

RECENT ARTICLES ON EMDR

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: emdria.org/page/emdrarticles

Ahmed, A. (2018). EMDR therapy for an elderly woman with depression, traumatic memories, and Parkinson's disease dementia: A case study. *Journal of EMDR Practice and Research*, 12(1), 16-23. doi:10.1891/1933-3196.12.1.16

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ABSTRACT

This case study looks at the application of eye movement desensitization and reprocessing (EMDR) therapy in an 83-year-old White woman with preexisting diagnoses of Parkinson's disease and Parkinson's disease dementia. She presented to the community mental health team with depressive symptoms, and during as-

essment, which included the use of the Trauma Screening Questionnaire, several traumatic life events emerged. Following six sessions of EMDR, subjective reporting on trauma symptoms and resilience improved and this was maintained 9 months later. Depression and anxiety scores (Hospital Anxiety and Depression Scale) remained consistent, though a lack of improvement in these scores was thought to be associated with progression of her physical health symptoms and related poor quality of life. This case highlights the potential use of EMDR in those with dementia and traumatic memories and the success of the standard EMDR protocol, despite difficulties with eye movements due to neurological effects of Parkinson's disease. Further research in the application of EMDR in later life and in those with

neurodegenerative medical conditions is recommended.

Demirci, O. O., Sağaltıcı, E., Yıldırım, A., & Boysan, M. (2017). Comparison of eye movement desensitization and reprocessing (EMDR) and duloxetine treatment outcomes in women patients with somatic symptom disorder. *Sleep and Hypnosis*, 19(3), 70-77. doi:10.5350/Sleep.Hypn.2017.19.0146

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RECENT ARTICLES ON EMDR (CONT.)

ABSTRACT

Somatic symptom disorder (SSD) is a debilitating disorder that significantly diminishes quality of life and causes psychological distress such as anxiety and depression. The paper explored the efficiency of the eye movement desensitization and reprocessing (EMDR) therapy in SSD. The current investigation is a clinical trial investigating the effectiveness of eye movement desensitization (EMDR) therapy in the treatment of 31 first-diagnosed SSD patients in comparison to age, education and marital status matched 31- first-diagnosed SSD patients who received duloxetine over a 6-week course of treatment. Somatization subscale of the Symptom Checklist-Revised 90 (SCL-90), Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), and Short Form Health Survey (SF-36) were administered to the participants. EMDR group showed enhanced improvement relative to baseline after 6 weeks of treatment compared to duloxetine group. We concluded that EMDR appears to be a highly promising therapy and should be considered among the first-line interventions in the treatment of SSD.

Fleck, J. I., Olsen, R., Tumminia, M., DePalma, F., Berroa, J., Vrabel, A., & Miller, S. (2018). Changes in brain connectivity following exposure to bilateral eye movements. *Brain and Cognition*, 123, 142-153. doi:10.1016/j.bandc.2018.03.009

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ABSTRACT

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 30s 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 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.

Gonzalez-Vazquez, A. I., Rodriguez-Lago, L., Seoane-Pillado, M. T., Fernández, I., García-Guerrero, F., & Santed-Germán, M. A. (2017). The progressive approach to EMDR group therapy for complex trauma and dissociation: A case-control study. *Frontiers in Psychology*, 8, 2377. doi:10.3389/fpsyg.2017.02377

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2017.02377/full>

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ABSTRACT

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 (GHQ), and general satisfaction (Schwartz). Regarding post-test inter-group comparison, improvement in

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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 [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.

Guina, J., & Guina, C. (2018). Wants talk psychotherapy but cannot talk: EMDR for post-stroke depression with expressive aphasia. *Innovations in Clinical Neuroscience*, 15(1-2), 45-48.

Open access: <http://innovationscns.com/wants-talk-psychotherapy-cannot-talk-emdr-post-stroke-depression-expressive-aphasia/>

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ABSTRACT

While post-stroke depression (PSD) is a common sequelae of stroke, many stroke survivors also have expressive aphasia (i.e., the inability to produce spoken or written language), which limits or prevents treating depression with talk psychotherapy. Unlike most psychotherapy modalities, eye movement desensitization and reprocessing (EMDR) does not require extensive verbal communication to therapists, which might make EMDR an ideal treatment modality for aphasic patients with mental health concerns. The authors present the first known case reporting EMDR in aphasia, describing the treatment of a 50-year-old woman with a history of depression following a left middle cerebral artery stroke. Left frontal lobe strokes are independently associated with both PSD

and expressive aphasia. EMDR began two years following the stroke, at which point the patient continued to have persistent expressive aphasia despite previously completing more than a year of speech therapy. Using the Blind to Therapist Protocol, EMDR successfully led to improvement in depressive symptoms and, surprisingly, improvement in aphasia. This case report suggests that EMDR might be beneficial for those with mental health concerns who have expressive communication impairments that might prevent treatment with other psychotherapy modalities. We discuss potential challenges and technical workarounds with EMDR in aphasia, we speculate about potential biopsychosocial explanations for our results, and we recommend future research on EMDR for PSD and other mental health concerns in the context of aphasia, as well as possibly for aphasia itself.

Höfel, L., Eppler, B., Storf, M., Schnöbel-Müller, E., Haas, J. -P., & Hügler, B. (2018). Successful treatment of methotrexate intolerance in juvenile idiopathic arthritis using eye movement desensitization and reprocessing – treatment protocol and preliminary results. *Pediatric Rheumatology*, 16(1), 11. doi:10.1186/s12969-018-0228-y

Open access: <https://ped-rheum.biomed-central.com/track/pdf/10.1186/s12969-018-0228-y>

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ABSTRACT

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. 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. 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 ≥ 6 . Median PedsQL after 4 months improved significantly from 77.6% to 85.3% ($p = 0.008$). 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.

Kline, A. C., Cooper, A. A., Rytwinski, N. K., & Feeny, N. C. (2018). Long-term efficacy of psychotherapy for posttraumatic stress disorder: A meta-analysis of randomized controlled trials. *Clinical Psychology Review*, 59, 30-40. doi:10.1016/j.cpr.2017.10.009

RECENT ARTICLES ON EMDR (CONT.)

Open Access: <https://www.sciencedirect.com/science/article/pii/S0272735817302271>

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ABSTRACT

Psychotherapies are well established as efficacious acute interventions for post-traumatic stress disorder (PTSD). However, the long-term efficacy of such interventions and the maintenance of gains following termination is less understood. This meta-analysis evaluated enduring effects of psychotherapy for PTSD in randomized controlled trials (RCTs) with long-term follow-ups (LTFUs) of at least six months duration. Analyses included 32 PTSD trials involving 72 treatment conditions (N=2935). Effect sizes were significantly larger for active psychotherapy conditions relative to control conditions for the period from pretreatment to LTFU, but not posttreatment to LTFU. All active interventions demonstrated long-term efficacy. Pretreatment to LTFU effect sizes did not significantly differ among treatment types. Exposure-based treatments demonstrated stronger effects in the posttreatment to LTFU period ($d=0.27$) compared to other interventions ($p=0.005$). Among active conditions, LTFU effect sizes were not significantly linked to trauma type, population type, or intended duration of treatment, but were strongly tied to acute dropout as well as whether studies included all randomized patients in follow-up analyses. Findings provide encouraging implications regarding the long-term efficacy of interventions and the durability of symptom reduction, but must be interpreted in parallel with methodological considerations and study characteristics of RCTs.

Marotta-Walters, S. A., Jain, K., DiNardo, J., Kaur, P., & Kaligounder, S. (2018). A review of mobile applications for facilitating EMDR treatment of complex trauma and its comorbidities. *Journal of EMDR Practice and Research*, 12(1), 2-15. doi:10.1891/1933-3196.12.1.2

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ABSTRACT

With the continued advancement in technology, there is a rise in the development and utilization of mobile health applications (mHealth apps) that claim to be using eye movement desensitization and reprocessing (EMDR) theory and techniques to facilitate the therapeutic process. However, there are concerns regarding the quality of these apps and the safety of clients who may be using them, particularly for those who may present with complex posttraumatic conditions and associated comorbidities. Hence, this study evaluates current EMDR apps to determine their purpose, potential benefits, and risks when used by clients and/or clinicians. Twelve apps were found to be eligible for evaluation and are rated on applicability, validity, accuracy, and usefulness. Currently, our review concludes that none of the EMDR apps are recommended for use by a client. Only 6 of the 12 apps would be recommended for use by a trained clinician as a tool to aid with EMDR treatment, provided the clinician were able to offer a safe environment that could adapt to the selected technology. Risks of using EMDR apps include safety concerns with unregulated use, particularly for clients with complex posttraumatic stress disorder (PTSD) and comorbid conditions, such as dysregulated emotions or cognitions, and concerns regarding cyber security and data privacy. Clinical implications for the use of technology and mHealth apps are

discussed, and recommendations for the development of an ideal EMDR app for the future are provided.

Parker, A., Parkin, A., & Dagnall, N. (2017). Effects of handedness & saccadic bilateral eye movements on the specificity of past autobiographical memory & episodic future thinking. *Brain and Cognition*, 114, 40-51. doi:10.1016/j.bandc.2017.03.006

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ABSTRACT

The present research investigated the effects of personal handedness and saccadic eye movements on the specificity of past autobiographical memory and episodic future thinking. Handedness and saccadic eye movements have been hypothesised to share a common functional basis in that both influence cognition through hemispheric interaction. The technique used to elicit autobiographical memory and episodic future thought involved a cued sentence completion procedure that allowed for the production of memories spanning the highly specific to the very general. Experiment 1 found that mixed-handed (vs. right handed) individuals generated more specific past autobiographical memories, but equivalent numbers of specific future predictions. Experiment 2 demonstrated that following 30s of bilateral (horizontal) saccades, more specific cognitions about both the past and future were generated. These findings extend previous research by showing that more distinct and episodic-like information pertaining to the self can be elicited by either mixed-handedness or eye movements. The results are discussed in relation to hemispheric interaction and top-down influences in the control of memory retrieval.

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Ostacoli, L., Carletto, S., Cavallo, M., Baldomir-Gago, P., Di Lorenzo, G., Fernandez, I., . . . Hofmann, A. (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*, (74). doi:10.3389/fpsyg.2018.00074

Open access: <https://www.frontiersin.org/articles/10.3389/fpsyg.2018.00074/full>

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ABSTRACT

Background: Treatment of recurrent depressive disorders is currently only moderately successful. Increasing evidence suggests a significant relationship between adverse childhood experiences and recurrent depressive disorders, suggesting that trauma-based interventions could be useful for these patients.

Objectives: To investigate the efficacy of Eye Movement Desensitization and Reprocessing therapy (EMDR) in addition to antidepressant medication (ADM) in treating recurrent depression.

Design: A non-inferiority, single-blind, randomized clinical controlled trial comparing EMDR or CBT as adjunctive treatments to ADM. Randomization was carried out by a central computer system. Allocation was carried out by a study coordinator in each center.

Setting: Two psychiatric services, one in Italy and one in Spain.

Participants: Eighty-two patients were randomized with a 1:1 ratio to the EMDR

group (n = 40) or CBT group (n = 42). Sixty-six patients, 31 in the EMDR group and 35 in the CBT group, were included in the completers analysis.

Intervention: 15 ± 3 individual sessions of EMDR or CBT, both in addition to ADM. Participants were followed up at 6-months.

Main outcome measure: Rate of depressive symptoms remission in both groups, as measured by a BDI-II score <13.

Results: Sixty-six patients were analyzed as completers (31 EMDR vs. 35 CBT). No significant difference between the two groups was found either at the end of the interventions (71% EMDR vs. 48.7% CBT) or at the 6-month follow-up (54.8% EMDR vs. 42.9% CBT). A RM-ANOVA on BDI-II scores showed similar reductions over time in both groups [F(6,59) = 22.501, p < 0.001] and a significant interaction effect between time and group [F(6,59) = 3.357, p = 0.006], with lower BDI-II scores in the EMDR group at T1 [mean difference = -7.309 (95% CI [-12.811, -1.806]), p = 0.010]. The RM-ANOVA on secondary outcome measures showed similar improvement over time in both groups [F(14,51) = 8.202, p < 0.001], with no significant differences between groups [F(614,51) = 0.642, p = 0.817].

Conclusion: Although these results can be considered preliminary only, this study suggests that EMDR could be a viable and effective treatment for reducing depressive symptoms and improving the quality of life of patients with recurrent depression. Trial registration: ISRCTN09958202.

Siegel, I. R. (2018). EMDR as a transpersonal therapy: A trauma-focused approach to awakening consciousness. *Journal of EMDR Practice and Research*, 12(1), 24-43. doi:10.1891/1933-3196.12.1.24

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ABSTRACT

This article introduces the integration of a transpersonal psychological approach into the standard eye movement desensitization and reprocessing (EMDR) protocol. The history and philosophy of transpersonal psychology is explained as an expanded context for healing. The applications of a transpersonal context to EMDR therapy are discussed as it applies to taking the client from trauma to healing beyond adaptive functioning leading to exceptional human functioning, as depicted in Native shamanism and Eastern spiritual tradition where consciousness is awakened. The influence of the consciousness of the therapist is explored, as the convergence of science, psychology, and spirituality address the interpersonal nature of a shared energy field. Elements of transpersonal psychotherapy are presented, and transpersonal therapeutic skills are described to enhance the range of tools of the therapist from egoic intervention to an expanded range of perception based in mindful awareness, attunement, and resonance. Comprehensive case examples take us through the standard EMDR protocol where these two approaches integrate and flow as healing unresolved early trauma becomes the doorway for spiritual awakening.

Tran, U. S., & Gregor, B. (2016). The relative efficacy of bona fide psychotherapies for post-traumatic stress disorder: A meta-analytical evaluation of randomized controlled trials. *BMC Psychiatry*, 16, 266. doi:10.1186/s12888-016-0979-2

Open access: <https://bmcp psychiatry.biomedcentral.com/track/pdf/10.1186/s12888-016-0979-2>

RECENT ARTICLES ON EMDR (CONT.)

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ABSTRACT

BACKGROUND: In the treatment of PTSD, meta-analyses suggest comparable efficacy of cognitive behavioural therapies and various trauma focused treatments, but results for other treatments are inconsistent. One meta-analysis found no differences for bona fide therapies, but was criticized for overgeneralization and a biased study sample and relied on an omnibus test of overall effect size heterogeneity that is not widely used.

METHODS: We present an updated meta-analysis on bona fide psychotherapies for PTSD, contrasting an improved application of the omnibus test of overall effect size heterogeneity with conventional random-effects meta-analyses of specified treatment types against all others. Twenty-two studies were eligible, reporting 24 head-to-head comparisons in randomized controlled trials of 1694 patients.

RESULTS: Head-to-head comparison between trauma focused and non-trauma focused treatments revealed a small relative advantage for trauma focused treatments at post-treatment (Hedges' $g = 0.14$) and at two follow-ups ($g = 0.17$, $g = 0.23$) regarding PTSD symptom severity. Controlling and adjusting for influential studies and publication bias, prolonged exposure and exposure therapies ($g = 0.19$) were slightly more efficacious than other therapies regarding PTSD symptom severity at post-treatment; prolonged exposure had also higher recovery rates ($RR = 1.26$). Present-centered therapies were slightly less efficacious regarding symptom severity at post-treatment ($g = -0.20$) and at follow-up ($g = -0.17$), but equally efficacious as available comparison treatments

with regards to secondary outcomes. The improved omnibus test confirmed overall effect size heterogeneity.

CONCLUSIONS: Trauma focused treatments, prolonged exposure and exposure therapies were slightly more efficacious than other therapies in the treatment of PTSD. However, treatment differences were at most small and far below proposed thresholds of clinically meaningful differences. Previous null findings may have stemmed from not clearly differentiating primary and secondary outcomes, but also from a specific use of the omnibus test of overall effect size heterogeneity that appears to be prone to error. However, more high-quality studies using ITT analyses are still needed to draw firm conclusions. Moreover, the PTSD treatment field may need to move beyond a focus primarily on efficacy so as to address other important issues such as public health issues and the requirements of highly vulnerable populations.

van den Berg, D., de Bont, P. A. J. M., van der Vleugel, B. M., de Roos, C., de Jongh, A., van Minnen, A., & van der Gaag, M. (2018). Long-term outcomes of trauma-focused treatment in psychosis. *The British Journal of Psychiatry: The Journal of Mental Science*, 212(3), 180-182. doi:10.1192/bjp.2017.30

Open access: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/CBDB7D60446FF1B8C6CEEF856724298B/S0007125017000307a.pdf/longterm_outcomes_of_trauma_focused_treatment_in_psychosis.pdf

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ABSTRACT

We present 12-month follow-up results for a randomised controlled trial of prolonged exposure and eye movement desensitisation and reprocessing (EMDR) therapy in 85 (78.8%) participants with psychotic disorder and comorbid post-traumatic stress disorder (PTSD). Positive effects on clinician-rated PTSD, self-rated PTSD, depression, paranoid-referential thinking and remission from schizophrenia were maintained up to 12-month follow-up. Negative post-traumatic cognitions declined in prolonged exposure and were stable in EMDR. A significant decline in social functioning was found, whereas reductions in interference of PTSD symptoms with social functioning were maintained. These results support that current PTSD guidelines apply to individuals with psychosis.

Wagenmans, A., Van Minnen, A., Sleijpen, M., & De Jongh, A. (2018). The impact of childhood sexual abuse on the outcome of intensive trauma-focused treatment for PTSD. *European Journal of Psychotraumatology*, 9(1), 1430962. doi:10.1080/20008198.2018.1430962

Open access: <https://doi.org/10.1080/20008198.2018.1430962>

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ABSTRACT

Background: It is assumed that PTSD patients with a history of childhood sexual abuse benefit less from trauma-focused treatment than those without such a history. **Objective:** To test whether the presence of a history of childhood sexual abuse has a negative effect on the outcome of intensive trauma-focused PTSD treatment.

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Method: PTSD patients, 83% of whom suffered from severe PTSD, took part in a therapy programme consisting of 2 × 4 consecutive days of Prolonged Exposure (PE) and EMDR therapy (eight of each). In between sessions, patients participated in sport activities and psycho-education sessions. No prior stabilization phase was implemented. PTSD symptom scores of clinician-administered and self-administered measures were analysed using the data of 165 consecutive patients. Pre-post differences were compared between four trauma

groups; patients with a history of childhood sexual abuse before age 12 (CSA), adolescent sexual abuse (ASA; i.e. sexual abuse between 12 and 18 years of age), sexual abuse (SA) at age 18 and over, or no history of sexual abuse (NSA). Results: Large effect sizes were achieved for PTSD symptom reduction for all trauma groups (Cohen's $d = 1.52-2.09$). For the Clinical Administered PTSD Scale (CAPS) and the Impact of Event Scale (IES), no differences in treatment outcome were found between the trauma (age) groups. For the

PTSD Symptom Scale Self Report (PSS-SR), there were no differences except for one small effect between CSA and NSA.

Conclusions: The results do not support the hypothesis that the presence of a history of childhood sexual abuse has a detrimental impact on the outcome of first-line (intensive) trauma-focused treatments for PTSD.

VIDEOS THAT GET AT THE HEART OF HEALING CHILDREN THROUGH EMDR

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