

# 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](mailto: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>.

Brennstuhl, M. -, Tarquinio, C., & Bassan, F. (2016). Use of an Eye Movement Desensitization and Reprocessing (EMDR) therapy in chronic pain management: A pilot study [Utilisation de la thérapie EMDR—eye movement desensitization and reprocessing—dans le cadre de la douleur chronique: Étude pilote]. *Pratiques Psychologiques*. doi:10.1016/j.prps.2015.11.002

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## ABSTRACT

**Introduction:** Chronic pain is a major healthcare issue. Additional costs involved in pain management each year in France amount to more than one billion euros. While painkillers have been proven effective in treating acute pain, their long-term use has negative side effects reducing their effectiveness. Psychotherapeutic schemes like hypnosis and cognitive-behavioural therapies also seem to show mixed results.

**Objective:** Considering that the use of Eye Movement Desensitization and Reprocessing (EMDR) therapy is an innovative approach in chronic pain management, the main focus of this research was to compare the use of EMDR therapy versus eclectic healthcare in a hospital unit specialized in the management of chronic pain. Method: Forty-five patients divided into three groups were treated by standard protocol of EMDR therapy, pain protocol of EMDR therapy and eclectic therapy.

**Results:** Results show the effectiveness of EMDR therapy on sensory, cognitive, behavioural and emotional but also traumatic components of pain, EMDR standard protocol being most efficient after five sessions, and a reduction of pain extending one month after therapy has been discontinued.

**Conclusion:** The interest in the of EMDR in chronic pain management then lies partly in its effectiveness in a few sessions, but also in clinical fast emergence and awareness that it allows to obtain from these patients.

Campagne, D. M. (2016). Guided eye movement (GEM) in trauma therapy: Hypothetical neurological routes and initial results of a sample N = 35. *International Journal of Stress Management*. doi:10.1037/str0000015

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## ABSTRACT

Recent studies and clinical evidence indicate that eye movement by itself has a direct and positive role in neural processing, especially in processing emotion and, thus, trauma. The influence of eye movement on electroencephalography is amply documented but is generally taken as artifacts. This article comments on existing neurological research that may explain the positive effects—on both acute and posttraumatic stress—of guided eye movement in combination with cognitive therapy. Results of a minimally directive method for applying guided eye movement in a clinical setting are given. The method does not require extensive or specialized training and therefore may be applied by nontherapists. This simple form of guided eye movement was applied as trauma therapy to a sample of 35 subjects, in combination with active empathic listening. The short and medium term results (1–12 months) are presented here in detail. These clinical results point to neurological possibilities supporting the idea that the positive effects of the mere guided movement of the eyes during the recounting of a traumatic experience may depend on a physical, and not a psychological, mechanism. This opens possibilities for faster and more economic forms of trauma treatment.

Cuperus, A. A., Laken, M., van den Hout, M. A., & Engelhard, I. M. (2016). Degrading emotional memories induced by a virtual reality paradigm. *Journal of Behavior Therapy and Experimental Psychiatry*, 52, 45-50. doi:10.1016/j.jbtep.2016.03.004.

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### ABSTRACT

**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

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Haour, F., & de Beaurepaire, C. (2016). [Summary: Scientific evaluation of EMDR psychotherapy]. *L'Encéphale*. doi:10.1016/j.encep.2016.02.012.

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### ABSTRACT

**Objective:** The evaluation of psychotherapy methods is made difficult by their practical and theoretical diversities as well as the increasing number of available therapies. Evaluation based on scientific criteria in randomized control trials is providing the highest level of proof and recognition by Health Agencies. A recently described integrative psychotherapy, eye movement desensitization and reprocessing (EMDR), developed by F. Shapiro since 1989, has been confronted with the validation procedure used in pharmacological treatment. It was of interest

to review the scientific validation steps carried out for this EMDR psychotherapy and for its mechanisms of action.

**Aim of the Review:** The practical and methodological protocol of the EMDR psychotherapy for trauma integration is reviewed as well as clinical results and mechanisms.

**Results:** This EMDR therapy, focused on the resolutions of traumas, was started by treating patients with post-traumatic stress disorders (PTSD). The integrative EMDR protocol obtained the highest level of efficiency, for PTSD treatment, twenty years after its first publication. The efficiency of the protocol is now under study and scientific evaluation for troubles in which the trauma experiences are triggers or factors of maintenance of the troubles: anxiety, depression, phobia, sexual troubles, schizophrenia, etc.

**Conclusion:** This new integrative psychotherapy follows the pathways and the timing observed for the evaluation and the validation of other therapies.

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Hundt, N. E., Harik, J. M., Barrera, T. L., Cully, J. A., & Stanley, M. A. (2016). Treatment decision-making for posttraumatic stress disorder: The impact of patient and therapist characteristics. *Psychological Trauma : Theory, Research, Practice and Policy*. doi:10.1037/tra0000102.

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### ABSTRACT

**Objective:** The purpose of this study was to assess how patient and provider factors influence the use of evidence-based psychotherapies (EBPs) for posttraumatic stress disorder (PTSD).

**Method:** This study used a 2 × 2 survey design to assess providers' willingness to select EBPs for patients presented in clinical case vignettes. PTSD providers (N = 185) were randomized and asked to respond to 1 of 4 case vignettes in which the patients' age and alcohol use comorbidity were manipulated.

**Results:** Results suggested that the majority of providers were favorable toward EBPs, with 49% selecting cognitive processing therapy (CPT) as the first-line intervention, 25% selecting prolonged exposure (PE), and 8% selecting Eye Movement Desensitization Reprocessing therapy. Provider characteristics, but not patient characteristics, influenced treatment selection. Cognitive-behavioral therapy (CBT) orientation, younger age, fewer years of experience, and more time spent treating patients with PTSD were positively related to EBP selection. Provider training in specific EBPs (CPT or PE) increased the likelihood of recommending these treatments as first-line interventions.

**Conclusion:** Taken together, these results suggest that providers are increasingly likely to view exposure-based EBPs for PTSD as effective, and that continued dissemination efforts to

increase provider familiarity and comfort with these protocols will likely improve rates of EBP use across a variety of practice settings.

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Jowett, S., Karatzias, T., Brown, M., Grieve, A., Paterson, D., & Walley, R. (2016). Eye movement desensitization and reprocessing (EMDR) for DSM-5 posttraumatic stress disorder (PTSD) in adults with intellectual disabilities: A case study review. *Psychological Trauma: Theory, Research, Practice, and Policy*, Advance online publication. doi:10.1037/tra0000101

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### ABSTRACT

**Objective:** People with intellectual disabilities may be at a greater risk for exposure to traumatic events and consequently develop posttraumatic stress disorder (PTSD). Although eye movement desensitization and reprocessing (EMDR) is an established treatment for PTSD in the general population, research on people with intellectual disabilities is limited. This review aims to critically appraise for the 1st time case studies published in this area, because no controlled investigations are available at present.

**Method:** An in-depth literature review was conducted, and 6 case studies were identified from peer-reviewed journals describing EMDR therapy for psychological trauma in 14 adults with a mild to severe intellectual disability. These case studies were reviewed in terms of methods of assessing PTSD and trauma histories and delivery of EMDR therapy in order to establish the usefulness and acceptability of this intervention for people with intellectual disabilities. Results: All cases demonstrated improvement in symptoms following EMDR therapy, with around half of the cases stating no disturbance at posttreatment and at follow-up assessments. No adverse effects were reported, demonstrating that EMDR is well tolerated by people with intellectual disabilities.

**Conclusions:** EMDR is a safe and acceptable intervention for people with intellectual disabilities, and there is now sufficient evidence to conduct a randomized control trial to establish its effectiveness for DSM-5 PTSD in this population group.

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Littel, M., van den Hout, M. A., & Engelhard, I. M. (2016). Desensitizing addiction: Using eye movements to reduce the intensity of substance-related mental imagery and craving. *Frontiers in Psychiatry / Frontiers Research Foundation*, 7, 14. doi:10.3389/fpsy.2016.00014.

Full text: <http://journal.frontiersin.org/article/10.3389/fpsy.2016.00014/abstract>.

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### ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is an effective treatment for posttraumatic stress disorder. During this treatment, patients recall traumatic memories while making horizontal eye movements (EM). Studies have shown that EM not only desensitize negative memories but also positive memories and imagined events. Substance use behavior and craving are maintained by maladaptive memory associations and visual imagery. Preliminary findings have indicated that these mental images can be desensitized by EMDR techniques. We conducted two proof-of-principle studies to investigate whether EM can reduce the sensory richness of substance-related mental representations and accompanying craving levels. We investigated the effects of EM on (1) vividness of food-related mental imagery and food craving in dieting and non-dieting students and (2) vividness of recent smoking-related memories and cigarette craving in daily smokers. In both experiments, participants recalled the images while making EM or keeping eyes stationary. Image vividness and emotionality, image-specific craving and general craving were measured before and after the intervention. As a behavioral outcome measure, participants in study 1 were offered a snack choice at the end of the experiment. Results of both experiments showed that image vividness and craving increased in the control condition but remained stable or decreased after the EM intervention. EM additionally reduced image emotionality (experiment 2) and affected behavior (experiment 1): participants in the EM condition were more inclined to choose healthy over unhealthy snack options. In conclusion, these data suggest that EM can be used to reduce intensity of substance-related imagery and craving. Although long-term effects are yet to be demonstrated, the current studies suggest that EM might be a useful technique in addiction treatment.

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Markus, W., de Weert-van Oene, G. H., Woud, M. L., Becker, E. S., & DeJong, C. A. (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. doi:10.1016/j.jbtep.2016.03.007.

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### ABSTRACT

**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.

Marsden, Z. (2016). EMDR treatment of obsessive-compulsive disorder: Three cases. *Journal of EMDR Practice and Research*, 10(2), 91-103. doi:10.1891/1933-3196.10.2.91.

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#### ABSTRACT

This article reports on the first 3 randomly allocated cases treated by the author in an ongoing trial comparing eye movement desensitization and reprocessing (EMDR) with cognitive behavioral therapy (exposure and response prevention) in the treatment of obsessive-compulsive disorder in a U.K. primary care setting. This article describes the treatment and data collection procedures, followed by a summary of each of the 3 cases supported by quantitative and qualitative data. The Adapted EMDR Phobia Protocol (Marr, 2012) was provided, following the trial protocol of 1-hour, 16-session treatment. The Yale-Brown Obsessive Compulsive Scale was administered at every 4th session. At posttreatment, 2 of the 3 cases showed more than a 50% reduction on validated psychometric measures, with symptoms below diagnostic cutoff. The final case started treatment below the diagnostic cutoff on the primary outcome measure and showed a slight improvement. Six-month follow-up data showed maintenance of treatment effects. Transcripts from a

semistructured telephone interview carried out by an independent researcher following treatment were analyzed using a 6-stage thematic analysis method, which identified 3 themes: the role of traumatic experiences, role of shame, and importance of therapeutic alliance. This article concludes with a discussion of implications for EMDR practice and theory.

Matthijssen, S., & van den Hout, M. (2016). Fifteen to twenty seconds of eye movements have no effect on believability of positive personal verbal statements: Results from a working memory study. *Journal of EMDR Practice and Research*, 10(2), 82-90. doi:10.1891/1933-3196.10.2.82.

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#### ABSTRACT

According to working memory theory, a task that taxes working memory during simultaneous focus on a memory will tend to reduce memory vividness and emotional intensity. Results have been found for both negative and positive memories. Some studies have shown the necessity of modality-specific tasks, with visual tasks producing greater deterioration of a visual memory, and auditory tasks reducing the quality of an auditory or verbal memory; other studies have reported cross-modality effects. Research has confirmed that eye movements similar to those in eye movement desensitization and reprocessing (EMDR) therapy produce these effects on visual imagery. However, the effects of eye movements on positive verbal imagery remain unclear. This study tested the effects of eye movements on positive verbal statements. In two experiments, undergraduates performed 15-20 seconds of eye movements or 15-20 seconds of keeping eyes stationary while focusing on a statement of a positive relevant personality trait (e.g., "I'm persistent"). Results showed that 15-20 seconds of eye movements did not enhance or diminish participant's belief in possessing the trait. Discussion focuses on methodological factors and calls for future research on the effect of eye movements on verbal material.

Mauna Gauhar, Y. W. (2016). The efficacy of EMDR in the treatment of depression. *Journal of EMDR Practice and Research*, 10(2), 59-69. doi:10.1891/1933-3196.10.2.59.

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#### ABSTRACT

This study investigated the efficacy of eye movement desensitization and reprocessing (EMDR) psychotherapy in treating the primary diagnosis of major depressive disorder by

processing past or present trauma that was affecting the quality of life. The 26 diagnosed participants were randomly assigned to 6-8 sessions of EMDR treatment or the waiting list control. Beck Depression Inventory-II, Trauma Symptom Checklist-40, and Quality of Life Index Inventory were used at pre- and postassessment to measure depressive and trauma symptoms and quality of life of the participants for both groups. The targets for EMDR therapy were selected by the participants determining the negative cognitions most strongly associated with reduced functioning and then identifying a related disturbing event. Paired and independent sample t tests were applied for data analysis. Results showed significant improvements on all measures with large effect sizes. At 95% confidence interval, the results found EMDR as an effective treatment for depressive and trauma symptoms and for improving the quality of life of the participants. A generalization effect was found for the depressogenic cognitions, with the number and strength of negative beliefs markedly decreased at posttreatment, even for beliefs not targeted in the therapy. Three-month follow-up interview with the EMDR participants confirmed that the results had been maintained.

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McLay, R. N., Webb-Murphy, J. A., Fesperman, S. F., Delaney, E. M., Gerard, S. K., Roesch, S. C., . . . Johnston, S. L. (2016). Outcomes from eye movement desensitization and reprocessing in active-duty service members with post-traumatic stress disorder. *Psychological Trauma : Theory, Research, Practice and Policy*. doi:10.1037/tra0000120.

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#### ABSTRACT

**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.

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Mosquera, D., & Ross, C. A. (2016). Application of EMDR therapy to self-harming behaviors. *Journal of EMDR Practice and Research*, 10(2), 119-128. doi:10.1891/1933-3196.10.2.119.

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#### ABSTRACT

Self-harm is frequently a trauma-driven coping strategy that can be understood from the perspective of the adaptive information processing (AIP) model and treated with eye movement desensitization and reprocessing (EMDR) therapy (Shapiro, 1995, 2001). Self-harm is often connected with memories of adverse and traumatic life experiences. Identifying and processing these memories with EMDR therapy can put an end to the self-injurious behavior. In addition, self-harm is often based on a lack of regulation skills, and these skill deficits can be addressed in EMDR therapy as well. In this article, the authors describe strategies for treating self-harm throughout the 8 phases of EMDR. Although there is no single approach that applies to all cases, the therapist needs to take a careful history of self-harm, its historical origins, and its triggers and functions in the present to formulate a treatment plan. Often, in the authors' experience, self-harm functions as a self-soothing strategy that redissociates traumatic affect from childhood. Treatment strategies for Phases 3-8 of EMDR therapy are illustrated through case vignettes.

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Novo Navarro, P., Landin-Romero, R., Guardiola-Wanden-Berghe, R., Moreno-Alcázar, A., Valiente-Gómez, A., Lupo, W., . . . Amann, B. L. (2016). 25 years of eye movement desensitization and reprocessing (EMDR): The EMDR therapy protocol, hypotheses of its mechanism of action and a systematic review of its efficacy in the treatment of post-traumatic stress disorder. *Revista De Psiquiatria Y Salud Mental*. doi:10.1016/j.rpsm.2015.12.002.

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#### ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is a relatively new psychotherapy that has gradually gained popularity for the treatment of post-traumatic stress disorder. In the present work, the standardised EMDR protocol is introduced, along with current hypotheses of its mechanism of action, as well as a critical review of the available literature on its clinical effectiveness in adult post-traumatic stress disorder. A systematic

review of the published literature was performed using PubMed and PsycINFO databases with the keywords «eye movement desensitization and reprocessing» and «post-traumatic stress disorder» and its abbreviations «EMDR» and «PTSD». Fifteen randomised controlled trials of good methodological quality were selected. These studies compared EMDR with unspecific interventions, waiting lists, or specific therapies. Overall, the results of these studies suggest that EMDR is a useful, evidence-based tool for the treatment of post-traumatic stress disorder, in line with recent recommendations from different international health organisations.

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Ricci, R. J., & Clayton, C. A. (2016). EMDR with sex offenders: Using offense drivers to guide conceptualization and treatment. *Journal of EMDR Practice and Research*, 10(2), 104-118. doi:10.1891/1933-3196.10.2.104.

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#### ABSTRACT

Evidence shows that sexual offenders have higher levels of adverse childhood experiences (ACE) than either the general population or other criminal populations. Historically, it was considered standard practice for sex offender therapists to dissuade their clients from addressing childhood trauma or adversity for fear of excuse making for his offending. The pathways model, which highlights etiology, made room for trauma treatment for offender's ACE as a legitimate treatment intervention. The adaptive information processing model inherent in eye movement desensitization and reprocessing (EMDR) trauma therapy is theorized to reorganize the maladaptively stored clustering of cognitions and emotions related to overwhelming or traumatic experiences such as childhood sexual abuse. We suggest EMDR therapy as a means of restructuring distorted implicit cognitions and personal vulnerability factors which are theorized to drive offending behavior. Through a comprehensive literature review, the authors considered 5 extant models in the sex offender literature and developed the offense drivers model. This model is designed to guide and inform EMDR therapy with sex offenders. A case example illustrates the implementation of this treatment process. A checklist of offense drivers is provided to assist in case conceptualization and treatment.

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Schubert, S. J., Lee, C. W., de Araujo, G., Butler, S. R., Taylor, G., & Drummond, P. D. (2016). The effectiveness of eye movement desensitization and reprocessing therapy to treat symptoms following trauma in Timor Leste. *Journal of Traumatic Stress*. doi:10.1002/jts.22084.

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#### ABSTRACT

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.

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Schubert, S. J., Lee, C. W., & Drummond, P. D. (2016). Eye movements matter, but why? Psychophysiological correlates of EMDR therapy to treat trauma in Timor-Leste. *Journal of EMDR Practice and Research*, 10(2), 70-81. doi:10.1891/1933-3196.10.2.70.

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#### ABSTRACT

This preliminary study examined the physiological correlates of eye movement desensitization and reprocessing (EMDR) therapy when effectively used to treat trauma symptoms in a postconflict, developing nation, Timor-Leste. Participants were 20 Timorese adults with posttraumatic stress disorder (PTSD) symptoms treated with EMDR therapy. PTSD, depression, and anxiety decreased significantly after an average of 4.15 (SD 5 2.06) sessions. Continuous measures of heart rate, skin conductance, and respiration were collected during the first and last desensitization sessions. Physiological activity decreased in EMDR desensitization sessions, and eye movement sets were associated with an immediate significant decrease in heart rate and an increase in skin conductance, consistent with an orienting response. This response habituated within and across eye movement sets. These findings suggest that effective EMDR

therapy is associated with de-arousal within sessions and that eye movement sets are associated with distinct physiological changes that may aid memory processing. The findings offer insight into the working mechanisms of EMDR when used to treat PTSD symptoms in a real-world, cross-cultural, postwar/ conflict setting.

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Tefft, A. J., & Jordan, I. O. (2016). Eye movement desensitization reprocessing as treatment for chronic pain syndromes: A literature review. *Journal of the American Psychiatric Nurses Association*. doi:10.1177/1078390316642519

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### ABSTRACT

**Background:** Chronic pain is public health problem in the United States, costing upwards of \$560 to \$635 billion annually. Guidelines consistently recommend psychological treatment for chronic pain. Eye movement desensitization reprocessing (EMDR) psychotherapy may provide an alternate approach to treating chronic pain.

**Objective:** Review of literature to evaluate the effectiveness of EMDR in the treatment of chronic pain.

**Method:** A literature search of seven databases was conducted to find relevant studies addressing the use of EMDR for chronic pain.

**Results:** Most studies reported improvement in pain and psychological indices with EMDR.

**Conclusions:** Because most literature reported case studies, the results have limited generalizability. However, for clients who suffer from chronic pain, EMDR is a reasonable treatment alternative.

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Ter Heide, F. J., Mooren, T. M., van de Schoot, R., de Jongh, A., & Kleber, R. J. (2016). Eye movement desensitisation and reprocessing therapy v. Stabilisation as usual for refugees: Randomised controlled trial. *The British Journal of Psychiatry : The Journal of Mental Science*. doi:10.1192/bjp.bp.115.167775.

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### ABSTRACT

**Background:** Eye movement desensitisation and reprocessing (EMDR) therapy is a first-line treatment for adults with post-traumatic stress disorder (PTSD). Some clinicians argue that with refugees, directly targeting traumatic memories through EMDR may be harmful or ineffective.

**Aims:** To determine the safety and efficacy of EMDR in adult refugees with PTSD (trial registration: ISRCTN20310201).

**Method:** In total, 72 refugees referred for specialised treatment were randomly assigned to 12 h (9 sessions) of EMDR or 12 h (12 sessions) of stabilisation. The Clinician-Administered PTSD Scale (CAPS) and Harvard Trauma Questionnaire (HTQ) were primary outcome measures.

**Results:** Intention-to-treat analyses found no differences in safety (one severe adverse event in the stabilisation condition only) or efficacy (effect sizes: CAPS -0.04 and HTQ 0.20) between the two conditions.

**Conclusions:** Directly targeting traumatic memories through 12 h of EMDR in refugee patients needing specialised treatment is safe, but is only of limited efficacy. ❖