

RECENT ARTICLES ON EMDR

BY ANDREW LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe Newsletter. It lists citations, abstracts, and preprint/reprint information—when available—on all EMDR therapy related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR therapy—whether favorable or not—including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: aleeds@theLeeds.net.

Note: a comprehensive database of all EMDR therapy references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by the EMDR International Association at: <http://emdria.omeka.net/>.

Previous columns from 2005 to the present are available on the EMDRIA web site at: <http://www.emdria.org/?page=43>.

Ait Aoudia, M. (2015). The assessment of psychological, social and legal implications before undertaking EMDR [L'évaluation des conséquences psychologiques, sociales et judiciaires avant d'entreprendre une thérapie EMDR]. *European Psychiatry*, 30(8), S95-S96. doi:10.1016/j.eurpsy.2015.09.405

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ABSTRACT

Late revelations of sexual abuse and their psychological, social and legal consequences are often experienced by victims as a particularly significant existential test, which will register a “before” and “after” in their life trajectory. Indeed, late revelations result in a marked break in the psychological balance, family, social and professional. Their occurrence, spontaneous or provoked may cause the victim to a psycho crisis, when the sudden resurgence of the past will invade this, day and night, with flashbacks, nightmares, bodily sensations, dissociative symptoms derealization and depersonalization. Faced with these symptoms, the person will face phases where it will attempt to handle the situation by avoidance strategies, including the apparent effectiveness is limited and temporary, and those where it will face the internal and external changes, with a sense of personal efficacy altered, a fear of going mad, a sense of failure face of aggression after so many years, a loss of hope for the future. In these contexts, the care psychotraumatologique requires a specific and comprehensive evaluation including the psychological dimensions, family, social and professional and judicial, which will determine the strategy and therapeutic targets. We propose to discuss in this paper, with clinical illustrations, the specifics of the joints between assessments and treatment with EMDR case of late revelations of sexual abuse.

Edmond, T., Lawrence, K. A., & Schrag, R. V. (2016). Perceptions and use of EMDR therapy in rape crisis centers. *Journal of EMDR Practice and Research*, 10(1), 23-32. doi:10.1891/1933-3196.10.1.23

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ABSTRACT

Sexual violence is pervasive and generates significant trauma symptoms that can last a lifetime for survivors. Rape crisis centers provide critically important services for survivors of child sexual abuse and adult sexual assault, including individual and group counseling. Eye movement desensitization and reprocessing (EMDR) has been found to be an effective treatment for a wide array of trauma symptoms in both children and adults. This study sought to determine the extent to which rape crisis centers use EMDR therapy, practitioners' perceptions of EMDR, and the provider characteristics that might support or hinder implementation of EMDR in this setting. A statewide web-based survey generated responses from 76 counselors working within 47 rape crisis centers. Results indicate that there is a low-use rate of EMDR (8%) in this setting, perceptions of EMDR were predominately marked by uncertainty, reflecting a lack of familiarity, but there is strong interest in receiving training. The desire for training is complicated by the range of education levels of counseling staff in rape crisis centers with only 54% holding advanced degrees. There is an opportunity and need to build capacity for the implementation of EMDR in this vital service sector, but there are also significant challenges that will need to be addressed.

Kullack, C., & Laugharne, J. (2016). Standard EMDR protocol for alcohol and substance dependence comorbid with posttraumatic stress disorder: Four cases with 12-month follow-up. *Journal of EMDR Practice and Research*, 10(1), 33-46. doi:10.1891/1933-3196.10.1.33

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ABSTRACT

This report begins with a summary of the literature regarding the theoretical models behind the comorbid relationship between posttraumatic stress disorder and substance use disorders and the various modified addiction protocols formulated to assist in treating these disorders. This case series outlines the effect that the standard eye movement desensitization and reprocessing (EMDR) protocol had on alcohol and substance dependence for 4 patients who attended our Post Traumatic Stress Clinic in Fremantle, Western Australia, primarily for treatment for posttraumatic stress disorder. Patients were assessed for substance use disorders using the Mini International Neuropsychiatric Interview Plus prior to, immediately after, and 12 months after completing EMDR therapy. Results indicate that the standard EMDR protocol was successful in reducing alcohol and substance use. Prior to treatment, 3 patients met criteria for alcohol dependence and 1 met criteria for substance dependence. At 12-month follow-up, 3 out of 4 clients did not meet the diagnostic criteria for current alcohol dependence or current substance dependence. The implications of these findings are discussed with reference to theories of comorbid posttraumatic stress disorder and substance use disorder and the modified EMDR protocols developed for patients with substance dependence.

Majidzadeh, A., & Sediq, S. H. (2015). Study descriptive static of desensitization technic efficiency with eye movement and reprocessed of cancer patient depression stress. *International Science and Investigation Journal*, 4(6), 11-17.

Full text: <http://isijournal.info/journals/index.php/ISIJ/article/view/171>

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ABSTRACT

This research conducted with respect to subject identity and purpose is one test study with pre- test and post- test plan in 2 group. This survey society included all cancer patient referred to Shafa-Parto clinic in Ardebil city during survey. The results showed that eye movement desensitization and reprocessing therapy reduced depression in cancer patients treated by radiation. Congenital sensitivity of eye movement and reprocessing therapy reduces stress cancer patients treated by radiation. Eye Movement Desensitization and Reprocessing (EMDR) therapy reduces anxiety in cancer patients undergoing radiation therapy. Also this method decreased depression, stress, anxiety and state anxiety cancer patients.

Meysner, L., Cotter, P., & Lee, C. W. (2016). Evaluating the efficacy of EMDR with grieving individuals: A randomized control trial. *Journal of EMDR Practice and Research*, 10(1), 1-11. doi:10.1891/1933-3196.10.1.2

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ABSTRACT

This study compared the effectiveness of eye movement desensitization and reprocessing (EMDR) with an integrated cognitive behavioral therapy (CBT) intervention for grief. Nineteen participants (12 females and 7 males) who identified themselves as struggling with grief were randomly allocated to treatment conditions. Each participant was wait-listed for 7 weeks and then received 7 weeks of therapy. There were no significant improvements on any measure in the wait-list period. In contrast, participants in both treatment groups improved on measures of grief ($\eta^2 = .47$), trauma symptoms ($\eta^2 = .60$), and distress ($\eta^2 = .34$). There was no significant improvement in participants' scores on a quality of life measure ($\eta^2 = .11$). Neither treatment approach produced better outcomes than the other. For those who scored in the clinical range at intake, 72% achieved clinical and reliable change on the grief measure and 82% on the trauma measure. The study had several strengths, including randomization to treatment condition, multiple therapists, formal assessment of treatment fidelity, and the pretreatment and follow-up assessments were conducted by researchers blind to treatment assignment. Overall, the findings indicate that EMDR and CBT are efficacious in assisting those struggling with grief, and that those individuals reporting higher levels of distress and lower levels of functioning may benefit the most from an intervention.

Mikhailova, E. (2015). Application of EMDR in the treatment of older people with a history of psychical trauma. *European Psychiatry*, 30(S1), 851-. doi:10.1016/S0924-9338(15)30664-7

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ABSTRACT

Introduction: There are many studies supporting the efficacy of trauma focused EMDR in the treatment of PTSD and other anxiety disorders. But most of them included only people younger than 70 years. Older people often suffer from intellectual decline. Been proved that EMDR is effective in people with intellectual impairment (Mevisen. L et all, 2012), but the people who participated in these studies did not relate to the older age group.

Objectives: Old people are often faced with loss, death of a spouse, friends, relatives. In addition, the known so-called 'domino effect' when a new trauma can reactivate old traumatic

experiences, and the fact that older people in relation to the characteristics of their memory can suddenly reactivate traumatic experiences related to the events of their youth.

Aims: Explore the possibility of using EMDR in the treatment of elderly people with a history of psychological trauma.

Methods: The study involved 26 women aged 70-85 years who received treatment in the in-patient department of our hospital. They had cognitive impairment from mild to moderate (for MoCA-test) and a history of psychological trauma. The Doctor used bilateral stimulation (mainly tapping) and 8-phase EMDR protocol, developed by F. Shapiro.

Results: All patients showed a decrease anxiety, improve sleep, and decrease in the number of somatic complaints.

Conclusion: EMDR is highly effective in the elderly.

Pagani, M., Di Lorenzo, G., Monaco, L., Daverio, A., Giannoudas, I., La Porta, P., . . . Siracusano, A. (2015). Neurobiological response to EMDR therapy in clients with different psychological traumas. *Frontiers in Psychology*, 6, 1614. doi:10.3389/fpsyg.2015.01614

Full text: <http://journal.frontiersin.org/article/10.3389/fpsyg.2015.01614/abstract>

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ABSTRACT

We assessed cortical activation differences in real-time upon exposure to traumatic memory between two distinct groups of psychologically traumatized clients also in comparison with healthy controls. We used electroencephalography (EEG) to compare neuronal activation throughout the bilateral stimulation phase of Eye Movement Desensitization and Reprocessing (EMDR) sessions. We compared activation between the first (T0) and the last (T1) session, the latter performed after processing the index trauma. The group including all clients showed significantly higher cortical activity in orbito-frontal cortex at T0 shifting at T1 toward posterior associative regions. However, the subgroup of clients with chronic exposure to the traumatic event showed a cortical firing at both stages which was closer to that of controls. For the first time EEG monitoring enabled to disclose neurobiological differences between groups of clients with different trauma histories during the reliving of the traumatic event. Cortical activations in clients chronically exposed to traumatic memories were moderate, suggesting an association between social and environmental contexts with the neurobiological response to trauma exposure and psychotherapy.

Park, H., Kim, D., Jang, E. Y., & Bae, H. (2016). Desensitization of triggers and urge reduction for paruresis: A case report. *Psychiatry Investigation*, 13(1), 161-3. doi:10.4306/pi.2016.13.1.161

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ABSTRACT

Paruresis is a special type of non-generalized social phobia that involves fear and avoidance of urination in public restrooms. We administered eight 60-minute sessions of desensitization of triggers and urge reduction (DeTUR), an addiction protocol of eye movement desensitization and reprocessing (EMDR) therapy, to a 29-year old man with paruresis of 10 year duration. Because phobic avoidance is the hallmark of any anxiety disorder, we applied DeTUR targeting the urge to avoid each anxiety-provoking situation in succession. After treatment, the participant no longer met the requirements for a diagnosis of social anxiety disorder, and the self-reported symptoms of social anxiety had decreased to non-clinical levels; furthermore, these treatment gains were maintained at the one-year follow-up. Further clinical studies are needed to generalize this finding.

Patel, G. J., & McDowall, J. (2016). The role of eye movements in EMDR: Conducting eye movements while concentrating on negative autobiographical memories results in fewer intrusions. *Journal of EMDR Practice and Research*, 10(1), 13-22. doi:10.1891/1933-3196.10.1.13

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ABSTRACT

In dismantling eye movement desensitization and reprocessing (EMDR) therapy, researchers have found that the central executive is likely responsible for the effect of eye movements on negative memories. Arguably, however, researchers have not satisfactorily explained central executive mechanisms responsible. One possible central executive mechanism is that of suppression. The aim of this research was to evaluate the effect of eye movements on vividness, emotionality, and suppression of memories. Thirty-one nonclinical participants in Experiment 1 completed fast- and no-eye-movement conditions. Thirty-three nonclinical participants in Experiment 2 completed fast-, slow-, and no-eye-movement conditions. Number of intrusions during a suppression period and self-ratings of vividness and emotionality were the dependent variables in both experiments. Experiment 2 also included a measure of central executive capacity. Results from both experiments supported the hypotheses and showed that fast eye movements resulted in fewer intrusions than no- and slow-

eye-movement conditions. Experiment 2 also found a correlation between number of intrusions after fast eye movements and central executive capacity. Limitations of this research are discussed as well as possibilities for future research and implications for understanding EMDR therapy.

Paylor, S., & Royal, C. (2016). Assessing the effectiveness of EMDR in the treatment of sexual trauma. *The Practitioner Scholar: Journal of Counseling and Professional Psychology*, 5(1).

Full text: <http://www.thepractitionerscholar.com/article/view/14017/10128>

ABSTRACT

The authors provide a critical review of eye movement desensitization and reprocessing (EMDR) as an effective means of clinical treatment for female survivors of sexual abuse. The authors reviewed selected research findings, assessing strengths and limitations of each work. The authors present themes and patterns regarding the use of EMDR with female sexual abuse victims and offer suggestions of best practice for applying EMDR as a complimentary intervention to other behavioral approaches.

Proudlock, S., & Hutchins, J. (2016). EMDR within crisis resolution and home treatment teams. *Journal of EMDR Practice and Research*, 10(1), 47-56. doi:10.1891/1933-3196.10.1.47

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ABSTRACT

This article describes how eye movement desensitization and reprocessing (EMDR) can be used in a National Health Service (NHS) mental health crisis team with individuals who are expressing strong desire and intent to die by suicide. It explores previous research in this area and examines how offering EMDR therapy may expedite recovery for clients and how offering immediate access to specialized treatment can result in NHS Trusts reducing costs associated with further psychological treatment in the community. Nine cases are presented of clients who were under the care of an NHS crisis resolution and home treatment team and who received brief EMDR therapy. Treatment directly addressed recent or historical traumatic experiences, without extensive preparation even though clients had suicidal intent and were in crisis. All clients showed marked improvement in their mental state and a reduction in their risk regarding harm to self and harm to others. An audit of the patient electronic database was used to examine contact with mental health services 12 months posttreatment. Three of the nine clients reaccessed crisis services at 6, 8, and 11 months, respectively,

concerning new crises unrelated to the material initially processed with EMDR. EMDR therapy has the potential to significantly improve the outcomes of clients experiencing a mental health crisis but more research is needed in this area.

van den Berg, D. P., de Bont, P. A., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2015). Trauma-Focused treatment in PTSD patients with psychosis: Symptom exacerbation, adverse events, and revictimization. *Schizophrenia Bulletin*. doi:10.1093/schbul/sbv172

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ABSTRACT

Objectives: Most clinicians refrain from trauma treatment for patients with psychosis because they fear symptom exacerbation and relapse. This study examined the negative side effects of trauma-focused (TF) treatment in patients with psychosis and posttraumatic stress disorder (PTSD).

Methods: Analyses were conducted on data from a single-blind randomized controlled trial comparing TF treatment (N = 108; 8 sessions prolonged exposure or eye movement desensitization) and waiting list (WL; N = 47) among patients with a lifetime psychotic disorder and current chronic PTSD. Symptom exacerbation, adverse events, and revictimization were assessed posttreatment and at 6-month follow-up. Also investigated were symptom exacerbation after initiation of TF treatment and the relationship between symptom exacerbation and dropout.

Results: Any symptom exacerbation (PTSD, paranoia, or depression) tended to occur more frequently in the WL condition. After the first TF treatment session, PTSD symptom exacerbation was uncommon. There was no increase of hallucinations, dissociation, or suicidality during the first 2 sessions. Paranoia decreased significantly during this period. Dropout was not associated with symptom exacerbation. Compared with the WL condition, fewer persons in the TF treatment condition reported an adverse event (OR = 0.48, P = .032). Surprisingly, participants receiving TF treatment were significantly less likely to be revictimized (OR = 0.40, P = .035).

Conclusions: In these participants, TF treatment did not result in symptom exacerbation or adverse events. Moreover, TF treatment was associated with significantly less exacerbation, less adverse events, and reduced revictimization compared with the WL condition. This suggests that conventional TF treatment protocols can be safely used in patients with psychosis without negative side effects.

Verlinden, E., & Lindauer, R. J. (2015). [Trauma in children and adolescents: Screening, diagnoses and treatment]. *Tijdschrift Voor Psychiatrie*, 57(12), 912-6.

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ABSTRACT

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 and 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.

Watts, B. V., Zayed, M. H., Llewellyn-Thomas, H., & Schnurr, P. P. (2016). Understanding and meeting information needs for patients with posttraumatic stress disorder. *BMC Psychiatry*, 16(1), 21. doi:10.1186/s12888-016-0724-x

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ABSTRACT

Background: Posttraumatic Stress Disorder (PTSD) is a commonly occurring mental illness. There are multiple treatments for PTSD that have similar effectiveness, but these treatments differ substantially in other ways. It is desirable to have well-informed patients involved in treatment choices. A patient decision aid (PtDA) is one method to achieve this goal. This manuscript describes the rationale and development of a patient decision aid (PtDA) designed for patients with PTSD.

Methods: We conducted an informational needs assessment of veterans (n=19) to obtain their baseline information needs prior to the development of the PtDA. We also conducted a literature review of effective PTSD treatments, and we calculated respective effective sizes. A PtDA prototype was developed according to the guidelines from the International Patient Decision Aid Standards. These standards guided our development of both content and format for the PtDA. In accordance with the standards, we gathered feedback from patients (n=20) and providers (n=7) to further refine the PtDA. The information obtained from patients and the literature review was used to develop a decision aid for patients with PTSD.

Results: Patients with PTSD reported a strong preference to receive information about treatment options. They expressed interest in also learning about PTSD symptoms. The patients preferred information presented in a booklet format. From our literature review several treatments emerged as effective for PTSD: Cognitive Therapy, Exposure Therapy, Eye Movement Desensitization Therapy, Selective Serotonin Reuptake Inhibitors, venlafaxine, and risperidone.

Conclusion: It appears that the criteria set forth to develop decision aids can effectively be applied to PTSD. The resultant PTSD patient decision aid is a booklet that describes the causes, symptoms, and treatments for PTSD. Future work will examine the effects of use of the PTSD decision aid in clinical practice.

Zhang, L., Zhou, J., & Li, L. (2016). Crisis intervention in the acute stage after trauma. *International Journal of Emergency Mental Health and Human Resilience*, 2015.

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Full text: <http://www.omicsonline.com/open-access/crisis-intervention-in-the-acute-stage-after-trauma-1522-4821-1000299.php?aid=66595#PDF>

ABSTRACT

The efficacy of crisis intervention, such as critical psychological first aid, critical incident stress debriefing, trauma-focused cognitive behavioral therapy, eye movement desensitization and reprocessing and pharmacotherapy, were all evaluated and reviewed. ❖