

RECENT ARTICLES ON EMDR

BY ANDREW M. 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>

De Vries, S. J. A., & Kuiper, C. H. Z. (2017). Conceptualization of parenting stress in the context of EMDR therapy. *Journal of EMDR Practice and Research*, 11(3), 139-146. doi:10.1891/1933-3196.11.3.139

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ABSTRACT

Shapiro's adaptive information processing (AIP) model hypothesizes that chronic parenting stress may result from past distressing parental experiences that were not adaptively processed. Our correlational study conducted a preliminary test of the AIP model to determine if current levels of

parenting stress were associated with the number of reported distressing parental experiences. Thirty-five parents, whose children were being treated in a community clinic, were interviewed to identify memories of events related to the onset and aggravation of parenting stress. Standardized measure of present parenting stress was obtained. Regression analysis indicated that the number of reported unprocessed parenting experiences was a strong predictor for the level of parenting stress. The results support the AIP conceptualization of parenting stress and are discussed in the context of the development of an eye movement desensitization and reprocessing (EMDR) intervention to reduce parenting stress.

Hase, M., Balmaceda, U. M., Ostacoli, L., Liebermann, P., & Hofmann, A. (2017). The AIP model of EMDR therapy and pathogenic memories. *Frontiers in Psychology*, 8. doi:10.3389/fpsyg.2017.01578

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ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) therapy has been widely recognized as an efficacious treatment for post-traumatic stress disorder (PTSD). In the last years more insight has been gained

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regarding the efficacy of EMDR therapy in a broad field of mental disorders beyond PTSD. The cornerstone of EMDR therapy is its unique 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.

Horst, F., Den Oudsten, B., Zijlstra, W., de Jongh, A., Lobbestael, J., & De Vries, J. (2017). Cognitive behavioral therapy vs. Eye movement desensitization and reprocessing for treating panic disorder: A randomized controlled trial. *Frontiers in Psychology*, 8, 1409. doi:10.3389/fpsyg.2017.01409

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ABSTRACT

Objective: Cognitive Behavioral Therapy (CBT) is an effective intervention for patients

with panic disorder (PD). From a theoretical perspective, Eye Movement Desensitization and Reprocessing (EMDR) therapy could also be useful in the treatment of PD because: (1) panic attacks can be experienced as life threatening; (2) panic memories specific to PD resemble traumatic memories as seen in posttraumatic stress disorder (PTSD); and (3) PD often develops following a distressing life event. The primary objective of this Randomized Controlled Trial (RCT), was to compare EMDR therapy with CBT for PD and determine whether EMDR is not worse than CBT in reducing panic symptoms and improving Quality Of Life (QOL).

Methods: Two-arm (CBT and EMDR) parallel RCT in patients with PD (N = 84). Patients were measured at baseline (T1), directly after the last therapy session (T2), and 3 months after ending therapy (T3). Non-inferiority testing (linear mixed model with intention-to-treat analysis) was applied. Patients were randomly assigned to 13 weekly 60-min sessions of CBT (N = 42) or EMDR therapy (N = 42). Standard protocols were used. The primary outcome measure was severity of PD at T3, as measured with the Agoraphobic Cognitions Questionnaire (ACQ), the Body Sensations Questionnaire (BSQ), and the Mobility Inventory (MI). The secondary outcome measure was QOL, as measured with the World Health Organization Quality of Life short version (WHOQOL-Bref), at T3.

Results: The severity of PD variables ACQ and BSQ showed non-inferiority of EMDR to CBT, while MI was inconclusive (adjusted analyses). Overall QOL and general health, Psychological health, Social relationships, and Environment showed non-inferiority of EMDR to CBT, while Physical health was inconclusive.

Conclusion: EMDR therapy proved to be as effective as CBT for treating PD patients.

Trial Registration: Dutch Trial Register, Nr. 3134
www.trialregister.nl/trialreg/admin/rctview.asp?TC=3134

Jeon, S. W., Han, C., Choi, J., Ko, Y. H., Yoon, H. K., & Kim, Y. K. (2017). Eye movement desensitization and reprocessing to facilitate posttraumatic growth: A prospective clinical pilot study on ferry disaster survivors. *Clinical Psychopharmacology and Neuroscience: The Official Scientific Journal of the Korean College of Neuropsychopharmacology*, 15(4), 320-327. doi:10.9758/cpn.2017.15.4.320

Open access: <http://www.cpn.or.kr/journal/view.html?volume=15&number=4&spa ge=320>

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ABSTRACT

Objective: The purpose of this study was to investigate the therapeutic effects of eye movement desensitization and reprocessing (EMDR) on post-traumatic growth (PTG). Methods: This study was conducted using a sample of ten survivors of a large-scale maritime disaster that occurred in the Yellow Sea, South Korea, in April 2014. A total of eight EMDR sessions were administered by a psychiatrist at two-week intervals over a period of five months, starting two or three months after the accident. Post-Traumatic Growth Inventory (PTGI), Stress-Related Growth Scale (SRGS), Clinician-Administered PTSD Scale (CAPS), and Connor-Davidson Resilience Scale (CD-RISC) were measured before treatment, after sessions 4 and 8, and at three months after treatment completion.

Results: After three months from treatment completion, significant increases were observed in PTG (PTGI: Z(8)=-2.380,

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$p=0.017$; SRGS: $Z(8)=-2.380$, $p=0.017$ and resilience (CD-RISC: $Z(8)=-2.386$, $p=0.017$). A decrease in post-traumatic stress disorder (PTSD) level was also significant (CAPS: $Z(8)=-2.176$, $p=0.030$). The reduction of CAPS scores was correlated with increases of PTGI ($\rho=0.78$, $p=0.023$) and SRGS ($\rho=0.79$, $p=0.020$) scores. The changes in CAPS, PTGI, and SRGS scores between time point of end 8-session and three months follow-up was not significant (all $p=0.05$). Subjects with higher pre-treatment CD-RISC scores showed more significant improvements in PTGI ($\rho=0.88$, $p=0.004$) and SRGS ($\rho=0.83$, $p=0.010$) scores after treatment than did those with lower pre-treatment CD-RISC scores. Conclusion: EMDR therapy using standard

protocol for trauma processing helped facilitating PTG in disaster survivors. To generalize these findings, further controlled studies comparing with other treatment modalities for PTSD are needed.

Lehning, M., Shapiro, E., Schreiber, M., & Hofmann, A. (2017). Evaluating the EMDR group traumatic episode protocol with refugees: A field study. *Journal of EMDR Practice and Research*, 11(3), 129-138. doi:10.1891/1933-3196.11.3.129

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ABSTRACT

In 2015, more than 1.5 million refugees arrived in Germany, many severely traumatized. Eye movement desensitization and reprocessing (EMDR) therapy has been proven to be an effective treatment for acute and chronic traumatic stress symptoms. A modification for provision in group settings was developed by E. Shapiro: the EMDR Group Traumatic Episode Protocol (G-TEP). In this field study, we investigated the effectiveness of 2 sessions of EMDR G-TEP in treating traumatized refugees. After receiving a psycho-education session, 18 Arabic-speaking refugees from Syria and Iraq who had come to Germany during the previous 5 months were assigned to treatment and/or waitlist. The Impact of Event

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Scale-Revised (IES-R) and Beck Depression Inventory (BDI) were administered at pre- and posttreatment. Analysis was conducted using the Mann-Whitney U test and planned Kolmogorov-Smirnov tests. Results showed significant differences between the treatment and the waitlist groups, indicating a significant decline in IES-R scores ($p < .05$). Although differences in BDI scores did not reach significance ($p = .06$), a large decline in BDI scores was seen in the treatment group. These results provide preliminary evidence that it might be effective to treat groups of traumatized refugees with EMDR G-TEP.

Moreno-Alcázar, A., Treen, D., Valiente-Gómez, A., Sio-Eroles, A., Pérez, V., Amann, B. L., & Radua, J. (2017). Efficacy of eye movement desensitization and reprocessing in children and adolescent with post-traumatic stress disorder: A meta-analysis of randomized controlled trials. *Frontiers in Psychology*, (1750). doi:10.3389/fpsyg.2017.01750

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ABSTRACT

Background: Post-traumatic stress disorder (PTSD) can occur in both adults and children/adolescents. Untreated PTSD can lead to negative long-term mental health conditions such as depression, anxiety, low self-concept, disruptive behaviors, and/or substance use disorders. To prevent these adverse effects, treatment of PTSD is essential, especially in young population due to their greater vulnerability. The principal aim of this meta-analysis was to examine the efficacy of eye movement desensitization and reprocessing (EMDR) therapy

for PTSD symptoms in children and adolescents. Secondary objectives were to assess whether EMDR therapy was effective to improve depressive or anxious comorbid symptoms.

Methods: We conducted a thorough systematic search of studies published until January 2017, using PubMed, Medline, Scopus, and ScienceDirect as databases. All randomized controlled trials with an EMDR group condition compared to a control group, such as treatment as usual or another psychological treatment, were included. Meta-analysis was conducted with MetaNSUE to avoid biases related to missing information.

Results: Eight studies ($n = 295$) met our inclusion criteria. EMDR therapy was superior to waitlist/placebo conditions and showed comparable efficacy to cognitive behavior therapy (CBT) in reducing post-traumatic and anxiety symptoms. A similar but non-statistically significant trend was observed for depressive symptoms. Exploratory subgroup analyses showed that effects might be smaller in studies that included more males and in more recent studies.

Pilz, R., Hartleb, R., Konrad, G., Reininghaus, E., & Unterrainer, H. F. (2017). [The role of eye movement desensitization and reprocessing (EMDR) in substance use disorders: A systematic review]. *Fortschritte Der Neurologie-Psychiatrie*, 85(10), 584-591. doi:10.1055/s-0043-118338

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ABSTRACT

Eye Movement Desensitization and Reprocessing (EMDR) is a therapeutic method that has been shown to be especially ef-

fective in traumatic disorders. Since the concept of an addiction memory has become widely accepted, the use of EMDR also in substance use disorders (SUD) treatment might count as a separate field. This review summarizes the current state of research on treatment effects EMDR in SUD. The literature search included the databases of PubMed and PsychInfo; four studies met the inclusion criteria. EMDR was found to be related to a decreased amount of craving, fear and depression and to an improvement of emotion regulation and management and self-esteem. Initial findings indicate a high therapeutic potential of EMDR in SUD treatment.

Potik, D. (2017). "Winter is coming!"—Treatment of obsessive-compulsive disorder imagery after viewing the television series game of thrones. *Journal of EMDR Practice and Research*, 11(3), 147-161. doi:10.1891/1933-3196.11.3.147

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ABSTRACT

This article presents the detailed case of a 27-year-old man who began to suffer from intrusive imagery after watching a brutal scene in the TV series Game of Thrones. The content of the intrusive imagery included images of people with enucleated eyes and was initially accompanied by anxiety about sharp objects. The patient's mental distress was assessed by the Yale-Brown Obsessive Compulsive Scale and the Impact of Event Scale—Revised, and the patient was diagnosed with obsessive-compulsive disorder (OCD). Eye movement desensitization and reprocessing (EMDR) therapy was provided to treat related distressing memories and the intrusive imagery. As

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treatment progressed, more complex and layered aspects of the symptom presentation became evident, and EMDR was integrated with other treatments. These included psychodynamic psychotherapy to address his complicated relationship with his father, exposure and response prevention (ERP) therapy to reduce avoidance of sharp objects, and cognitive therapy (CT) for aggressive violent thoughts toward others. The article identifies the various clinical decision points and discusses theoretical conceptualizations and related factors. This clinical case report provides additional support for the body of knowledge on the relationship between traumatic events and imagery in OCD. Therefore, trauma-focused treatments, such as EMDR therapy, which concentrates specifically on those experiences, might be especially effective.

Valiente-Gómez, A., Moreno-Alcázar, A., Treen, D., Cedrón, C., Colom, F., Pérez, V., & Amann, B. L. (2017). EMDR beyond PTSD: A systematic literature review. *Frontiers in Psychology*, 8, 1668. doi:10.3389/fpsyg.2017.01668

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ABSTRACT

Background: Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic approach that has demonstrated efficacy in the treatment of Post-traumatic Stress Disorder (PTSD) through several randomized controlled trials (RCT). Solid evidence shows that traumatic events can contribute to the onset of severe mental

disorders and can worsen their prognosis. The aim of this systematic review is to summarize the most important findings from RCT conducted in the treatment of comorbid traumatic events in psychosis, bipolar disorder, unipolar depression, anxiety disorders, substance use disorders, and chronic back pain. Methods: Using PubMed, ScienceDirect, and Scopus, we conducted a systematic literature search of RCT studies published up to December 2016 that used EMDR therapy in the mentioned psychiatric conditions. Results: RCT are still scarce in these comorbid conditions but the available evidence suggests that EMDR therapy improves trauma-associated symptoms and has a minor effect on the primary disorders by reaching partial symptomatic improvement. Conclusions: EMDR therapy could be a useful psychotherapy to treat trauma-associated symptoms in patients

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with comorbid psychiatric disorders. Preliminary evidence also suggests that EMDR therapy might be useful to improve psychotic or affective symptoms and could be an add-on treatment in chronic pain conditions.

Wood, E., Ricketts, T., & Parry, G. (2017). EMDR as a treatment for long-term depression: A feasibility study. *Psychology and Psychotherapy*. doi:10.1111/papt.12145

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ABSTRACT

OBJECTIVE: Current treatments for long-term depression - medication and psycho-

therapy - 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.

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