables were obtained at pretreatment and posttreatment. Patients were followed-up at 3 and 6 months postintervention. RESULTS: Statistically significant reductions in PTSD symptoms, depression, and anxiety at posttreatment were observed in the MCT group but not in the control group. Changes were maintained over follow-up. The average number of sessions delivered was 6.4. Eighty percent of patients (intention to treat) met clinical significance criteria for recovery based on the IES. Treatment was well tolerated with only one (10%) dropout. Changes in thought control strategy hypothesized to be involved in the maintenance of PTSD were found. CONCLUSIONS: MCT appeared to be a brief treatment producing high recovery rates. The data add to existing uncontrolled evaluations and provide strong justification for future evaluation of this treatment against existing evidence-based interventions.
Wendt, Julia; Schmidt, Luise E.; Lotze, Martin; Hamm, Alfons O.	2012	Mechanisms of change: effects of repetitive exposure to feared stimuli on the brain's fear network	Psychophysiology	49	10	1319–1329	Repetitive exposure to feared stimuli is considered as the essential element in therapy with phobic patients. However, the mechanisms mediating symptom reduction and their underlying neurobiological processes are poorly understood. Therefore, we presented the same fear-relevant and neutral stimuli repeatedly to individuals with high and low fear of animals during fMRI scanning. High-, but not low-fearful individuals showed an initial fear-stimulus-related potentiation of amygdala and insula activity. Potentiation of the amygdala in the high-fearful group habituated quickly, but insula activity was still potentiated during later repetition trials. Both groups showed an initial

							potentiation of the dorsomedial prefrontal cortex (dmPFC) that continuously decreased in low-, but not in high-fearful participants. Thus, within-session habituation may occur on an automatic processing level (amygdala), but does not cause lasting neural changes on a higher order cortical level (dmPFC).
Wernicke, Martina; Jordan, Kirsten; Fromberger, Peter; Schulz, Tina; Palmer, Simon; Stolpmann, Georg; Müller, Jürgen L.	2016	In: Müller, Jürgen L.; Briken, Peer; Rösler, Michael; Fromberger, Peter; Jordan, Kirsten (Ed.), EFPPP Jahrbuch 2016. Empirische Forschung in der forensischen Psychiatrie, Psychologie und Psychotherapie (S. 136-147). Berlin: MWV Medizinisch-Wissenschaftliche Verlagsgesellschaft, 2016				136–147	
Wessells, Michael G.	2016	Children and armed conflict: Introduction and overview		22	3		Worldwide, children suffer a diverse and toxic array of effects of armed conflict, which increasingly are protracted and intermixed with problems such as terrorism. To support war-affected children, it is necessary to understand how children have been affected by war and to use appropriate conceptual analyses to inform the design of effective interventions. This paper introduces 2 thematic Special Issues of this journal that are devoted to children and armed conflict. The present Special Issue focuses on the task of understanding how children are affected by war, whereas the second Special Issue will focus on how to intervene on behalf of war-affected children. This paper situates the empirical papers in the present Special Issue in the context of recent changes in the developing study of children and armed conflict. Featuring the rise of systems thinking evident in ecological frameworks and child protection systems, it emphasizes resilience approaches and the movement away from deficits frameworks that underscore disorders such as posttraumatic stress disorder (PTSD). It also identifies numerous obstacles to achieving a comprehensive understanding of war-affected children. Primary among these are a weak evidence base, insufficient attention to contextual diversity, use of nonholistic approaches, and the marginalization of children's agency. Against this backdrop, it provides an overview of each of the 6 papers in this Special Issue, and concludes with a brief overview of the second, companion issue on children and armed conflict to be published in this journal. (PsycINFO Database Record (c) 2016 APA, all rights reserved)

Westman, Marit; Asarnej, Anna; Hamsten, Carl; Wickman, Magnus; van Hage, Marianne	2017	Windows of opportunity for tolerance induction for allergy by studying the evolution of allergic sensitization in birth cohorts	Seminars in immunology	30		61–66	Allergic sensitization is a risk factor for developing IgE-mediated allergic diseases, which are a major cause of chronic illness worldwide. The introduction of allergen molecules to the field of allergy diagnostics has allowed dissecting the IgE response on a molecular level to pinpoint the specific disease-causing allergens. Studying birth cohorts is an essential tool for understanding the development and life course of allergy, enabling the possibility to design preventive strategies. Here we review the evolution of sensitization using data from some of the large European birth cohort studies. Differences and similarities between sensitization to food and various sources of inhalant allergens are discussed and allergen molecules of importance in early childhood predicting disease in adolescence are highlighted. Finally, we discuss windows of opportunity where intervention could be considered and address possible preventive strategies.
Wetterneck, Chad T.; Woods, Douglas W.	2006	An evaluation of the effectiveness of exposure and response prevention on repetitive behaviors associated with Tourette's syndrome	Journal of applied behavior analysis	39	4	441–444	Exposure and response prevention (ERP) was evaluated as treatment for three repetitive behaviors in an 11-year-old boy using a multiple baseline across behaviors design. The repetitive behaviors and associated self-reported distress were eliminated. At 3-month follow-up, the frequency for two of the three behaviors returned to baseline levels. This study demonstrates that ERP may be a useful treatment for repetitive behaviors, although booster sessions may be needed to maintain the treatment effects.
White, G. D.	1998	Trauma treatment training for Bosnian and Croatian mental health workers	The American journal of orthopsychiatry	68	1	58–62	Trauma treatment training programs were conducted in the former Yugoslavia for Bosnian and Croatian mental health workers. A method was developed for measuring and evaluating compassion fatigue and burnout among the trainees, and an efficient system of international supervision and consultation was implemented. Plans for development of this system to support future training and consultation programs are discussed.
Whittal, Maureen L.; Thordarson, Dana S.; McLean, Peter D.	2005	Treatment of obsessive-compulsive disorder: cognitive behavior therapy vs. exposure and response prevention	Behaviour research and therapy	43	12	1559–1576	The efficacy of contemporary cognitive therapy for obsessive-compulsive disorder (OCD) has only recently been investigated. The current study compares exposure and response prevention (ERP) and cognitive behavior therapy (CBT) delivered in an individual format. Participants were randomly assigned to the 12 consecutive-week CBT or ERP treatment. Based on 59 treatment completers, there was no significant difference in YBOCS scores between CBT and ERP at post-treatment or at 3-month follow-up. A higher percentage of CBT participants obtained recovered status at post-treatment (67%) and at follow-up (76%), compared to ERP participants (59% and 58%, respectively), but the difference was not significant. Effect sizes (ESs)

							were used to compare the results of the current study with a previous study conducted at our center that utilized group CBT and ERP treatments, as well as other controlled trials that have compared CBT and ERP. The significance of these results is discussed and a comparison is made with the existing literature.
Wibbelink, Carlijn J. M.; Lee, Christopher W.; Bachrach, Nathan; Dominguez, Sarah K.; Ehring, Thomas; van Es, Saskia M.; Fassbinder, Eva; Köhne, Sandra; Mascini, Magda; Meewisse, Marie-Louise; Menninga, Simone; Morina, Nexhmedin; Rameckers, Sophie A.; Thomaes, Kathleen; Walton, Carla J.; Wigard, Ingrid G.; Arntz, Arnoud	2021	The effect of twice-weekly versus once-weekly sessions of either imagery rescripting or eye movement desensitization and reprocessing for adults with PTSD from childhood trauma (IREM-Freq): A study protocol for an international randomized clinical trial	Trials, 2021				Background: Trauma-focused treatments for posttraumatic stress disorder (PTSD) are commonly delivered either once or twice a week. Initial evidence suggests that session frequency affects treatment response, but very few trials have investigated the effect of session frequency. The present study's aim is to compare treatment outcomes of twice-weekly versus once-weekly sessions of two treatments for PTSD related to childhood trauma, imagery rescripting (ImRs) and eye movement desensitization and reprocessing (EMDR). We hypothesize that both treatments will be more effective when delivered twice than once a week. How session frequency impacts treatment response, whether treatment type moderates the frequency effect, and which treatment type and frequency works best for whom will also be investigated. Methods: The IREM-Freq trial is an international multicenter randomized clinical trial conducted in mental healthcare centers across Australia, Germany, and the Netherlands. We aim to recruit 220 participants, who will be randomized to one of four conditions: (1) EMDR once a week, (2) EMDR twice a week, (3) ImRs once a week, or (4) ImRs twice a week. Treatment consists of 12 sessions. Data are collected at baseline until one-year follow-up. The primary outcome measure is clinician-rated PTSD symptom severity. Secondary outcome measures include self-reported PTSD symptom severity, complex PTSD symptoms, trauma-related cognitions and emotions, depressive symptoms, dissociation, quality of life, and functioning. Process measures include memory, learning, therapeutic alliance, motivation, reluctance, and avoidance. Additional investigations will focus on predictors of treatment outcome and PTSD severity, change mechanisms of EMDR and ImRs, the role of emotions, cognitions, and memory, the optimization of treatment selection, learned helplessness, perspectives of patients and therapists, the network structure of PTSD symptoms, and sudden treatment gains. Discussion: This study will extend our knowledge on trauma-focused treatments for PTSD related to childhood trauma and, more specifically, the importance of session frequency. More insight into the optimal session frequency could lead to improved treatment outcomes and less dropout, and in turn, to a reduction of healthcare costs. Moreover, the additional investigations will broaden our

							understanding of how the treatments work and variables that affect treatment outcome.
Wicking, M.; Maier, C.; Tesarz, J.; Bernardy, K.	2017	EMDR als psychotherapeutischer Ansatz in der Schmerztherapie. Ist "eye movement desensitization and reprocessing" eine wirksame Therapie bei Patienten mit chronischen Schmerzen ohne posttraumatische Belastungsstörung?	Der Schmerz	31	5	456–462	Die Wirksamkeit von "Eye Movement Desensitization and Reprocessing" (EMDR) ist für die Posttraumatische Belastungsstörung klar belegt. Inwieweit dies auch für den Einsatz bei chronischen Schmerzen gilt, ist bisher unklar. Es wird ein tabellarisch gestützter Überblick über vorliegende Studien gegeben. Dabei zeigt sich, dass ein Wirksamkeitsnachweis mit hohem Evidenzgrad noch aussteht. Die bislang veröffentlichten Effekte werden als bemerkenswert bewertet, die Qualität der Studien, in denen sie gefunden wurden, jedoch als unzureichend. Es wird darauf hingewiesen, dass zudem noch unklar ist, ob spezifische oder unspezifische Wirkmechanismen für den Erfolg verantwortlich sind.
Wieland, Sandra	2014	Den dissoziativen Schutz aufgeben. Joey (11 bis 12 Jahre). Die Therapie mit einem Kind nach frühem familiären Trauma					Es wird informiert über die Psychotherapie eines durch den gewaltsamen Tod seiner Mutter (Tötung durch den Vater) früh traumatisierten Jungen. Seit diesem Ereignis lebte er in der Familie von Tante und Onkel (Adoptiveltern). Dargestellt werden unter anderem die diagnostische Begutachtung des Jungen im Alter von elf Jahren, der Beginn der Therapie, der Prozess der Erklärung der Dissoziation, die Arbeit mit den Adoptiveltern, die EMDR-Arbeit mit dem "Zeitstrahl", die Bindungsarbeit und die Traumaverarbeitung. Obwohl der Junge einen intensiven therapeutischen Prozess durchlief, kämpften er und seine ganze Familie nach Therapieende nach wie vor mit Problemen. Seine extremen Verhaltensveränderungen (Dissoziation) waren verschwunden. Seine Fähigkeit, über sein Verhalten und seine Gefühle zu sprechen, hatte sich verbessert. Sein obsessives Verhalten gegenüber Mädchen war nicht wieder aufgetreten, und sein eigener Wunsch, Verantwortung für sich selbst zu übernehmen, hatte sich verstärkt. Vor allem das Stehlen von Essen blieb ein fortwährendes Problem. Die Therapeutin hatte zu diesem Zeitpunkt den Eindruck, dass diese Dynamik mehr mit der aktuellen Familie zu tun hatte als mit seiner Vergangenheit. Ihn weiter in der Therapie zu behalten hätte bedeutet, von der dysfunktionalen Familiendynamik abzulenken.
Wilhelm, Sabine; Tolin, David F.; Steketee, Gail	2004	Challenges in treating obsessive-compulsive disorder: introduction	Journal of clinical psychology	60	11	1127–1132	This issue of In Session is devoted to challenges in the treatment of obsessive-compulsive disorder (OCD). The remarkable diversity of symptoms and the comorbidity in OCD pose substantial challenges to practitioners seeking to treat this disorder. After briefly reviewing the clinical features of OCD and its typical treatment, we provide brief descriptions of the six articles this issue comprises. Articles focus on the treatment of OCD with comorbid depression, compulsive hoarding, incompleteness, and repugnant obsessions, and on

							treatment of children who have OCD. The final article describes pharmacotherapy for OCD. All articles feature case vignettes and provide practitioners with clinical recommendations.
Wilhelm-Göbting, Claudia	2018	Traumafolgen überwinden . Methoden effektiver Traumatherapie	Hypnose	13	2	7-35	Vorgestellt werden Konzepte und Behandlungstechniken moderner, wissenschaftlich evaluierter Traumatherapie. Eine durch Metaanalysen belegte Wirksamkeit auf posttraumatische Symptome besteht für traumafokussierte Kognitive Verhaltenstherapie, Exposition, EMDR sowie neuerdings auch für Hypnotherapie. Als empirisch belegt gilt, dass ein die Besonderheiten der Traumphysiologie aufgreifendes trauma-fokussiertes Vorgehen erforderlich ist, um eine Integration der Trauma-Erinnerungen und damit eine nachhaltige Reduktion der posttraumatischen Symptomatik zu erreichen. Gleichzeitig sind die allgemeinen Wirkfaktoren von Psychotherapie gültig. Eine darüber hinausgehende spezielle "Schonung" von Traumapatientinnen und -patienten ist nicht angezeigt. Besondere Bedeutung haben Interventionen mit hoher Transparenz, die Informationen vermitteln, ermutigen, die Fähigkeit zur Selbstkontrolle verbessern und somit der traumatischen Situation diametral entgegenwirken. Generell empfiehlt sich ein ressourcenstärkendes, an individuellen Fähigkeiten und Zielen orientiertes Vorgehen. Im Falle entwicklungsbezogener Kindheitstraumata können hypnotherapeutisch-imaginative Techniken die häufig vorliegende ich-strukturelle Schwäche ausgleichen. Durch eine Fallvignette wird das hypnotherapeutische Vorgehen illustriert, in dem bereits durch indirekte, ressourcenstärkende Vorgehensweise eine Integration traumatischer Erinnerungen gefördert wird.
Willach-Holzapfel, Anna; Dressler-Bellmund, Monika	2017	In: Harms, Thomas; Thielen, Manfred (Ed.), Körperpsychotherapie und Sexualität. Grundlagen, Perspektiven und Praxis (S. 217-239). Gießen: Psychosozial-Verlag, 2017				217-239	
Willard, Victoria W.; Long, Alanna; Phipps, Sean	2016	Life stress versus traumatic stress: The impact of life events on psychological functioning in children with and without serious illness	Psychological trauma : theory, research, practice and policy	8	1	63-71	Objective: To determine the differential impact of potentially traumatic events (PTEs) and other stressful life events on psychological functioning in 2 groups of children: those with cancer and those without history of serious illness. Method: Children with cancer age 8-17 (n = 254) and age-, sex-, and race/ethnicity-matched controls (n = 142) completed self-report measures of stressful life events and psychological functioning. Stressful life events included those that



						<p>may meet Diagnostic and Statistical Manual of Mental Disorders (4th ed.; DSM-IV; American Psychiatric Association, 2000) A1 criteria (PTEs; 9 events) and others that would likely not (other events; 21 events). Results: Children with cancer endorsed significantly more PTEs than control children. There were no differences between groups in number of other events experienced. Hierarchical regression analyses revealed that number of other events accounted for significant variance in psychological functioning, above and beyond group status, demographic factors (age and socioeconomic status), and number of PTEs. Discussion: The number of cumulative other events experienced is a significant predictor of psychological functioning in both youth with serious illness and controls. In contrast, cumulative PTEs appear to have a minor (albeit significant) impact on children's psychological functioning. Assessment of psychological functioning would benefit from a thorough history of stressful life events, regardless of their potential traumatic impact. (PsycINFO Database Record (c) 2016 APA, all rights reserved)</p>
<p>Williams, Joah L.; Hambrick, Erin P.; Gleason, Vivian L.; Hardt, Madeleine M.; Henschel, Aisling V.; Wilfred, Salomé A.; Wilson, Elizabeth J.; Stratmann, Sally; Jamison-Petr, Jasmine R.; Moncure, Michael</p>	2023	<p>Evaluating skills for psychological recovery with gunshot injury survivors in a hospital-based early intervention program</p>	<p>American Journal of Orthopsychiatry</p>			<p>Gun violence is a serious public health problem that places surviving victims at increased risk for a variety of mental health problems, including posttraumatic stress disorder (PTSD) and depression. Recognizing that many gunshot injury survivors lack access to mental health care in the early aftermath of a shooting, there has been growing interest in the use of early, preventive mental health interventions to help prevent long-term mental health complications like PTSD as part of routine care for survivors in acute medical settings, where initial outreach to survivors may be more successful. This study evaluates clinical outcomes associated with one such early intervention—Skills for Psychological Recovery (SPR)—provided to gunshot injury survivors as part of a hospital-based early intervention program embedded in a Level 1 trauma center in the Midwestern United States. Clinic data from 100 survivors (74.0% male, 78.0% Black/African American) who received SPR were included in the present study. Results suggest that receiving SPR in the early aftermath of a shooting is associated with statistically significant reductions in both PTSD, <math>F(1, 26.77) = 22.49, p = .016</math>, symptoms. Outcomes did not vary as a function of either PTSD risk status or intervention delivery method (i.e., in-person, telehealth). These findings support the effectiveness and acceptability of SPR as an early intervention for gunshot injury survivors when delivered as part of a hospital-based early intervention program. (PsycInfo Database Record (c) 2023 APA, all rights reserved)</p>

Williams, S. L.; Falbo, J.	1996	Cognitive and performance-based treatments for panic attacks in people with varying degrees of agoraphobic disability	Behaviour research and therapy	34	3	253–264	Compared the effectiveness of cognitive therapy and performance-based exposure as treatments for panic attacks. Subjects were 48 panicky individuals selected without regard to agoraphobic disability, and who varied widely in that respect. Subjects were assigned randomly to either cognitive treatment, performance-based exposure treatment, a combined cognitive/performance treatment, or a no-treatment control condition. All three treatments led to marked and enduring improvements in panic, and did not differ from one another in effectiveness, whereas the control condition produced little benefit. However, on several measures of phobia and panic-related cognitions, performance exposure was significantly more effective than cognitive therapy. Degree of agoraphobic disability had a significant bearing on panic treatment effectiveness. Whereas 94% of the low agoraphobia Ss were free of panic after treatment, only 52% of the high agoraphobia Ss became panic-free. The findings suggest that when panic treatment research excludes people with serious phobias, as it has routinely done in recent years, an overly positive estimate of panic treatment effectiveness can result.
Willkomm, Bernd; Hausmann, Clemens; Binder-Krieglstein, Cornel; Brauchle, Gernot; Hötzendorfer, Christian; Bänninger-Huber, Eva; Juen, Barbara; Morawetz, Rudolf F.; Hütter, Maria; Lueger-Schuster, Brigitte; Rost, Christine; Hofmann, Arne; Wolf, Verena; Wirnitzer, Janine; Mariacher, Andrea; Ballweber, Patrizia; Beck, Thomas; Gmeiner, Veronika; Farkas-Erlacher, Barbara; Honffy, Maria; Brassé, Regina; Kocher, Stephanie; Mayer,	2000	SchwerpunkttHEMA: Notfallpsychologie und Psychotraumatologie. (Mit 15 Einzelbeiträgen)	Psychologie in Österreich	20	5	251–317	

Sylvia; Held, Martin; Schneider, Elisabeth; Walter, Reinhard Peter							
Wilson, Amy E.; Calhoun, Karen S.; Bernat, Jeffrey A.	1999	Risk recognition and trauma-related symptoms among sexually revictimized women	Journal of consulting and clinical psychology	67	5	705–710	This study used experimental methodology to investigate the differential impact of various levels of sexual victimization on women's perceptions of risk and evaluative judgments of sexual assault within a dating interaction. Single- and multiple-incident victims were compared with nonvictims. Results supported the hypothesis that revictimized women would exhibit longer latencies than either single incident victims or nonvictims in signaling that an audiotaped date rape should be halted. Revictimized women with greater posttraumatic stress disorder (PTSD) symptoms, arousal symptoms in particular, exhibited latencies similar to those of nonvictims, whereas revictimized women with lower levels of PTSD symptoms had significantly longer latencies. Dissociative symptoms were not related to latency These findings suggest that PTSD-related arousal symptoms may serve a buffering effect, increasing sensitivity to threat cues that portend a sexually coercive interaction. (PsycINFO Database Record (c) 2016 APA, all rights reserved)
Wischka, Bernd; Pecher, Willi; van den Boogaart, Hilde	2012	Behandlung von Straftätern		26			
Witte, Tracy K.; Domino, Jessica L.; Weathers, Frank W.	2015	Item order effects in the evaluation of posttraumatic stress disorder symptom structure		27	3		Factor analytic research has demonstrated consistently that the 3-factor DSM-IV model of posttraumatic stress disorder (PTSD) symptom structure provides a poorer fit than alternative 4- and 5-factor models. In the current study we examined whether order of item presentation accounts for these findings. In a large sample (N = 1,311) of trauma-exposed undergraduates we conducted a series of confirmatory factor analyses using the PTSD Checklist and Posttraumatic Stress Diagnostic Scale, which present symptom items in the same order as DSM-IV, and the Detailed Assessment of Posttraumatic Stress, which presents items in a different order. Across all 3 measures the 3-factor DSM-IV model provided a relatively worse fit and the 5-factor dysphoric arousal model provided a relatively better fit compared with other tested models. We also examined the distinctiveness of 2 pairs of symptom clusters that appear in the dysphoric arousal model—avoidance versus numbing and dysphoric arousal versus anxious arousal—by comparing their patterns of associations with external correlates. Avoidance and numbing demonstrated differential associations with external correlates, as did dysphoric arousal and anxious arousal. Taken

							together, results indicate that order effects are unlikely to account for differences in relative fit between leading models of PTSD symptom structure. We discuss the need for future research in this area, especially studies designed to evaluate order effects more directly. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Wittje-Berger, Traute	2012	Eye movement Desensitization and Reprocessing (EMDR) zur Belastungsreduzierung bei Kindern und Jugendlichen in der integrativen Lerntherapie					Das Ziel dieser Dissertation bestand darin, die Wirkungen der EMDR-Methode (Eye Movement Desensitization and Reprocessing) im Rahmen einer integrativen Lerntherapie gezielt zur Belastungsreduzierung bei Kindern und Jugendlichen einzusetzen und die Ergebnisse zu untersuchen. Vorliegende Studien belegen, dass Kinder mit einer gestörten Lernentwicklung gleichzeitig oft vielfältige Verhaltensstörungen bzw. Belastungssymptome aufweisen. Diese Parameter wurden aus Kinder- und Elternsicht mit psychometrischen Messinstrumenten und Gesprächen untersucht. Im Untersuchungszeitraum von 14 Monaten (mit drei Messzeitpunkten) konnten 29 teilnehmende Kinder und deren Eltern erfasst werden. Davon erhielten 24 Kinder neben der integrativen Lerntherapie insgesamt 96 EMDR-Behandlungen. Mit psychometrischen Testverfahren wurden schwerpunktmäßig die Daten in einer Prä- und Postmessung sowohl in der Behandlungs- als auch in der Wartegruppe (Kontrollgruppe) erhoben. Die Zuweisung der Kinder in die jeweiligen Gruppen erfolgte zufällig. Die Behandlungsgruppe erhielt die integrative Lerntherapie mit zusätzlichen EMDR-Behandlungen. In der Wartegruppe wurde die integrative Lerntherapie ohne EMDR-Behandlungen angeboten. Grundlage für die Themen in den EMDR-Behandlungen (eine bis sechs mögliche Therapieeinheiten) waren jeweils die von den Kindern genannten belastenden - meist aktuellen - Ereignisse. Drei exemplarische Fallberichte geben Einblick in die therapeutische Vorgehensweise bei den EMDR-Behandlungen. Durch die EMDR-Therapie wurde eine Reduktion der subjektiven Belastungen bei gleichzeitiger Erhöhung der Stimmigkeit der angestrebten positiven Kognition erzielt. Die Elternfragen zur Wirksamkeit und Bedeutung von EMDR und zur Bewertung der positiven Verhaltensänderung erreichten ebenfalls signifikante Ergebnisse. Im Gruppenvergleich zwischen den Interventionen mit und ohne EMDR wiesen einige Skalenwerte der psychometrischen Testverfahren allenfalls mittlere bis stärkere Effekte auf. Deren Veränderungswerte lassen sich auf einer Plausibilitätsebene als statistische Tendenz interpretieren, die darauf hinweist, dass sich durch die EMDR-Behandlungen Ängste und Verhaltensauffälligkeiten verringern. Die statistische Auswertung über T-Tests für abhängige

							Stichproben ermittelte im Gruppenvergleich der Rechtschreibtests, dass die Gruppe mit den EMDR-Behandlungen im Prä-Post-Vergleich eine etwas stärkere Reduzierung der Fehlerquote erreichte. Diese Resultate könnten tendenziell als hypothetischer Beleg für eine erhöhte Wirksamkeit der Intervention mit EMDR gedeutet werden. Zusammenfassend sprechen die Erfahrungen mit der praktischen Durchführung der EMDR-Behandlungen innerhalb der integrativen Lerntherapie für das vorliegende Behandlungskonzept.
Wizansky, Barbara	2024	EMDR and the Challenge of Treating Childhood Trauma: A Theoretical and Clinical Discussion with Case Examples				297–321	Summary This chapter contains sections titled: Introduction The question of safety in the child's experience What is EMDR? The Adaptive Information Processing Model (AIP) The Adaptive Information Processing Model and children The EMDR protocol and children The AIP Model and resource development ? Finding the client's unique strengths Resources and children ? The pathway to relationship and processing Clinical examples Ron and small t trauma ? Negative cognitions begin to develop The components of EMDR EMDR and children ? A unique experience References
Wohl, Agnes; Kirschen, Gregory W.	2018	Betrayal of the Body: Group Approaches to Hypo-Sexuality for Adult Female Sufferers of Childhood Sexual Abuse	Journal of child sexual abuse	27	2	154–160	Hypo-sexuality, self-reported hypoactive sexual desire and/or sexual aversion, is a common symptom experienced by women who were victims of childhood sexual abuse. This symptom may be distressing to the patient herself, and may place strain on her romantic relationships in adulthood. Unfortunately, this problem often remains undiscussed between patient and provider, in part due to the provider's lack of comfort or knowledge regarding how best to address this issue. In this article, we explore several strategies that providers may employ in a group setting in order to help women realize their sexuality while minimizing untoward side effects such as feelings of guilt or shame, or flashbacks. We highlight the merits of each technique, and provide insights from clinical experience to guide practitioners to help their patients facing this difficult issue.
Wolf, Hanns-Günter	2020	Trauma-Exposition in Musique. Möglichkeiten der Trauma-Exposition durch Klänge, Musik und Musikinstrumente					Möglichkeiten der Trauma-Exposition durch Klänge, Musik und Musikinstrumente im Rahmen der Behandlung von Patientinnen und Patienten mit posttraumatischen Belastungsstörungen werden aufgezeigt. Dabei wird deutlich gemacht, dass durch die gezielte, einem konkreten Protokoll folgende Einbeziehung traumaassoziierter Klänge Erweiterungen der Exposition innerhalb einer sanften Traumatherapie möglich sind. Die vorgestellte musiktherapeutische Konzeption der Traumabearbeitung ist angelehnt an die Phasen des EMDR-(Eye Movement Desensitization and Reprocessing-) Protokolls.

Wolitzky, Kate B.; Telch, Michael J.	2009	Augmenting in vivo exposure with fear antagonistic actions: a preliminary test	Behavior therapy	40	1	57–71	The current study investigated the efficacy of an exposure augmentation strategy in which the phobic individual is encouraged to enact actions that are in direct opposition to the fear action tendencies associated with acrophobia. Participants (N=88) meeting DSM-IV criteria for specific phobia (acrophobia) were randomized to (a) exposure with oppositional actions (E+OA), (b) exposure only (EO), (c) a credible placebo consisting of pulsed audio-photoc stimulation (APS), or (d) a waitlist control (WLC). Treatment consisted of six, 6-min exposure trials. Participants were assessed with questionnaire, behavioral, and physiologic measures at pre- and posttreatment, and at a 1-month follow-up session. Participants receiving E+OA showed significantly greater improvement on behavioral and questionnaire measures than those in the other 3 conditions at both posttreatment and follow-up. Further, whereas treatment improvement generalized to an untrained context for those receiving E+OA, such was not the case for EO- and APS-treated participants. Findings suggest augmenting exposure with oppositional actions may enhance treatment outcome and thus warrant additional investigation with clinical samples.
Wöller, Wolfgang	2003	EMDR in der Psychotherapie von Persönlichkeitsstörungen	Zeitschrift für Psychotraumatologie und Psychologische Medizin	1	3	17–24	Thema der Studie ist der Einsatz von Eye Movement Desensitization and Reprocessing (EMDR) in der Behandlung von Persönlichkeitsstörungen. Es wird dargestellt, welche Modifikationen oder Einschränkungen sich für die Behandlung Posttraumatischer Belastungsstörungen (PTBS) mit EMDR durch die Präsenz komorbider Persönlichkeitsstörungen ergeben und welche Möglichkeiten EMDR darüber hinaus für die Behandlung von Persönlichkeitsstörungen ohne die Symptomatik einer PTBS bieten kann. Beim Vorliegen einer Persönlichkeitsstörung muss EMDR in einen Gesamtbehandlungsplan integriert werden, der neben umfassender Stabilisierung, Symptomkontrolle und Ressourcenaktivierung die Modifikation verzerrter interpersoneller Wahrnehmungsmuster und maladaptiver Interaktionsmuster umfasst. Probleme der therapeutischen Arbeitsbeziehung können die Stabilisierungsphase schwierig und zeitaufwändig gestalten. Die EMDR-Technik muss entsprechend dem Typ der Persönlichkeitsstörung, der Abwehrstruktur und der symptomatischen Komorbidität modifiziert werden. Zusätzlich zur Behandlung von Traumatisierungen kann EMDR zur Bewältigung aktueller und künftiger Stressoren und zur Ressourcenstärkung eingesetzt werden.
Wöller, Wolfgang	2006	Traumaspesifische Behandlungstechniken	Psychotherapie im Dialog	7	4	405–407	Traumaspesifische Behandlungstechniken verfolgen das Ziel, die traumatische Stress- und Symptombelastung zu reduzieren und die

							<p>Dissoziation traumatischer Erinnerungen aufzuheben. Es können Techniken der traumaspezifischen Stabilisierung und Techniken der Traumabearbeitung zur Anwendung kommen. Zur Reduktion der traumaassoziierten Symptomatik, zur Verbesserung der Fähigkeit zur Emotionsregulierung und zur Distanzierung von traumatischem Erleben sind traumaspezifische Stabilisierungstechniken von großer Bedeutung. Diese umfassen Techniken der Aufmerksamkeitsumfokussierung, imaginative Distanzierungstechniken und ressourcenaktivierende Techniken. Eine Integration der dissoziierten traumatischen Erinnerungen in den biografischen Kontext der Lebensgeschichte erfordert den Einsatz traumabearbeitender (traumakonfrontativer) Verfahren. Verfahren mit gesicherter Wirksamkeit sind EMDR und kognitiv-behaviorale Expositionsverfahren. Ein traumakonfrontatives Vorgehen ist an strikte Indikationskriterien gebunden. Äußere Sicherheit, psychische Stabilität und eine gestärkte Fähigkeit zur Emotionsregulierung sind unverzichtbare Voraussetzungen.</p>
Wöller, Wolfgang	2006	Trauma und Persönlichkeitsstörungen. Psychodynamisch-integrative Therapie					<p>Erläutert werden mögliche Zusammenhänge zwischen der Persönlichkeitsstörung eines Menschen und seinen traumatischen Erlebnissen in Kindheit und Jugend. Der Fokus liegt dabei auf chronischen Bindungs- und Beziehungstraumatisierungen. Aufbauend auf Erkenntnissen der Psychoanalyse, Traumaforschung, Bindungstheorie und Neurobiologie wird eine psychodynamisch-integrative Behandlungsstrategie für Patienten mit Traumatisierungen und Persönlichkeitsstörungen entwickelt. Sequenzen aus therapeutischen Gesprächen helfen, am konkreten Fallbeispiel Interventionsmöglichkeiten praxisnah nachzuvollziehen. Vorgestellt werden zusätzlich andere neuere Therapieansätze, die mit dem Ansatz der psychodynamisch-integrativen Therapie verglichen werden; damit wird auch eine Orientierung über aktuelle Therapieverfahren im Bereich der Persönlichkeitsstörungen und traumaassoziierten Störungen vorgelegt. - Inhalt: (A) Grundlagen 1: Psychische Traumatisierungen - traumabedingte Persönlichkeitsveränderungen und Persönlichkeitsstörungen. (1) Komplexe psychische Traumatisierungen und Persönlichkeitsstörungen. Einführung in die Thematik des Buches. (2) Was ist ein psychisches Trauma? (4) Trauma und Bindung. (5) Bindungstrauma und das Gehirn. - (B) Grundlagen 2: Persönlichkeitsstörungen. (6) Was sind Persönlichkeitsstörungen? (7) Gestörte Emotionsregulierung, Mentalisierungsdefizite und Desintegration der Persönlichkeit. (8) Strukturelle Dissoziation der Persönlichkeit. (9) Bindungstrauma und Persönlichkeitsstörung. - (C)</p>

							<p>Diagnostik traumaassoziierter Phänomene. (10) Symptomdiagnostik. (11) Ressourcen- und Traumadiagnostik. (12) Diagnostik der Persönlichkeitsstörungen. - (D) Therapeutische Möglichkeiten. (13) Therapeutische Perspektiven. (14) Auf den Schultern von Riesen. (15) Therapiekonzeption bei Bindungstraumatisierungen und schweren Persönlichkeitsstörungen. - (E) Stabilisierung und Strukturaufbau 1: Sicherheit, Halt und die Stärkung der Bewältigungskompetenz. (16) Sicherheit und Kontrolle. (17) Halten. (18) Selbstwertstärkung und Validierung der psychischen Erfahrung. (19) Symptomkontrolle. (20) Aufklärung und Information. (21) Die Persönlichkeitsstile beachten. - (F) Stabilisierung und Strukturaufbau 2: Emotionsregulierung und Selbstfürsorge. (22) Distanz zum traumatischen Affekt. (23) "Schneiden ist besser als zehn Milligramm Valium". (24) Ressourcen aktivieren. (25) Affekte differenziert wahrnehmen. (26) Für sich sorgen lernen. (27) Sich schützen und abgrenzen. - (G) Stabilisierung und Strukturaufbau 3: Mentalisierung und die Entwicklung stabiler Repräsentanzen. (28) Selbstreflexion und Mentalisierung. (29) Maladaptive Verhaltensmuster verstehen. (30) Therapeuten als Täter oder Retter? (31) Ohnmächtig und ausgeliefert. (32) Ego-States und die Arbeit mit dem inneren Kind. - (H) Schonende Traumabearbeitung. (33) Wann sollte traumaaufdeckend gearbeitet werden? (34) EMDR und andere traumakonfrontative Techniken. (35) Wie zuverlässig sind Erinnerungen? - (I) Konfliktbearbeitung und die Arbeit an maladaptiven Beziehungsmustern. (36) Auf dem Weg zu einer konfliktzentrierten Psychotherapie. (37) "Ich bin wertlos, schuldig und unfähig". (38) Die Arbeit an maladaptiven Verhaltensmustern. (39) Ursprünglich sollten sie stark sein und schützen. (40) Reviktimsierung und der so genannte "Masochismus". (41) Wie behandeln wir Patienten mit schwerer struktureller Dissoziation der Persönlichkeit? (42) Wie das Kaninchen vor der Schlange.</p>
Wöller, Wolfgang; Leichsenring, Falk; Leweke, Frank; Kruse, Johannes	2012	Psychodynamic psychotherapy for posttraumatic stress disorder related to childhood abuse-- Principles for a treatment manual	Bulletin of the Menninger Clinic	76	1	69-93	<p>In this article, the authors present a psychodynamically oriented psychotherapy approach for posttraumatic stress disorder (PTSD) related to childhood abuse. This neurobiologically informed, phase-oriented treatment approach, which has been developed in Germany during the past 20 years, takes into account the broad comorbidity and the large degree of ego-function impairment typically found in these patients. Based on a psychodynamic relationship orientation, this treatment integrates a variety of trauma-specific imaginative and resource-oriented techniques. The approach places major emphasis on the prevention of vicarious traumatization. The authors are presently planning to test the approach in a randomized controlled</p>



							trial aimed at strengthening the evidence base for psychodynamic psychotherapy in PTSD.
Wolpe, J.; Abrams, J.	1991	Post-traumatic stress disorder overcome by eye-movement desensitization: a case report	Journal of behavior therapy and experimental psychiatry	22	1	39-43	Post-traumatic stress disorder is an exceptionally stressful syndrome that has been extremely difficult to treat. The prognosis was recently dramatically improved by the introduction of eye-movement desensitization. This paper reports, in substantial detail, a case that was precipitated by a rape 10 years earlier, describing its manifestations and various unsuccessful attempts to treat it; followed by a detailed exposition of the eventual, completely successful treatment by eye-movement desensitization.
Wolpe, Joseph	1995	Eye movement desensitization of post-traumatic stress syndrome: Live demonstration. Evolution of Psychotherapy, Anaheim, California, 1990					J. Wolpe demonstriert sein verhaltenstherapeutisches Vorgehen mit einem Klienten, der als Polizist zu einem häuslichen Streit gerufen wurde und in Notwehr einen bewaffneten Mann erschossen hatte. Anschließend stellte sich heraus, dass die Waffe des Mannes nicht geladen war und dass dieser psychisch krank gewesen war. Seitdem leidet der Klient an Alpträumen, Depressionen, Stimmungsschwankungen sowie Schuldgefühlen. Wolpe exploriert die Umstände des Ereignisses, die Familiensituation und die Gefühle des Klienten ausführlich. Eine weitere belastende Situation für den Klienten ist es seit dem beschriebenen Vorfall auch, wenn er entsprechende Ereignisse im Fernsehen, etwa Krimis, sieht. Mit der so erstellten Angsthierarchie führt Wolpe anschließend die Augenbewegungsinterventionen durch. Nach wenigen Augenbewegungsinterventionen reduziert sich die Angst des Klienten in der Fernsehsituation erstaunlich schnell. Die Vorstellung der real erlebten Situation ist jedoch immer noch so stark belastend, dass in der kurzen zur Verfügung stehenden Zeit nur eine geringe Angstreduktion möglich ist.
Wolpe, Joseph	1995	The basis of eye movement desensitization treatment: Two demonstrations					In einem Workshop zur Augenbewegungsdesensibilisierung beschreibt J. Wolpe zunächst die Anfänge der wissenschaftlichen Behandlung von Angststörungen, die experimentelle Basis der Verhaltenstherapie und speziell der Systematischen Desensibilisierung (SD). Anhand von Fallgeschichten stellt er anschließend die Augenbewegungsdesensibilisierung als neuere Entwicklung im Rahmen der SD vor. Als extrem kurze Behandlungsmethode mit schnellen und anhaltenden Ergebnissen hat sich diese Methode als sehr vielversprechender zusätzlicher Ansatz bei der Behandlung von posttraumatischen Stressstörungen und generalisierten Ängsten erwiesen. In einer technischen Demonstration stellt Wolpe die Vorgehensweise dar, erklärt ihre Vorzüge gegenüber anderen Techniken und zeigt Variationsmöglichkeiten. Zwei klinische

							Demonstrationen veranschaulichen dann die Wirksamkeit der Augenbewegungsdesensibilisierung. Die erste Klientin litt seit etwa 20 Jahren unter Höhen- und Fallängsten und ist nicht mehr in der Lage, Brücken zu passieren oder Türme zu ersteigen. Die zweite Klientin hatte nach einem Skiunfall vor eineinhalb Jahren Ängste vor feuchten und glatten Untergründen. Mit je zwei Imaginationen werden in dieser Demonstration verblüffend schnell die vorhandenen Ängste reduziert.
Wolpe, Joseph; Abrams, Janet	1997	Die Überwindung einer Posttraumatischen Belastungsstörung durch Augenbewegungs-Desensibilisierung: Ein Fallbericht					Es wird informiert über ein erstes Experimentieren mit der neuen Methode der EMDR (Eye Movement Desensitization and Reprocessing) bei einer 43-jährigen Patientin, die unter den Nachwirkungen einer Vergewaltigung litt. Beschrieben wird der familiäre Hintergrund der Patientin, und das praktische Vorgehen in der Behandlung wird erläutert.
Wood, Emily; Ricketts, Thomas; Parry, Glenys	2018	EMDR as a treatment for long-term depression: A feasibility study	Psychology and psychotherapy	91	1	63–78	Objective Current treatments for long-term depression ? medication and psychotherapy ? are effective for some but not all clients. New approaches need to be developed to complement the ones already available. This study was designed to test the feasibility of using an effective post-traumatic stress disorder treatment for people with long-term depression. Design A single-case experimental design with replications was undertaken as a feasibility study of eye movement desensitization and reprocessing (EMDR) in treating long-term depression. Methods Thirteen people with recurrent and/or long-term depression were recruited from primary care mental health services and given standard protocol EMDR for a maximum of 20 sessions. Levels of depression were measured before and after treatment and at follow-up, clients also rated their mood each day. Results Eight people engaged with the treatment; seven of these had clinically significant and statistically reliable improvement on the Hamilton Rating Scale for Depression. Daily mood ratings were highly variable both during baseline and intervention. Conclusions EMDR is a feasible treatment for recurrent and/or long-term depression. Research on treatment efficacy and effectiveness is now required. Practitioner points EMDR may be an effective treatment for depression. EMDR could be considered if first-line approaches (CBT and counselling) have been tried and failed. EMDR may be particularly helpful for service users with a history of trauma.
Woods, Krystle C.; Buchanan, Nicole T.; Settles, Isis H.	2009	Sexual harassment across the color line: Experiences and outcomes of cross- versus intraracial sexual harassment among Black women	Cultural Diversity and Ethnic Minority Psychology	15	1	67–76	The current study examined differences in appraisal, harassment, and severity of posttraumatic stress symptoms among 105 Black women who were sexually harassed by either a White (cross-racial sexual harassment) or a Black man (intraracial sexual harassment). Analyses revealed that women appraised cross-racial more negatively than

						intraracial harassment, despite there being no significant differences in the likelihood of experiencing gender harassment, unwanted sexual attention, or sexual coercion. Further, cross-racial harassment was more likely to include racialized sexual harassment (harassing behaviors combining race and gender simultaneously) and higher status perpetrators. Finally, cross-racial sexual harassment had an indirect (but not direct) mediated effect on posttraumatic stress via participants' appraisals of their harassment. Specifically, the more negative appraisal associated with cross-racial sexual harassment was associated with increased posttraumatic stress symptoms. In light of these findings, consideration of perpetrator race and racially sexualized behaviors could prove significant additions to current models of sexual harassment. (PsycInfo Database Record (c) 2023 APA, all rights reserved)	
Wurtz, H.; El-Khoury-Malhame, M.; Wilhelm, F. H.; Michael, T.; Beetz, E. M.; Roques, J.; Reynaud, E.; Courtin, J.; Khalifa, S.; Herry, C.	2016	Preventing long-lasting fear recovery using bilateral alternating sensory stimulation: A translational study	Neuroscience	321		222–235	Developed a simple animal behavioral model of long-lasting fear recovery and tested its predictive validity. Despite efficient therapeutic approaches, a subset of posttraumatic stress disorder (PTSD) patients displays spontaneous recurrence of traumatic memories after successful treatment. The development of animal behavioral models mimicking the individual variability in treatment outcome for PTSD patients is assumed to represent an important challenge as it allows for the identification of predicting factors of resilience or susceptibility to relapse. The objectives of this study with a total of 35 participants were twofold. First it was aimed to develop a simple animal behavioral model of long-lasting fear recovery based on auditory cued fear conditioning and extinction learning, which recapitulates the heterogeneity of fear responses observed in PTSD patients after successful treatment. Second it was aimed at testing the predictive validity of the behavioral model and used to this purpose a translational approach based (1) on the demonstration of the efficiency of eye movement desensitization and reprocessing (EMDR) therapy to reduce conditioned fear responses in PTSD patients and (2) on the implementation in the behavioral model of an electrical bilateral alternating stimulation of the eyelid which mimics the core feature of EMDR. The data are assumed to indicate that electrical bilateral alternating stimulation of the eyelid during extinction learning alleviates long-lasting fear recovery of conditioned fear responses and dramatically reduces interindividual variability. It is concluded that these results demonstrate the face and predictive validity of the animal behavioral model and provide an interesting tool to understand the neurobiological underpinnings of long-lasting fear recovery.

Wüstel, Jens-Michael	2018	Männliche Depression. Warum verletzte Helden anders ticken und eigene Auswege brauchen. Mit 5-Schritte-Programm				<p>Informiert wird über die Hintergründe und Symptome männlicher Depression. Zudem wird ein 5-Schritte-Programm zur Stärkung von Körper und Geist dargeboten. Es findet bewusst die Geschlechtertrennung statt, da sich die männliche Depression oft hinter Schweigen, Wut oder Aggression verbirgt und sich somit von weiblichen Ausprägungen der affektiven Störung unterscheidet. Viele Männer lehnen die Diagnose Depression als "Frauenkrankheit" ab, obwohl sie viel gefährdeter sind, was soziale Isolation, Sucht und Suizid angeht. Bewusst wird daher ein "männlicher" Zugang zu Lebenskrisen gewählt. Die Konsequenzen des hormonell typischen Angriffs- oder Fluchtverhaltens bei Männern auf Probleme des Lebens werden thematisiert. Im Rahmen des 5-Schritte-Programms werden Niederlagen, Scheitern und Verletzungen offen angesprochen und als Lebensbestandteil integriert. Körperliche Aktivität ist ebenfalls Bestandteil des Programms. Zudem wird die Heldenreise vorgestellt als Therapieansatz, der es erlaubt, sich intuitiv den männlichen Denk- und Empfindungsmustern zu nähern. Zentrale Bestandteile der psychotherapeutischen Behandlung für Männer sind hier die Narrative Therapie und das EMDR. - Inhalt: (1) Männer in der Krise (Männer sind anders depressiv. Was Männer depressiv macht). (2) Mythos und Wahrheit der männlichen Depression. (3) Männerdepression - eine neue Sichtweise. (4) Wege aus der Krise.</p>
Wypych, Michal; Bilewicz, Michal	2022	Psychological toll of hate speech: The role of acculturation stress in the effects of exposure to ethnic slurs on mental health among Ukrainian immigrants in Poland	Cultural Diversity and Ethnic Minority Psychology	30	1	<p>[Correction Notice: An Erratum for this article was reported online in Cultural Diversity and Ethnic Minority Psychology on Aug 03 2023 (see record 2023-95267-001). In the original article, , the following information about the funding of data collection was missing from the second paragraph of the Participants section: "The data collection process was supported by a Foundation for Polish Science TEAM grant ("Language as a Cure: Linguistic Vitality as a Tool for Psychological Well-Being, Health, and Economic Sustainability") cofinanced by the European Union under the European Regional Development Fund, led by Michal Bilewicz and Justyna Olko." In addition, there were errors in the correlations in Table 1. All versions of this article have been corrected.] Objectives: Exposure to hate speech can have serious consequences for the mental health of immigrants and minority groups. However, not much is known about the process by which this effect takes place and to what extent it is independent of the effects of other forms of discrimination on health. The present study aimed to investigate whether acculturation stress mediates the relationship between exposure to hate speech and mental health and whether the effect would hold after controlling for experienced discrimination.</p>

							Method: An online survey was conducted among Ukrainian immigrants living in Poland (N = 726) in order to investigate the relation between exposure to hate speech, acculturation stress, and mental health. Mediation analyses were used to test whether exposure to hateful language predicts posttraumatic stress disorder (PTSD) and depression symptoms and whether these effects are mediated by acculturation stress while controlling for experiences of other forms of discrimination. Results: Exposure to hate speech predicted PTSD and depression symptoms. Both effects were mediated by acculturation stress and were significant after controlling for experienced discrimination. Conclusions: The study provides evidence for the existence of a relation between exposure to hate speech among migrants and mental health problems. The study also provides support for a potential mechanism of this effect: acculturation stress and evidence for the fact that the effect holds over and above the effect of discrimination. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Xia, W.; Mørch, C. D.; Matre, D.; Andersen, O. K.	2017	Exploration of conditioned pain modulation effect on long-term potentiation-like pain amplification in humans	European journal of pain (London, England)	21	4	645–657	BACKGROUND: This study aimed to explore conditioned pain modulation (CPM) effect on long-term potentiation (LTP)-like pain amplification induced by cutaneous 10-Hz conditioning electrical stimulation (CES). METHODS: Conditioned pain modulation was induced by cold pressor conditioning stimulus (CPCS) (4 °C) which was applied immediately before CES in the active session. In the control session, water with a temperature of 32 °C was used. Twenty subjects participated in two sessions in a randomized crossover design with at least 1-week interval. Perceptual intensity ratings to single electrical stimulation (SES) at the conditioned skin site and to pinprick and light-stroking stimuli in the immediate vicinity of the CES electrodes were measured . Superficial blood flow (SBF), skin temperature (ST) and heat pain threshold (HPT) were measured covering both homotopic and heterotopic skin. The pain intensities during CES process were measured and short-form McGill Pain Questionnaire (SF-MPQ) was used for assessing CES pain experience. RESULTS: Cold pressor conditioning stimulus reduced pain perception increments to weak pinprick and light-stroking stimuli after 10-Hz CES compared with the control session. Moreover, CPCS resulted in lower pain intensity ratings during CES process but without affecting the SF-MPQ scores between two sessions. The SBF and ST increased after CES and then gradually declined but without differences between CPCS and control sessions. CPM did not affect HPT and pain intensity increments to SES. CONCLUSIONS: The CPCS

							inhibited heterotopic perception amplification to weak mechanical stimuli after CES. The results indicate that endogenous descending inhibitory systems might play a role against development of non-nociceptive perception amplification states (e.g. allodynia). SIGNIFICANCE: Conditioned pain modulation (CPM) may play a role in inhibiting the pain amplification process at the central nervous system and prompting central desensitization. CPM has a special inhibition effect for the development of perception amplification to non-painful mechanical stimuli.
Xiang, Yajie; Cipriani, Andrea; Teng, Teng; Del Giovane, Cinzia; Zhang, Yuqing; Weisz, John R.; Li, Xuemei; Cuijpers, Pim; Liu, Xueer; Barth, Jürgen; Jiang, Yuanliang; Cohen, David; Fan, Li; Gillies, Donna; Du, Kang; Ravindran, Arun V.; Zhou, Xinyu; Xie, Peng	2021	Comparative efficacy and acceptability of psychotherapies for post-traumatic stress disorder in children and adolescents: a systematic review and network meta-analysis	Evidence-based mental health	24	4	153–160	BACKGROUND: Available evidence on the comparative efficacy and acceptability of psychotherapies for post-traumatic stress disorder (PTSD) in children and adolescents remains uncertain. OBJECTIVE: We aimed to compare and rank the different types and formats of psychotherapies for PTSD in children and adolescents. METHODS: We searched eight databases and other international registers up to 31 December 2020. The pairwise meta-analyses and frequentist network meta-analyses estimated pooled standardised mean differences (SMDs) and ORs with random-effects model. Efficacy at post-treatment and follow-up, acceptability, depressive and anxiety symptoms were measured. FINDINGS: We included 56 randomised controlled trials with 5327 patients comparing 14 different types of psychotherapies and 3 control conditions. For efficacy, cognitive processing therapy (CPT), behavioural therapy (BT), individual trauma-focused cognitive-behavioural therapy (TF-CBT), eye movement desensitisation and reprocessing, and group TF-CBT were significantly superior to all control conditions at post-treatment and follow-up (SMDs between -2.42 and -0.25). Moreover, CPT, BT and individual TF-CBT were more effective than supportive therapy (SMDs between -1.92 and -0.49). Results for depressive and anxiety symptoms were similar to the findings for the primary outcome. Most of the results were rated as 'moderate' to 'very low' in terms of confidence of evidence. CONCLUSIONS: CPT, BT and individual TF-CBT appear to be the best choices of psychotherapy for PTSD in young patients. Other types and different ways of delivering psychological treatment can be alternative options. Clinicians should consider the importance of each outcome and the patients' preferences in real clinical practice.
Xie, Tong; Huang, Jingyuan; Liu, Xiaoyan; Xu, Wei	2023	Posttraumatic stress symptoms and posttraumatic growth in Chinese adolescents after tornado: Cross-lagged panel network analysis	Psychological trauma : theory, research, practice and policy			No Paginati on Specifie d-No	Background: Existing literature has yielded mixed results regarding the relationships between posttraumatic stress symptoms (PTSS) and posttraumatic growth (PTG). The recent network analysis provided opportunities to investigate the associations between PTSS and PTG on a more fine-grained level. Previous cross-sectional network

						Pagination Specified	analyses were unable to address the directionality of the temporal relationships between components of PTSS and PTG. Therefore, the current study aimed to model cross-lagged network of components of PTSS and PTG with longitudinal data to unveil the direction of their relationships. Method: A sample of 202 adolescents (Mage = 14.36, 38% boys) who survived the Yancheng tornado were assessed with the Child PTSD Symptom Scale (CPSS) and Posttraumatic Growth Inventory (PTGI) at 9, 12, and 18 months following the tornado. Two cross-lagged panel networks were examined to model the temporal associations between components of PTSS and PTG. Results: The T1–T2 Network was much denser than the T2–T3 Network. The majority of cross-cluster edges were directed from PTSS to PTG. Interestingly, two major components of PTSS, Avoidance and Intrusion shared vastly different relationships with PTG. While Intrusion positively predicted components of PTG, Avoidance exhibited negative predictive value on PTG. Conclusions: The study highlighted the differential relationships that Intrusion and Avoidance shared with the PTG components, suggesting that interventions could benefit from mitigating avoidance and incorporating intrusion into positive change. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Xu, Zhenjie; Hu, Jie; Wang, Yingying	2023	Bilateral eye movements disrupt the involuntary perceptual representation of trauma-related memories	Behaviour research and therapy	165		104311	Bilateral eye movement (EM) is a critical component in eye movement desensitization and reprocessing (EMDR), an effective treatment for post-traumatic stress disorder. However, the role of bilateral EM in alleviating trauma-related symptoms is unclear. Here we hypothesize that bilateral EM selectively disrupts the perceptual representation of traumatic memories. We used the trauma film paradigm as an analog for trauma experience. Nonclinical participants viewed trauma films followed by a bilateral EM intervention or a static Fixation period as a control. Perceptual and semantic memories for the film were assessed with different measures. Results showed a significant decrease in perceptual memory recognition shortly after the EM intervention and subsequently in the frequency and vividness of film-related memory intrusions across one week, relative to the Fixation condition. The EM intervention did not affect the explicit recognition of semantic memories, suggesting a dissociation between perceptual and semantic memory disruption. Furthermore, the EM intervention effectively reduced psychophysiological affective responses, including the skin conductance response and pupil size, to film scenes and subjective affective ratings of film-related intrusions. Together, bilateral EMs effectively reduce the perceptual representation and affective response of trauma-related memories.

							Further theoretical developments are needed to elucidate the mechanism of bilateral EMs in trauma treatment.
Yablon, Yaacov B.	2015	Positive school climate as a resilience factor in armed conflict zones		5	4		Objective: Although schools have a meaningful effect on students' lives, their role as a resilience factor for students experiencing ethno-political violence has never been studied. The aim of the present study was to investigate the contribution of students' school experience, and the school climate in particular, to students' coping with violence, and specifically its effect on the development of posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG). Method: A cross-sectional telephone questionnaire survey was held with 534 Israeli high school students who live under constant violence as result of an ethno-political conflict in their region. Results: School climate accounted for 36% of the variance in PTSD and 20% of the variance in PTG. School safety and level of school facilities predicted lower levels of both PTSD and PTG. School connectedness and teacher's support were found to make a positive contribution to PTG. Furthermore, the risk for PTSD decreases with increasing school attendance. Girls presented higher PTSD and PTG than boys. Conclusion: A positive school climate is an important resilience factor for explaining students' PTSD and PTG and should be taken into account when designing interventions for students exposed to ethno-political violence. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Yablon, Yaacov B.	2019	School safety and school connectedness as resilience factors for students facing terror	School Psychology	34	2	129–137	The aim of the study was to investigate the mediating effect of school safety and school connectedness on the development of posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG) among boys and girls facing terror. A cross-sectional research design using a nationwide random sample of 609 (54% girls) 9th (25%), 10th (26%), 11th (24%), and 12th graders (24%) from state-run Jewish schools in Israel was used. The participants responded to questionnaires on PTSD and PTG, exposure to terror, school safety, and school connectedness. The findings revealed that feeling safe in school is related to fewer PTSD symptoms, but at the same time to less PTG. Contrary to the research hypothesis, school connectedness was related to more PTSD symptoms, but also to higher PTG. The mediating effects of school safety and school connectedness were related to student gender, because school connectedness mediated the effect of exposure to terror only among boys. The findings also contribute to the theoretical discussion on the connection between PTSD and PTG and reveal that school experiences play an important role in explaining students' resilience when facing terror. Nonetheless, it seems that school cannot be regarded as a monolithic experience,



							as the same aspects of school experience interact differently with PTG and PTSD. For some students, a positive school experience is related to greater risk for PTSD symptoms instead of serving as a protective factor. The findings stress the challenge facing schools in supporting students who face terror. (PsycINFO Database Record (c) 2019 APA, all rights reserved)
Yager, Joel	2021	Infective Messages: Definitions, Processes, and Implications for Trauma, Identities, Internal Conflicts, Psychotherapy, and Research	The Journal of nervous and mental disease	209	7	474–480	BACKGROUND: Throughout life, individuals are bombarded by countless emotion-generating messages. Certain of these messages, for example, some insults, admonitions, rejections, challenges, or insightful declarations, can be viewed as "infective." Infective messages shock, puncture, adhere, disturb, and generate discernable host responses that assimilate, accommodate, or repel the intruding messages. Messages originating in one's own mind can stimulate psychological equivalents of autoimmune responses. Sometimes, these messages produce enduring psychological changes. Infective messages may traumatize, organize, or therapize. The aims of this article are to consider how infective messages a) relate to their messengers (vectors), structural characteristics, and recipient (host) factors; b) might contribute to trauma, personal identity formation, psychological conflicts, and emotional self-regulatory and cognitive heuristics; c) might inform the conduct of psychotherapy; and d) suggest future research. METHODS: Clinical observations were augmented with selective literature reviews. These sources contributed to perspectives regarding how certain messages might become infective; contribute to trauma, complex aspects of identity formation, and inner conflict; and inform the conduct of psychotherapy. RESULTS: Infective messages are commonly characterized by short, cogent communications emanating from credible sources that fall on vulnerable recipients' receptive, dispositional feeling states. These infective stimuli trigger reactive and defensive emotions and associated behaviors reflecting responses to significant threats or benefits relative to the individual's deepest needs, motivations, and values. Defensive overreactions may occur in response to messages to which individuals have been previously sensitized. Infective message contents appear to assimilate into constantly evolving, dynamic autobiographical brain maps consisting of highly specific neuronal networks that range from the brainstem through limbic structures to multiple cortical areas. Autobiographical maps built from message-injected contents may transform, akin to the incorporation of retroviruses or prions, to encode personal identities as aspects of the self. Contrasting maps may exist semi-

							independently of one another, continuously evolving, interacting, combining, dividing, conflicting, and contending with one another for attention. Achieving attentional awareness, such maps help structure how individuals conceptualize and communicate about their encoded traumas, diverse identities, and the conflicts among them. CONCLUSIONS AND IMPLICATIONS: During psychotherapy, aftereffects of traumatizing infective messages might be detoxified by deconstructing, desensitizing, and processing messages' precise words and emotional envelopes in relation to contexts in which they were delivered, and the individual's inner dispositions at moments of impact. Carefully crafted, timely interpretations can be therapeutically infective, generating enduring positive impacts. Future studies using an assortment of approaches can test these perspectives.
Yang, Xima; Huang, Jiali; Wu, Xinchun; Zhou, Xiao	2023	Internalizing and externalizing problems in adolescents following an earthquake: Codevelopment and temporal association	Journal of Counseling Psychology	70	2	223–233	Chinese adolescents who experience potentially traumatic events may develop posttraumatic internalizing and externalizing problems. However, it remains controversial whether interventions should focus first on internalizing or externalizing problems (or simultaneously on both). Previous studies have attempted to elucidate the developmental trajectories of posttraumatic internalizing and externalizing problems, temporal associations between them, and the between-person effects on this association to identify appropriate primary interventions. However, these studies overlooked the potential codevelopment of internalizing and externalizing problems along with the within-person effects on this association. To address these gaps, this study examined the codevelopment of and within-person temporal association between internalizing and externalizing problems. Participants were 391 Chinese adolescents who completed self-report questionnaires at 1, 1.5, 2, and 2.5 years after the 2008 Wenchuan earthquake. Parallel latent growth curve modeling and random intercept cross-lagged panel modeling were used to test the hypotheses. The results showed that both internalizing and externalizing problems were stable over time following the earthquake. Moreover, internalizing problems positively predicted externalizing problems at the within-person level and showed a positive between-person relationship with externalizing problems. These findings suggest that internalizing and externalizing problems may codevelop, and internalizing problems are risk factors for externalizing problems in adolescents following trauma. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

Yanover, T.; Thompson, J. K.; Straub, D. M.	2008	An adolescent male with features of EDNOS and obsessive-compulsive disorder	Eating and weight disorders : EWD	13	2	e20-4	OBJECTIVE: The current article describes the case of a 13-year-old boy with mixed diagnostic features suggestive of Eating Disorder Not Otherwise Specified (EDNOS) and obsessive-compulsive disorder. METHOD: A multimodal assessment approach was used to unravel the symptoms in this case. Initial presentation of the case had predominant features of EDNOS, however, obsessive-compulsive disorder features appeared to better explain disordered eating characteristics as the case progressed. In particular, the presence of intrusive images hindered his ability to consume food. RESULTS: A variety of psychological approaches, including components of family and cognitive-behavioral strategies had a slight impact on symptoms. Medication seemed to have a more substantial effect. CONCLUSION: This rather unique case, which contained features of EDNOS and obsessive compulsive disorder, illustrates the need for an ongoing multimodal assessment and interdisciplinary treatment approach.
Yaruss, J. Scott; Reardon, Nina A.	2003	Fostering generalization and maintenance in school settings	Seminars in speech and language	24	1	33-40	One of the most challenging aspects of therapy for school-age children who stutter is generalizing the skills learned in the therapy room to other settings such as the classroom, lunchroom, playground, or home. An additional challenge is seen in maintaining gains over the long term. This article reviews common roadblocks to generalization and maintenance, including the goals of therapy, the nature of the treatment strategies that require generalization, the scheduling and implementation of generalization activities within the overall therapy process, and the child's understanding of the treatment goals. Specific strategies for overcoming these roadblocks include: desensitizing children to both stuttering and treatment strategies designed to improve fluency, using hierarchies as a way of structuring treatment and moving children toward success in their daily activities, integrating the child's real world and clinical settings, and using structured practice activities to help children solidify all of the lessons they learn in treatment. This article highlights the importance of taking a broad-based view of stuttering to help children improve their overall communication across a variety of settings and over time.
Yasik, Anastasia E.; Saigh, Philip A.; Oberfield, Richard A.; Halamandaris, Phill V.; Wasserstrum, Leah A.	2012	Self-reported anxiety among traumatized urban youth	Traumatology	18	4	47-55	This study compared the Revised Children's Manifest Anxiety Scale (RCMAS) scores of traumatized youth with or without PTSD to the scores of a nonclinical comparison group. Child diagnostic interviews identified children with PTSD (28), traumatized children without PTSD (63), and a nonclinical comparison group (41). In the absence of major comorbid disorders, children with PTSD had significantly higher RCMAS total scores and significantly higher scores on the RCMAS Physiological Anxiety, Worry/Oversensitivity, and Social

							Concern/Concentration subscales. Nonsignificant differences were observed between groups on the RCMAS Lie subscale. The RCMAS scores of the traumatized PTSD negatives and controls did not significantly differ. Implications for research and practice are considered. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Yasinski, Carly; Hayes, Adele M.; Ready, C. Beth; Cummings, Jordan A.; Berman, Ilana S.; McCauley, Thomas; Webb, Charles; Deblinger, Esther	2016	In-session caregiver behavior predicts symptom change in youth receiving trauma-focused cognitive behavioral therapy (TF-CBT)	Journal of consulting and clinical psychology	84	12	1066–1077	Objective: Involving caregivers in trauma-focused treatments for youth has been shown to result in better outcomes, but it is not clear which in-session caregiver behaviors enhance or inhibit this effect. The current study examined the associations between caregiver behaviors during Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and youth cognitive processes and symptoms. Method: Participants were a racially diverse sample of Medicaid-eligible youth (ages 7–17) and their nonoffending caregivers (N = 71 pairs) who received TF-CBT through an effectiveness study in a community setting. Caregiver and youth processes were coded from audio-recorded sessions, and outcomes were measured using the Child Behavior Checklist (CBCL) and UCLA PTSD Reaction Index for Diagnostic and Statistical Manual for Mental Disorders-Fourth Edition (DSM-IV; UPID) at 3, 6, 9, and 12 months postintake. Results: Piecewise linear growth curve modeling revealed that during the trauma narrative phase of TF-CBT, caregivers' cognitive-emotional processing of their own and their child's trauma-related reactions predicted decreases in youth internalizing and externalizing symptoms over treatment. Caregiver support predicted lower internalizing symptoms over follow-up. In contrast, caregiver avoidance and blame of the child predicted worsening of youth internalizing and externalizing symptoms over follow-up. Caregiver avoidance early in treatment also predicted worsening of externalizing symptoms over follow-up. During the narrative phase, caregiver blame and avoidance were correlated with more child overgeneralization of trauma beliefs, and blame was also associated with less child accommodation of balanced beliefs. Conclusions: The association between in-session caregiver behaviors and youth symptomatology during and after TF-CBT highlights the importance of assessing and targeting these behaviors to improve clinical outcomes. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Yen Pik Sang, Fleur; Billar, Jessica; Gresty, Michael A.; Golding, John F.	2005	Effect of a novel motion desensitization training regime and controlled breathing on habituation to motion sickness	Perceptual and motor skills	101	1	244–256	To study whether controlled breathing, known to ameliorate motion sickness, speeds habituation to nauseogenic motion when used in a novel accelerated training regime, 30 participants (13 men, 17 women, ages 18-51 years) were randomized to either a Breathing group or a Control group. Randomization was balanced for rotation tolerance

							measured during a first exposure to off-vertical axis rotation (OVAR 72 degrees sec. <sup>-1</sup> ). Participants subsequently received four exposures to OVAR in 1-hr. (accelerated training). The Breathing group followed taped instructions to control their breathing during training and when retested the next day. There was overall habituation with stimulus repetition, shown by an increase in tolerance for motion, a reduction in symptoms, and speeded recovery times on retesting. There was a tendency for greater habituation with controlled breathing.
Yeung, Nelson C. Y.; Lau, Joseph T. F.; Yu, Nancy Xiaonan; Zhang, Jianping; Xu, Zhening; Choi, Kai Chow; Zhang, Qi; Mak, Winnie W. S.; Lui, Wacy W. S.	2018	Media exposure related to the 2008 Sichuan Earthquake predicted probable PTSD among Chinese adolescents in Kunming, China: A longitudinal study	Psychological Trauma: Theory, Research, Practice, and Policy		19 42- 96 9X( Ele ctr oni c), 19 42- 96 81( Pri nt)	253– 262	Objective: This study examined the prevalence and the psychosocial predictors of probable PTSD among Chinese adolescents in Kunming (approximately 444 miles from the epicenter), China, who were indirectly exposed to the Sichuan Earthquake in 2008. Method: Using a longitudinal study design, primary and secondary school students (N = 3577) in Kunming completed questionnaires at baseline (June 2008) and 6 months afterward (December 2008) in classroom settings. Participants' exposure to earthquake-related imagery and content, perceptions and emotional reactions related to the earthquake, and posttraumatic stress symptoms were measured. Univariate and forward stepwise multivariable logistic regression models were fit to identify significant predictors of probable PTSD at the 6-month follow-up. Results: Prevalences of probable PTSD (with a Children's Revised Impact of Event Scale score ≥30) among the participants at baseline and 6-month follow-up were 16.9% and 11.1% respectively. In the multivariable analysis, those who were frequently exposed to distressful imagery had experienced at least two types of negative life events, perceived that teachers were distressed due to the earthquake, believed that the earthquake resulted from damages to the ecosystem, and felt apprehensive and emotionally disturbed due to the earthquake reported a higher risk of probable PTSD at 6-month follow-up (all ps < .05). Conclusion: Exposure to distressful media images, emotional responses, and disaster-related perceptions at baseline were found to be predictive of probable PTSD several months after indirect exposure to the event. Parents, teachers, and the mass media should be aware of the negative impacts of disaster-related media exposure on adolescents' psychological health. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Yohannan, Justina; Carlson, John S.; Volker, Martin A.	2022	Cognitive behavioral treatments for children and adolescents exposed to traumatic events: A meta-analysis examining	J. Trauma. Stress. (Journal of traumatic stress)	35	2	706– 717	Due to the negative impact of trauma exposure, effective treatments are necessary to prevent and improve negative trauma-related outcomes. Cognitive behavioral therapy (CBT) is considered an efficacious treatment for children and adolescents exposed to traumatic events. Despite the various meta-analyses that have

		variables moderating treatment outcomes					examined trauma treatments, there is a paucity of research on the moderating variables that may impact treatment outcomes. This meta-analytic CBT study addressed those limitations by examining the moderating effects of treatment components on outcomes. A search identified 94 CBT studies with 97 relevant effect sizes for children and adolescents exposed to traumatic events. Consistent with prior meta-analytic studies, CBT was shown to be effective for trauma-exposed youth. CBT sub-treatments did not produce significantly different results from one another. Moderators shown to significantly impact CBT treatment outcomes for posttraumatic stress symptom were trauma type, $Q = 24.09$ , $p = .004$ , $ds = -0.22$ to $-1.42$ , and gender, $Q = 10.68$ , $p = .005$ , $ds = -0.53$ to $-1.36$ , whereas moderators shown to impact treatment outcomes for depression were study design, $Q = 10.95$ , $p = .004$ , $ds = -0.26$ to $-0.50$ , and treatment setting, $Q = 10.98$ , $p = .004$ , $ds = -0.31$ to $-0.56$ . The implications of these findings for research and practice are discussed.
Young, Jeffrey E.; Zangwill, William M.; Behary, Wendy E.	2003	Die Verbindung von EMDR und schemafokussierter Therapie: Das Ganze kann größer sein als die Summe der Teile					Möglichkeiten einer Integration von Youngs schemafokussierter Therapie (SFT) und EMDR-(Eye Movement Desensitization and Reprocessing-)Behandlung werden erörtert. Zunächst werden die Grundannahmen der SFT beschrieben. Dabei wird eingegangen auf die konzeptuellen Grundlagen (frühe dysfunktionale Schema; Schemadomänen und der Ursprung von Schemata in der Entwicklungsgeschichte des Menschen; Schemaprozesse und -modi), und die Bedeutung der zwei Phasen "Beurteilung" und "Unterrichtung" in der Anwendung der SFT wird herausgearbeitet. Außerdem werden die in der SFT eingesetzten kognitiven, erlebnisbasierten und interaktiven Techniken besprochen. Dann wird gezeigt, wie EMDR die Effektivität der SFT verbessern kann, wenn die hochwirksamen Informationsverarbeitungstechniken der EMDR genutzt werden. Abschließend wird kurz erläutert, inwiefern SFT auch für den EMDR-Therapeuten von Nutzen sein kann.
Yu, B. H.; Dimsdale, J. E.	1999	Posttraumatic stress disorder in patients with burn injuries	The Journal of burn care & rehabilitation	20	5	426-33; discussion 422-5	This article reviews the literature about the extent of posttraumatic stress disorder (PTSD) in patients with burns. PTSD is a relatively new diagnostic label, although the emotional effects of severe trauma have long been recognized. A burn injury--one of the most traumatic of all injuries--can be accompanied by serious psychological sequelae, including PTSD. Psychiatric symptoms may not be immediately apparent in patients with burns because the patients often develop PTSD many months after the injury. The reported prevalence rate of PTSD in patients with burns varies from 8% to 45%. The factors increasing these patients' risks include preburn affective disorder,

							delirium or severe pain during acute treatment, and less perceived social support. Psychosocial issues must be considered in the recovery or rehabilitation phase. Pharmacotherapy, psychodynamic psychotherapy, cognitive-behavioral therapy, and eye-movement desensitization and reprocessing may be helpful to the PTSD patient. Early detection and treatment of PTSD cannot only diminish the effects of this disabling disorder but can also help the rehabilitation of patients with this condition.
Zakers, Aleema; Cimolai, Valentina	2023	Complementary and Integrative Medicine and Eating Disorders in Youth: Traditional Yoga, Virtual Reality, Light Therapy, Neurofeedback, Acupuncture, Energy Psychology Techniques, Art Therapies, and Spirituality	Child and adolescent psychiatric clinics of North America	32	2	421–450	Eating disorders (EDs) are a non-heterogeneous group of illnesses with significant physical and mental comorbidity and mortality associated with maladaptive coping. With the exception of lisdexamfetamine (Vyvanse) for binge eating disorder, no medications have been effective for the core symptoms of ED. ED requires a multimodal approach. Complementary and integrative medicine (CIM) can be helpful as an adjunct. The most promising CIM interventions are traditional yoga, virtual reality, eye movement desensitization and reprocessing, Music Therapy, and biofeedback/neurofeedback.
Zantvoord, Jasper B.; Ensink, Judith B. M.; Op den Kelder, Rosanne; Wessel, Aimy M. A.; Lok, Anja; Lindauer, Ramon J. L.	2019	Pretreatment cortisol predicts trauma-focused psychotherapy response in youth with (partial) posttraumatic stress disorder	Psychoneuroendocrinology	109		104380	BACKGROUND: Despite availability of effective trauma-focused psychotherapies, treatment non-response in youth with (partial) posttraumatic stress disorder remains substantial. Studies in adult PTSD have suggested that cortisol is associated with treatment outcome. Furthermore, cortisol prior to treatment could be used to predict treatment success. However, there is a lack of comparable studies in youth with (partial) PTSD. The objective of the current study was therefore to test whether cortisol prior to treatment would differ between treatment responders and non-responders and would positively predict the extent of clinical improvement in youth with (partial) PTSD. METHODS: Youth aged 8-18 with PTSD (79.2%) or partial PTSD (20.8%) were treated with 8 sessions of either trauma-focused cognitive behavioral therapy (TF-CBT) or eye movement desensitization and reprocessing (EMDR). Prior to treatment initiation, salivary cortisol was measured in treatment responders (n = 23) and treatment non-responders (n = 30) at 10 and 1 min before and 10, 20 and 30 min after personalized trauma script driven imagery (SDI). The cortisol stress response (>1.5 nmol/L increase from baseline) and basal cortisol secretion was assessed during the SDI procedure. We hypothesized that treatment responders would display higher cortisol levels caused by increased cortisol reactivity prior to trauma-focused psychotherapy relative to psychotherapy non-responders and higher cortisol levels would positively predict the extent of clinical improvement. RESULTS: Script driven imagery did not induce a

							<p>cortisol stress response in all but two participants. Prior to treatment responders showed significantly higher basal cortisol secretion during SDI compared to treatment non-responders. This effect remained significant after controlling for gender. Higher pre-treatment basal cortisol secretion further positively predicted the extent of clinical improvement during trauma-focused psychotherapy. CONCLUSION: Because SDI failed to provoke a cortisol stress response in our sample, the question if cortisol reactivity differs between treatment responders and non-responders remains inconclusive. However, our results do suggest that higher pretreatment basal cortisol secretion forms a potential indicator of prospective trauma-focused psychotherapy response in youth with (partial) PTSD. Although, the amount of uniquely explained variance in clinical improvement by pre-treatment cortisol secretion is limited and still renders insufficient basis for clinical applicability, these findings do suggest directions for future studies to delineate the mechanisms of treatment success in youth with (partial) PTSD.</p>
Zeghari, Radia; Gindt, Morgane; König, Alexandra; Nachon, Ophélie; Lindsay, Hali; Robert, Philippe; Fernandez, Arnaud; Askenazy, Florence	2023	Study protocol: how does parental stress measured by clinical scales and voice acoustic stress markers predict children's response to PTSD trauma-focused therapies?	BMJ open	13	5	e068026	<p>INTRODUCTION: Post-traumatic stress disorder (PTSD) symptoms in youth are influenced by parental anxiety and stress. When parents have high levels of stress or have developed PTSD themselves, children tend to show more anxiety symptoms. Parental stress can affect the severity of children's PTSD and lower the success of recovery. However, the influence of parental stress on the effectiveness of trauma-focused therapies (eye movement desensitisation and reprocessing and cognitive behavioural therapy) has not yet been investigated to our knowledge. Hence, we will measure parental stress (using both validated scales and vocal acoustic markers) and investigate how it influences children's PTSD recovery. METHOD AND ANALYSIS: Sixty children between the ages of 7 and 15 years who experienced type 1 trauma will be recruited at the Nice Pediatric Psychotrauma Center in France. We plan to measure stress using two different approaches. We will ask parents to answer validated scales of stress and mood in general. Stress will also be measured using vocal acoustic markers. Parents will be recorded while narrating their child's trauma and during the narrative of a positive and neutral recall of events. Child participants will have to complete anxiety, PTSD and depression scales before the beginning of the trauma-focused therapy and after 3 months of treatment. Linear mixed effects models and differential statistics, such as significance testing corrected for multiple testing, will be used to determine the validity of speech features for the proposed hypotheses. Repeated</p>



							measures analysis of variance will be performed on the clinical scales scores according to parental stress. Correlations will be performed between clinical scales of parents and children according to time of assessment. ETHICS AND DISSEMINATION: This study was approved by the Committee for the Protection of Individuals of the University of Nice Sophia Antipolis (CERNI) on 21 February 2022, under the number CER2022-015. All participants will be informed that this is an observational study and their consent taken prior to the experiment. Participants will be informed that they can withdraw from the study at any time and that it would not affect the care provided. TRIAL REGISTRATION NUMBER: CER AVIS n° 2022-015.
Zehl, Stefanie	2017	Wirkfaktoren von Eye Movement Desensitization and Reprocessing (EMDR) bei unterschiedlicher Art und Schwere der Traumatisierung. Eine randomisiert-kontrollierte Studie					Im Rahmen einer groß angelegten Studie zur Erforschung der Wirkfaktoren der EMDR-(Eye Movement Desensitization and Reprocessing-)Methode soll die vorliegende Teiluntersuchung einen Beitrag zur Diskussion zur Wirksamkeit von Augenbewegungen während der EMDR-Behandlung leisten. Daneben wird untersucht, ob Augenbewegungen in Abhängigkeit unterschiedlicher Traumaarten sowie Schweregrade der Symptome einer Posttraumatischen Belastungsstörung (PTBS) differentielle Effekte bedingen. Methodik: 139 Patienten mit einer PTBS wurden drei verschiedenen Behandlungsbedingungen randomisiert zugeordnet: Exposition mit Augenbewegungen induziert durch Fixation der bewegten Therapeutenhand (EMDR-Standard), Exposition mit unbewegten Augen durch Fixation der unbewegten Therapeutenhand (EMDR-Fixiert) und als Kontrollbedingung - Exposition ohne explizite, visuelle Fokussierung (EMDR-Ohne-Fokus). Mit Ausnahme der experimentellen Kontrolle der Stimulationsart, folgten alle Behandlungen dem EMDR-Behandlungsmanual. Zur Erhebung des primären Outcomes erfolgte eine Prä-Post-Messung mit Hilfe der "Clinician-Administered-PTSD-Scale" (CAPS) durch verblindete Untersucher. Daneben wurden im Zuge einer Traumaskriptmessung zu Behandlungsbeginn sowie -ende psychophysiologische Parameter erhoben. Der Behandlungsverlauf wurde von Sitzung zu Sitzung sowohl durch psychometrische als auch psychophysiologische Datenerhebung dokumentiert. Ergebnisse: 116 Patienten nahmen an der kompletten EMDR-Behandlung teil. Die Intent-to-treat-Analyse (N = 139) zeigte über alle Konditionen hinweg eine signifikante Verbesserung der PTBS-Symptomatik sowohl mit hohen Effektstärken als auch einer hohen Remissionsrate der PTBS-Diagnose (79.8 %). Im Vergleich zur Kontrollbedingung (EMDR-Ohne-Fokus) wiesen die Gruppen EMDR-Standard sowie EMDR-Fixiert signifikant höhere

						<p>Abnahmen der Prä-Post-Symptomatik sowie signifikant höhere Effektstärken auf. Die mit Hilfe von a-priori-Kontrasten ermittelten <math>\beta</math>-Koeffizienten fielen für die Gruppen EMDR-Standard sowie EMDR-Fixiert vergleichbar hoch aus, während die <math>\beta</math>-Koeffizienten beider Gruppen größer ausfielen als in der Gruppe EMDR-Ohne-Fokus. Der Prä-Post-Vergleich der psychophysiologischen Traumaskriptmessungen zeigte kein signifikantes Ergebnis. Remissionsraten und die benötigte Sitzungsanzahl zur Remission der PTBS unterschieden sich ebenfalls nicht signifikant zwischen den Behandlungsgruppen. Auch offenbarten sich keine Gruppenunterschiede im Hinblick auf verschiedene Traumaarten sowie unterschiedliche Symptomschwere. Diskussion: Alle drei Behandlungskonditionen bedingten hohe Effekte und vergleichbare Remissionsraten. Dennoch führten die beiden Bedingungen, die einen externen Aufmerksamkeitsfokus beinhalteten, zu einer signifikant höheren Symptomreduktion. Demnach erscheint die duale Aufmerksamkeit, d.h. Distraction, der entscheidende Wirkmechanismus bei der EMDR-Methode zu sein. Im Hinblick auf verschiedene Traumaarten und Schweregrade der posttraumatischen Symptomatik entfaltete sich die therapeutische Wirksamkeit unabhängig von der Behandlungsgruppe.</p>
Zehnder, Daniel	2007	Notfallpsychologische Interventionen				<p>Ausgehend von einer Umschreibung der für die Notfallpsychologie relevanten Konzepte und Aufgaben (Klassifikation posttraumatischer Interventionen, Unterscheidung zwischen akuten und frühen notfallpsychologischen Interventionen) werden Besonderheiten des notfallpsychologischen Vorgehens bei traumatisierten Kindern diskutiert. Dabei wird auf den Interventionszeitpunkt, entwicklungspsychologische Aspekte und den Einbezug der Eltern eingegangen. Unter Berücksichtigung der Empfehlungen des "National Child Traumatic Stress Network" und des "National Center for PTSD" werden akute notfallpsychologische Interventionen im Kindesalter, die im Rahmen einer Krisenintervention unmittelbar nach dem Trauma und meist am Ort des Geschehens zur Vermeidung einer psychischen Dekompensation der Betroffenen zur Anwendung kommen, skizziert (etwa "Critical Incident Stress Management"-Ansatz). Als frühe notfallpsychologische Interventionen, die ein bis vier Wochen nach dem Trauma eingesetzt werden können, werden das manualisierte "Critical Incident Stress Debriefing" (CISD), Debriefing-ähnliche Interventionen für Gruppen bzw. verteilt über mehrere Sitzungen, kognitiv-behaviorale Interventionen und "Eye Movement Desensitization and Reprocessing" (EMDR) beschrieben. Ein Überblick</p>

							über die Ergebnisse empirischer Evaluationsstudien zur Wirksamkeit Notfallpsychologischer Interventionen bei Kindern zeigt, dass die Befundlage zum heutigen Zeitpunkt wenig aussagekräftig und auf Grund methodischer Einschränkungen der meisten durchgeführten Untersuchungen nicht eindeutig zu interpretieren ist. Obwohl Kinder im Rahmen von akuten Interventionen von sofortiger sozialer Unterstützung profitieren können, konnte im Bereich der frühen Interventionen der Nachweis, dass das CISD eine evidenzbasiert wirksame, Notfallpsychologische Intervention für Kinder ist, nicht erbracht werden. Das Vorgehen wird am Fallbeispiel eines achtjährigen Jungen, der einen schweren Autounfall erlebt hatte, veranschaulicht.
Zengin, Fikret	2009	Behandlung von Hörsturz und Tinnitus mit EMDR-Therapie					Die Wirksamkeit von EMDR (Eye Movement Desensitization and Reprocessing) in der Behandlung von Tinnitus wird untersucht. Behandelt wurden 17 an Tinnitus leidende Patienten. Behandlung und die Kontrolluntersuchungen (mit 15 Patienten) fanden in der Zeit von Juni 2002 bis Juni 2005 in der eigenen psychiatrischen/psychotherapeutischen Praxis in Solingen statt. 14 Patienten waren nach einer fünfstündigen EMDR-Behandlung beschwerdefrei, und 3 beklagten weiterhin (eher geringe) Beschwerden, die durch 2 weitere EMDR-Therapiesitzungen zum Abklingen gebracht werden konnten. Ein Patient hatte nach Therapieabschluss einen Verkehrsunfall, der eine Posttraumatische Belastungsstörung (PTBS) auslöste. Er wurde mit traumazentrierter Psychotherapie behandelt, die auch die Tinnitus-Symptome zum Abklingen brachte. Abschließend wird das EMDR-Protokoll für Tinnitus-Patienten angefügt. Es wurde aus dem EMDR-Protokoll für Patienten mit einer PTBS modifiziert.
Zenner, H. Peter; Maddalena, Harry de	2005	Validity and reliability study of three tinnitus self-assessment scales: loudness, annoyance and change	Acta otolaryngologica	125	11	1184–1188	CONCLUSIONS: The three tinnitus self-rating scales described herein can be employed as part of "minimal datasets" to reflect the patient's current tinnitus status. These tests are simple and easy to use and can be completed by the patient alone. The results are easy to interpret and provide a good foundation for an effective doctor-patient dialogue. OBJECTIVE: To investigate the reliability and validity of three tinnitus self-rating scales: a six-point response scale for tinnitus loudness; an eight-point response scale for tinnitus annoyance; and a six-point response scale for tinnitus change. MATERIAL AND METHODS: The data for 273 patients participating in 2 separate studies were assessed in terms of their validity and reliability. We used criterion validity to determine whether the scales had empirical associations with external criteria, in this case an already firmly

							established tinnitus questionnaire. In addition we examined construct validity, i.e. its subcategories convergent and discriminant validity, in order to find out how related or unrelated items or scales were. We tested the reliability and repeatability of the scales using patients on our waiting list for tinnitus desensitization. RESULTS: The test-retest reliability was 0.72 for tinnitus loudness and 0.62 for tinnitus annoyance. Calculations showed that all three scales correlated positively with validated complex scales and thus we considered convergent validity to be adequate.
Zhan, Nalan; Gao, Chang; Cao, Yawei; Li, Fan; Geng, Fulei	2024	Factor structure, measurement invariance, and psychometric properties of the Posttraumatic Cognitions Inventory (PTCI) and its brief version (PTCI-9) in Chinese adolescents and adults	Psychological Assessment			No Paginat on Specifie d-No Paginat on Specifie d	The Posttraumatic Cognitions Inventory (PTCI) is a widely used self-report tool to assess negative posttraumatic cognitions about self, world, and self-blame, but the factor structure remains controversial. Recently, a brief version of the PTCI with nine items (PTCI-9) loading onto three factors has been developed, and an excellent model fit was obtained. In this study, we examined the psychometric properties of the PTCI and PTCI-9 in a large sample of trauma-exposed Chinese adolescents (n = 1,451; mean age = 13.67 years, SD = 1.24) and adults (n = 924; mean age = 39.6 years, SD = 5.43). Confirmatory factor analysis indicated an acceptable model fit for the original PTCI but a better model fit for the PTCI-9. Furthermore, the configural, metric, and scalar invariances of the PTCI-9 were supported across age groups (adolescent and adult), gender (male and female), trauma exposure (direct and indirect), and types of traumatic events (interpersonal and noninterpersonal). The PTCI and PTCI-9 and their subscale scores showed adequate internal consistency reliability in adolescent and adult samples. The PTCI-9 also demonstrated good convergent validity, as demonstrated by statistically significant correlations with PTSD, depression, anxiety, and life satisfaction. Overall, the present study supports the Chinese PTCI and PTCI-9 as valid measures of negative cognitions in both adolescents and adults and makes meaningful comparisons of negative cognitions across gender, trauma exposure, and types of traumatic events. Notably, as a brief and valid tool, the PTCI-9 is suggested to be used in survey and longitudinal studies for adolescents and adults. (PsycInfo Database Record (c) 2024 APA, all rights reserved)
Zhang, Joyce; Sami, Saber; Meiser-Stedman, Richard	2022	Acute stress and PTSD among trauma-exposed children and adolescents: Computational prediction and interpretation	Journal of anxiety disorders	92		102642	BACKGROUND Youth receiving medical care for injury are at risk of PTSD. Therefore, accurate prediction of chronic PTSD at an early stage is needed. Machine learning (ML) offers a promising approach to precise prediction and interpretation. AIMS

							<p>The study proposes a clinically useful predictive model for PTSD 6-12 months after injury, analyzing the relationship among predictors, and between predictors and outcomes.</p> <p><b>METHODS</b></p> <p>A ML approach was utilized to train models based on 1167 children and adolescents of nine perspective studies. Demographics, trauma characteristics and acute traumatic stress (ASD) symptoms were used as initial predictors. PTSD diagnosis at six months was derived using DSM-IV PTSD diagnostic criteria. Models were validated on external datasets. Shapley value and partial dependency plot (PDP) were applied to interpret the final model.</p> <p><b>RESULTS</b></p> <p>A random forest model with 13 predictors (age, ethnicity, trauma type, intrusive memories, nightmares, reliving, distress, dissociation, cognitive avoidance, sleep, irritability, hypervigilance and startle) yielded F-scores of .973, 0.902 and .961 with training and two external datasets. Shapley values were calculated for individual and grouped predictors. A cumulative effect for intrusion symptoms was observed. PDP showed a non-linear relationship between age and PTSD, and between ASD symptom severity and PTSD. A 43 % difference in the risk between non-minority and minority ethnic groups was detected.</p> <p><b>CONCLUSIONS</b></p> <p>A ML model demonstrated excellent classification performance and good potential for clinical utility, using a few easily obtainable variables. Model interpretation gave a comprehensive quantitative analysis on the operations among predictors, in particular ASD symptoms.</p>
Zhao, Shuya; Zhou, Lisha; Jiang, Yuan; Xing, Xianghui	2023	Er:YAG laser therapy in combination with GLUMA desensitizer reduces dentin hypersensitivity in children with molar-incisor hypomineralization: a randomized clinical trial	Lasers in medical science	38	1	280	<p>This study aimed to investigate the effectiveness of erbium-doped yttrium garnet (Er:YAG) laser and GLUMA desensitizer for dentin hypersensitivity in teeth affected by Molar-Incisor Hypomineralization (MIH). One hundred twenty children were randomly allocated to four groups: the control (Co) group, the desensitizer (De) group, the laser (La) group, and the laser + desensitizer (La + De) group. Outcome measures included Visual Analogue Scale (VAS) and 14-item Oral Health Impact Profile (OHIP-14) evaluation. For mean VAS scores, a significant reduction was found over time in all groups. Co and De groups, Co and La groups, Co and La + De groups, De and La + De groups, and La and La + De groups differed significantly (<math>p &lt; 0.05</math>). For mean scores in all dimensions of OHIP-14 after treatment 6 months, the La + De group was significantly lower (<math>p &lt; 0.001</math>). The La + De groups and the La groups as well as the La + De groups and the De</p>

							groups differed significantly in total OHIP, functional limitation, physical disability, and psychological disability ( $p < 0.05$ ). Physical pain between the La + De groups and the La groups and handicap between the La + De groups and De groups differed significantly ( $p < 0.05$ ). The mean values of each dimension differed significantly between the group Co and the La + De group ( $p < 0.0001$ ). Combination therapy of Er:YAG laser and GLUMA desensitizer had greater desensitizing effects and oral health-related quality improvement of life, which might be an effective alternative treatment in dentin hypersensitivity in MIH children.
Zhou, Xiao; Wu, Xinchun; Fu, Fang; An, Yuanyuan	2015	Core belief challenge and rumination as predictors of PTSD and PTG among adolescent survivors of the Wenchuan earthquake	Psychological trauma : theory, research, practice and policy	7	4	391–397	Middle school students in Wenchuan County (N = 354) were assessed 4.5 years after the Wenchuan earthquake to examine the effects of challenges to core beliefs, intrusive rumination, and deliberate rumination on posttraumatic stress disorder (PTSD) and posttraumatic growth (PTG). The results indicated that intrusive rumination partly mediated the relationship between challenges to core beliefs and PTSD, whereas deliberate rumination partly mediated both the relationship between challenges to core beliefs and PTG, as well as the relationship between intrusive rumination and PTG. These findings suggest that challenges to core beliefs had a direct positive impact on both PTSD and PTG. Moreover, such challenges predicted PTSD through intrusive rumination and predicted PTG through deliberate rumination. Furthermore, intrusive rumination might cue individuals to engage in a more purposive deliberate rumination process. These results indicate that PTSD and PTG are influenced by different mechanisms and that PTSD and PTG represent 2 separate dimensions of experience following adversity. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Zhou, Xiao; Wu, Xinchun; Zhen, Rui	2017	Understanding the relationship between social support and posttraumatic stress disorder/posttraumatic growth among adolescents after Ya'an earthquake: The role of emotion regulation	Psychological trauma : theory, research, practice and policy	9	2	214–221	Objective: Posttraumatic distress disorder (PTSD) and posttraumatic growth (PTG) may coexist in trauma survivors, but there are mixed relationships between PTSD and PTG. To elucidate their relationship and constructs, it is necessary to examine simultaneously predictive factors, and to compare their determining factors. The aim of this study was to increasing our understanding the relationship between PTSD and PTG by examining simultaneously the role of social support and emotion regulation in PTSD and PTG among adolescents after the earthquake. Methods: Six months after the Ya'an earthquake, 315 middle school students in Lushan county were assessed using measures of trauma exposure, social support, and emotion regulation, as well as Child PTSD Symptom Scale and Posttraumatic Growth Inventory. Results: Social support had significant direct

							association with PTG but not with PTSD, but social support had a negative indirect prediction on PTSD and a positive indirect prediction on PTG through cognitive reappraisal. Social support, through expressive suppression, had a significant and indirect prediction on PTSD, but a nonsignificant indirect prediction on PTG. Conclusions: This study indicate that the predictive mechanism of PTSD and PTG were different and further suggest that PTSD and PTG are separate, independent dimensions of psychological experiences following adversity. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Zhou, Xiao; Zhen, Rui	2022	Posttraumatic stress symptoms between parents and their children following a natural disaster: An integrated model under a dyadic approach		14	1		Objective: Various theories have been proposed to elucidate the mechanisms underlying the effect of parental posttraumatic stress symptoms (PTSSs) on their children. However, these theories focused on unique mechanisms for some factors and overlooked the combined role of different factors. This study aimed to construct a broad theoretical framework to comprehensively understand the mechanisms underlying the effect of parents' PTSSs on adolescents. We examined the combined role of parental PTSSs and marital conflict, and adolescents' self-differentiation, psychological inflexibility, and rumination after super typhoon Lekima. Method: We used self-report questionnaires to investigate 1,218 parent-adolescent dyads in the area most affected by the disaster 3 months after the typhoon. Results: Parents' PTSSs had a direct and positive association with adolescents' PTSSs. We also observed parents' PTSSs had an indirect relationship with adolescents' PTSSs through parental marital conflict and adolescents' self-differentiation, psychological inflexibility, and rumination. Conclusions: An effect of PTSSs may be found in the dyadic interaction between parents and their children. Children's psychological and behavioral changes resulting from impaired family relationship functioning exhibited by their posttraumatic parents also play an important role in the interpersonal effect of PTSSs. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Zhou, Xiao; Zhen, Rui; Wu, Xinchun	2022	Shared and unique mechanisms underlying the association of trauma exposure with posttraumatic stress symptoms and growth among adolescents following the Jiuzhaigou earthquake	Psychological trauma : theory, research, practice and policy	14	6	1047-1056	Objective: Studies have indicated that trauma exposure is a common factor in posttraumatic stress symptoms (PTSSs) and posttraumatic growth (PTG), but it is unclear whether PTSSs and PTG share a common underlying mechanism related to trauma exposure. To explore this issue, this study examined the mediating role of feelings of safety, hope, and coping strategies between trauma exposure and both PTSSs and PTG to elucidate differences in their underlying mechanisms. Method: One year following the Jiuzhaigou earthquake in Sichuan province, China, 620 adolescents were selected to answer

						self-report questionnaires, and a structural equation model was used to test the hypotheses. Results: Trauma exposure was positively associated with PTSSs by two 1-step indirect paths of feelings of safety and emotion-focused coping strategies, and by two 2-step indirect paths of feelings of safety to both hope and emotion-focused coping strategies. Trauma exposure was positively associated with PTG by a 1-step indirect path of problem-focused coping strategies but negatively associated with PTG by two 2-step indirect paths of feelings of safety to both hope and problem-focused coping strategies, and by one 3-step indirect path of feelings of safety to hope to problem-focused coping strategies. Conclusions: Trauma exposure is common to PTSSs and PTG but affects these differently via feelings of safety, feelings of hope, and coping strategies. (PsycInfo Database Record (c) 2022 APA, all rights reserved)
Zidda, Francesca	2019	Neurobiological, attentional and memory changes in posttraumatic stress disorder				This dissertation aimed at investigating the role of fear learning and encoding mechanisms in the development and maintenance of anxiety and trauma-related disorders in two studies. In study 1, we combined functional resting state connectivity with skin conductance data of cued and contextual fear conditioning in 119 healthy individuals. In study 2, we applied simultaneous high-density electroencephalography (EEG) with eye-tracking during free picture viewing (including traumatic cues in neutral contexts) and memory tests of the same materials in 20 patients with post-traumatic stress disorder (PTSD) and 20 trauma controls who did not develop PTSD (NPTSD). In study 1, we hypothesized that increased functional connectivity of the default mode network (DMN) (1) with the amygdala and frontal control regions would be associated with a decrease in the magnitude of cue aversive learning, and (2) that another DMN connectivity pattern including the hippocampal formation, would negatively correlate with the strength of contextual conditioning indices. The main result of this study is that two different DMN patterns were identified in which stronger connectivity linked to lower differential SCRs during fear and anxiety was learning. One was related to cue conditioning and involved the amygdala and the medial prefrontal cortex, and one was associated with context conditioning and included the hippocampal formation and sensorimotor areas. In the second study, we expected an early perceptual bias on trauma-related cues at the expense of the context in PTSD compared to NPTSD as visible in the modulation of polarity/amplitudes of the visual C1 and in eye tracking early fixation measures. Referring to the memory performance we expected the PTSD group to better retrieve



							<p>pictures requiring a more elemental/unitary strategy (aka where the association between cues and contexts was kept constant) and consequently in being especially worse than NPTSD in retrieving cue-context modified associations. We finally expected encoding strategies to account for the memory performance. In the simultaneous EEG-eye-tracking task we found that the PTSD but not the NPTSD group oriented more towards traumatic but not neutral cues at the expense of the context. These outcomes were present at the first stages of information processing as indicated by the changes in polarity of the C1 component of the EEG and predicted the following associative memory performance. Different resting-state connectivity patterns within the DMN could emerge in association with individual predispositions of learning fear and anxiety. Because of the recognized clinical implications of these learning mechanisms in trauma and anxiety disorders, our findings highlight the relevance of brain connectivity differences as possible biomarkers already at rest and in healthy individuals, for example in healthy populations with high exposure to traumatic events (such as medical personal, rescue workers, police officer, soldiers) in order to reduce vulnerability and/or promote resilience to develop PTSD. An hippocampal processing impairment is probably responsible for the memory deficits in PTSD but possibly promoted from the strongly biased encoding strategy of the cues versus contexts, which also it is helpful in explaining intrusions and hyperarousal symptoms in a more complex perspective. Moreover, increasing awareness encoding used strategies could help existing therapies (e.g. cognitive behavioral and exposure therapy) in modifying faster the appraisal and memory of the trauma through trained restructuring of events and contextual representations. - Contents: (1) Zidda, F., Andoh, J., Pohlack, S., Winkelmann, T., Dinu-Biringer, R., Cavalli, J., Ruttorf, M., Nees, F. &amp; Flor, H. (2016). Default mode network connectivity of fear- and anxiety-related cue and context conditioning. <i>NeuroImage</i>, 165, 190-199. DOI: 10.1016/j.neuroimage.2017.10.024. (2) Zidda, F., Steiger, F., Winkelmann, T., Ruttorf, M., Andoh, J., Nees, F. &amp; Flor, H. (n. d.). Early atypical encoding of traumatic material in post-traumatic stress disorder and its relation to memory impairments: an ERP-eye-tracker study. Manuscript in preparation.</p>
Zielinski, Melissa J.; Roberts, Lindsey T.; Han, Xiaotong; Martel, Isis D.	2023	A longitudinal analysis of PTSD and other mental health symptoms among people	Psychological trauma : theory, research, practice and policy	15	6	1022–1026	<p>Objective: Drug treatment courts offer an alternative to incarceration for people who are facing criminal charges related to addiction. Because addiction commonly co-occurs with trauma exposure and associated mental illnesses, drug treatment courts likely serve people</p>

		sentenced to drug treatment court					with these difficulties. Yet whether or how mental health symptoms change over drug treatment court participation has not been studied. Method: We sought to (1) describe the mental health symptom profiles, including PTSD, of recent drug court enrollees, (2) examine the course of these symptom profiles at baseline, 6-month follow-up, and 12-month follow-up, and (3) test posttraumatic stress symptoms (PTSS) and gender as potential moderators of any identified time effects. Participants were 983 adults sentenced to drug treatment court between 2009 and 2017. Results: Generalized linear mixed models revealed a significant effect of time on PTSS as measured by the PTSD Checklist and on summary indices of mental health measured by the Brief Symptom Inventory ( $p < .05$ for all the outcomes). Gender did not moderate the effect of time on either outcome. However, those with PTSS above the clinical cut-off at baseline experienced less improvement in mental health over time. Conclusion: Our findings suggest that drug treatment court participants' mental health, including PTSS, improved over time. However, the presence of elevated PTSS interfered with improvements in other facets of mental health. Additional work is needed to identify specific program components that may exert causal effects and to examine interventions for PTSS that can be readily integrated in drug treatment courts. (PsycInfo Database Record (c) 2023 APA, all rights reserved)
Zielke, Manfred	2011	Indikation zur stationären Verhaltenstherapie und medizinischen Rehabilitation bei psychischen und psychosomatischen Erkrankungen					
Zielke, Manfred; Meermann, Rolf; Hackhausen, Winfried	2003	Das Ende der Geborgenheit?. Die Bedeutung von traumatischen Erfahrungen in verschiedenen Lebens- und Ereignisbereichen: Epidemiologie, Prävention, Behandlungskonzepte und klinische Erfahrungen					
Zimmermann, Kristin Marie; Schmidt, Kirsten Daniela; Gronow, Franziska; Sommer, Jens;	2021	Seeing things differently: Gaze shapes neural signal during mentalizing according to emotional awareness	NeuroImage, 2021				Studies on social cognition often use complex visual stimuli to assess neural processes attributed to abilities like "mentalizing" or "Theory of Mind" (ToM). During the processing of these stimuli, eye gaze, however, shapes neural signal patterns. Individual differences in neural operations on social cognition may therefore be obscured if

Leweke, Frank; Jansen, Andreas							individuals' gaze behavior differs systematically. These obstacles can be overcome by the combined analysis of neural signal and natural viewing behavior. Here, we combined functional magnetic resonance imaging (fMRI) with eye-tracking to examine effects of unconstrained gaze on neural ToM processes in healthy individuals with differing levels of emotional awareness, i.e. alexithymia. First, as previously described for emotional tasks, people with higher alexithymia levels look less at eyes in both ToM and task-free viewing contexts. Further, we find that neural ToM processes are not affected by individual differences in alexithymia per se. Instead, depending on alexithymia levels, gaze on critical stimulus aspects reversely shapes the signal in medial prefrontal cortex (MPFC) and anterior temporoparietal junction (TPJ) as distinct nodes of the ToM system. These results emphasize that natural selective attention affects fMRI patterns well beyond the visual system. Our study implies that, whenever using a task with multiple degrees of freedom in scan paths, ignoring the latter might obscure important conclusions.
Zimmermann, Peter Lutz; Gewandt, Andreas; Willmund, Gerd-Dieter; Kowalski, Jens T.	2011	PTBS mit temporo-mandibulärer Dysfunktion. Kasuistik eines Einsatz-traumatisierten Bundeswehrsoldaten mit ungewöhnlicher somatoformer Symptomatik	Trauma & Gewalt	5	4	382–388	Posttraumatische psychische Erkrankungen bekommen in den medizinischen Versorgungssystemen der Bundeswehr einen immer größeren Stellenwert. Neben der Posttraumatischen Belastungsstörung können vielfältige psychophysische Symptombilder auftreten, die eine Früherkennung der zugrunde liegenden psychischen Störung gerade in der präklinischen Behandlung erheblich erschweren können. Die vorliegende Kasuistik beschreibt den Fall eines Bundeswehrsoldaten mit einer einsatzbedingten Posttraumatischen Belastungsstörung, der in einem über Jahre chronifizierten Behandlungsverlauf aufgrund einer temporo-mandibulären Dysfunktion mit Zahn- und Kieferschmerz zahlreiche frustrane zahnärztliche Behandlungen erhielt. Bereits nach zwei Sitzungen mit der traumatherapeutischen EMDR(Eye Movement Desensitization Therapy)-Technik zeigte sich eine weitgehende Symptomremission.
Zimmermann, Peter; Güse, U.; Barre, K.; Biesold, K. H.	2005	EMDR-Therapie in der Bundeswehr - Untersuchung zur Wirksamkeit bei Posttraumatischer Belastungsstörung	Krankenhauspsychiatrie	16	2	57–63	Ein Patientenkollektiv von 89 Bundeswehrsoldaten, die zwischen 1998 und 2002 wegen einer Posttraumatischen Belastungsstörung in einem stationären Behandlungssetting therapiert wurden, wurde retrospektiv evaluiert und 29 Monate nach Therapieabschluss nachbefragt. Dabei wurden die katamnestic Langzeitergebnisse von 20 Patienten mit stationärer EMDR-Therapie mit einer Kontrollgruppe von 14 Patienten mit supportiver Behandlung verglichen. Die EMDR-Gruppe war sowohl unmittelbar nach Therapie als auch in der Langzeitkatamnese der Kontrollgruppe in den verwendeten Skalen (Impact of Event Scale,

							Subjective Units of Disturbance, Validity of Cognition) signifikant überlegen. Im Auslandseinsatz traumatisierte Soldaten zeigten dabei ein tendenziell besseres Ansprechen auf die Therapie als Inlandstraumatisierte.
Zinner-Gérecz, Ágnes; Perczel-Forintos, Dóra	2021	Psychotherapy in obstetrics: implementing low intensity psychological interventions	Orvosi hetilap	162	44	1776– 1782	Összefoglaló. A szülés utáni időszakban megjelenő aggodalmak természetesnek tekinthetők, az anyák jelentős részénél azonban klinikai szintű szorongásos megbetegedés alakulhat ki. A postpartum időszakban a szorongásos tünetek gyakori előfordulása ronthatja az anya életminőségét, pszichés állapotát, s ezáltal kedvezőtlen hatást gyakorol az anya-gyermek kapcsolatra, a gyermek mentális fejlődésére, a párkapcsolatra, valamint a családi rendszer egyensúlyára. Kutatási eredmények igazolják, hogy a szorongásos zavar a későbbiekben megjelenő anyai depresszió előrejelzője lehet. A nemzetközi irányelvek (NICE) a peri- és postnatalis időszakban jelentkező szorongásos zavarok kezdeti kezelésében az alacsony intenzitású pszichoterápiás módszereket javasolják. Tanulmányunk elsődleges célja, hogy egy esetismertetésen keresztül, kérdőívekkel követve az állapot változását, bemutassuk a szülészet-nőgyógyászat területén alkalmazható, kis intenzitású pszichológiai intervenciók eszköztárát. Az utóbbi a kognitív viselkedésterápia alpmódszereit használja kórházi osztályos, illetve ambuláns keretek között. A pszichoedukációt, normalizálást és átkeretezést, problémafókuszú keresztmetszeti konceptualizálást, szisztematikus deszenzitizálást és problémamegoldó technikákat tartalmazó intervenciók hatására az anya jelentős szenvedést okozó szorongásos panaszai már négy pszichoterápiás találkozást követően csökkentek, az anya képessé vált arra, hogy gyermekét ellássa. A terápia hatékonyságát, a szorongás és a depresszió csökkenését a páciens szubjektív megélésén túlmenően az állapotkövető kérdőívek eredményei is teljesen mértékben alátámasztották. Eredményeink megerősítik, hogy az alacsony intenzitású pszichológiai intervenciók hatékonyan alkalmazhatók a kórházi osztályokon a szorongásos, depressziós panaszok csökkentésében és ezáltal költségkímélő módon a pszichés zavarok megelőzésében. Orv Hetil. 2021; 162(44): 1776-1782. Summary. The occurrence of postpartum worries is considered a normative phenomenon, although the threshold of anxiety reaches clinical level and can lead to the development of postpartum anxiety disorder for a significant number of new mothers. Frequent occurrence of anxiety-related symptoms can negatively influence the mother's quality of life, psychological status, the mother-child relationship, the newborn's mental development, the relationship of

							the couple as well as the balance of the family system as a whole. Studies show that postpartum anxiety disorder can lead to depression later on. International guidelines (NICE) suggest peri- and postnatal anxiety disorders to be treated using low intensity psychological interventions (LIPs). The aim of this study is to present the different methods of LIPs used in obstetrics and gynecology through a clinical case study, while monitoring the outcomes in the mothers' psychological status by the use of questionnaires. LIPs contain the basics of cognitive behavioural therapy used in hospitals in both in- and outpatient care. After only four psychotherapy sessions using psychoeducation, normalizing and reframing, problem-centered cross-sectional conceptualisation, systematic desensitization and problem solving techniques, the mother's severe symptoms of anxiety decreased significantly, enabling her to take proper care of the newborn. The efficacy of the therapy was confirmed thoroughly not only by the subjective experience of the patient, but the results of the questionnaires used to follow the psychological status of the patient. Our results show that LIPs can be effectively used as a cost-effective method to reduce symptoms of anxiety or depression, and to prevent the development of mental health problems among hospital patients. Orv Hetil. 2021; 162(44): 1776-1782.
Zwanzger, Peter	2019	Angst. Medizin. Psychologie. Gesellschaft					
	1999	In: Kruse, Gunther; Gunkel, Stefan (Ed.), Trauma und Konflikt. Zugangswege einer traumaorientierten Psychotherapie (S. 191-209). Hannover: Hannoversche Ärzte-Verlags-Union, 1999					
Schröder, Harry; Hackhausen, Winfried (Ed.)	2001	Persönlichkeit und Individualität in der Rehabilitation				200-224	
	2002	Integrative Play Therapy					
	2005	Emotional Dysregulation				155-172	Summary June June is a 54-year-old divorced woman who experienced unstable emotions, sudden headaches, dizziness, insomnia, and a hand tremor. She had a successful career and was stable financially but developed substantial gambling debts. She reported being raped by a client. She was hoping to develop a relationship with her abuser (even after the rape) and loaned him considerable sums. He then

						<p>?blocked? her and was impossible to contact. Therapy needed to begin by attempting to restore a realistic sense of self through the nonexploitative relationship with the therapist. Marie Marie is a 55year old, divorced woman who suffered with low mood, anxiety, and insomnia. She also experienced body pain and numbness. She had flashbacks of the image of her finger being trapped in a door at work and nightmares. She has remained unemployed since that accident at work. She had received treatment of various modalities including eye movement desensitization and reprocessing (EMDR) and repetitive transcranial magnetic stimulation (rTMS) with only temporary and partial improvement. Marie felt that her impaired function and her emotional symptoms were the result of her physical complaints but declined any offers of physiotherapy. The notion of ?depressive equivalent? was introduced and discussed. Her symptoms needed to be considered as psychosomatic. The issue of compensation for the work accident was also thought to be playing a part. Some of the aspects of psychotherapy of patients with psychosomatic conditions were discussed, including the need to be mindful of the vulnerability of these patients. Cindy Cindy is a 50-year-old single woman working as a security guard who was admitted for unstable emotions and self-harming behavior. She developed eczema in periorbital regions. She later had loss of appetite, poor concentration, easy fatigability, and low mood. She gambled ?to relieve stress.? She was feeling useless and hopeless. There is a strong family history of mental illness. He mother suffered from schizophrenia and died of suicide, a brother is pathologically hoarding, and a sister is in treatment for depression. Cindy had been physically abused by her elder brother when she was young. Family life had been unhappy. Cindy could be proud for being the sole breadwinner for her family and for having a solid work record. The respect of her colleagues could enhance her own respect. The case demonstrates the vicious circle that people with poor self-esteem find themselves as the result of their actions further undermine their sense of self-worth. Mr. K Mr. K is a 48-year-old clerical worker, living with his family in a flat he owns. He was admitted feeling ?unstable emotions? (rapidly changing from crying to being irritable and angry) and a fleeting wish of burning his house (to clear it of hoarded material). His wife of 20 years considered divorce over his parenting and his overspending (he had accumulated a substantial secret debt). Mr. K suspected that the reason for his wife seeking a divorce was an extramarital relationship that she had developed. He suffers from obstructive sleep apnea but does not use</p>
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							the appliance prescribed to him for this purpose. His wife was a higher achiever and a higher earner than him. He was diagnosed with Bipolar Affective Disorder. The couple's career progression diverged substantially. This generated destructive feelings of inferiority and envy in him and unknown emotions in his wife. Therapy could focus on how Mr. K could shape his future, how he could improve his relationships with his children, and on how he can restore a realistically positive sense of self.
	2013	Sack (Hg.) 2013 – Komplexe Traumafolgestörungen					
	2013	The Wiley Handbook of the Psychology of Mass Shootings					
	2014	Handbook of Child Sexual Abuse					
	2014	The Corsini Encyclopedia of Psychology					
	2020	The Encyclopedia of Clinical Psychology					
	2022	Handbook of Evidence-based Psychotherapies					
	2024	Post-Traumatic Syndromes in Childhood and Adolescence					