
RECENT ARTICLES ON EMDR

Andrew M. Leeds, Ph.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter. It lists citations, abstracts, and preprint/reprint information (when available) on all EMDR related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR (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, 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 listing of all published journal articles related to EMDR from 2003 and prior years can be found on David Baldwin's award winning web site at: <<http://www.trauma-pages.com/emdr-2003.htm>>.

Additional Articles from 2004

Kim, D., & Choi, J. (2004). Eye Movement Desensitization and Reprocessing for Disorder of Extreme Stress: A case report. *Journal of the Korean Neuropsychiatric Association*, 43(6), 760-763. (Korean)

Daeho Kim, MD, PhD, Department of Neuropsychiatry, Hanyang University, Seoul and Hanyang University Guri Hospital, Guri, Korea. <dkim9289@ihanyang.ac.kr>

❖ *Abstract* ❖ A chronic psychological disorder is often encountered in adult survivors of severe and repeated child abuse. We report a case of successful Eye Movement Desensitization and Reprocessing (EMDR) treatment in a multiply traumatized survivor whose previous treatments with psychotropic medication and supportive psychotherapy were unsuccessful. A series of consecutive six weekly sessions of EMDR were given. The patient completed Symptom Checklist-90-Revised, Dissociative Experiences Scale, State and Trait Anxiety Inventory, Beck Depression Inventory and Impact of Event Scale-Revised at four points; at two months and a week before EMDR, a week and six months after EMDR. After EMDR, the patient improved on all the measures of scales. These gains were maintained at six months after the termination of treatment. This case suggests a possible application of EMDR with for chronic difficult-to-treat post traumatic conditions.

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Kitchiner, N. J. (2004). Psychological treatment of three urban fire fighters with post-traumatic stress disorder using eye movement desensitisation reprocessing (EMDR) therapy. *Complementary Therapies in Nursing and Midwifery*, 10(3), 186-193.

Neil J. Kitchiner, Department of Liaison Psychiatry, University Hospital of Wales, Monmouth House, Heath Park, Cardiff CF14 4XW, UK. <neil.kitchiner@cardiffandvale.wales.nhs.co.uk>

❖ *Abstract* ❖ Fire fighters are at increased risk of developing mental health problems due to the nature of their work, which can sometimes be extremely traumatic. Arranging for immediate access to mental health specialists can often take a protracted time to arrange, leading to the individual remaining disabled and off work. The South Wales fire and rescue service have responded to this challenge and formed a partnership with their local NHS traumatic stress service. This has enabled fire fighters to receive early psychological assessment and treatment from a nurse therapist trained in cognitive behaviour therapy or referred to a consultant liaison psychiatrist. This paper will describe 3 cases which all suffered with PTSD and were treated via the partnership with a controversial therapy EMDR.

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Kneff, J. C. & Krebs, K. (2004). Eye Movement Desensitization and Reprocessing (EMDR): Another helpful mind-body technique to treat GI problems. *Gastroenterology Nursing*, 27(6), 286-287.

No author contact available for this article.

❖ *Abstract* ❖ No abstract available for this article.

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Oh, D.-H., & Choi, J. (2004). Changes in the regional cerebral perfusion after Eye Movement Desensitization and Reprocessing: A SPECT study of two cases. *Korean Journal of Biological Psychiatry*, 11(2), 173-180. (Korean)

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❖ *Abstract* ❖ Over the last decade, EMDR(Eye Movement Desensitization and Reprocessing) has emerged as a promising new treatment for trauma and other anxiety-based disorders. However, neurobiological mechanism of EMDR has not been well understood. Authors report SPECT findings of two patients of PTSD before and after EMDR. Brain 99mTc-ECD-SPECT was performed before and after EMDR treatment. To evaluate the significance of changes in the regional cerebral perfusion, t-test was conducted on the resulting images using SPM99. In addition, clinical scales(CAPS, CGI, STAI) were employed to assess the changes in the clinical symptoms of the patients. After EMDR treatment, each showed significant improvement in clinical symptoms. The cerebral perfusion increased in bilateral dorsolateral prefrontal cortex, and decreased in the temporal association cortex. The differences in the cerebral perfusion between patients after treatment and normal controls decreased. These changes appeared mainly in the limbic area and the prefrontal cortex. These results suggest that EMDR may show the therapeutic effect through 1) improvement in the emotional control by increased activity in the prefrontal cortex, 2) inhibited hyperstimuli on amygdala by deactivation of the association cortex, 3) inhibition on past trauma related memory, and 4) keeping the functional balance between the limbic area and the prefrontal cortex. This case report needs further replication from studies with larger sample.

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Recent Articles - 2005

Bradley, R., Greene, J., Russ, E., Dutra, L., & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. *American Journal of Psychiatry*, 162(2), 214-227.

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❖ *Abstract* ❖ **OBJECTIVE:** The authors present a multidimensional meta-analysis of studies published between 1980 and 2003 on psychotherapy for PTSD. **METHOD:** Data on variables not previously meta-analyzed such as inclusion and exclusion criteria and rates, recovery and improvement rates, and follow-up data were examined. **RESULTS:** Results suggest that psychotherapy for PTSD leads to a large initial improvement from baseline. More than half of patients who complete treatment with various forms of cognitive behavior therapy or eye movement desensitization and reprocessing improve. Reporting of metrics other than effect size provides a somewhat more nuanced account of outcome and generalizability. **CONCLUSIONS:** The majority of patients treated with psychotherapy for PTSD in randomized trials recover or improve, rendering these approaches some of the most effective psychosocial treatments devised to date. Several caveats, however, are important in applying these findings to patients treated in the community. Exclusion criteria and failure to address polysymptomatic presentations render generalizability to the population of PTSD patients indeterminate. The majority of patients posttreatment continue to have substantial residual symptoms, and follow-up data beyond very brief intervals have been largely absent. Future research intended to generalize to patients in practice should avoid exclusion criteria other than those a sensible clinician would impose in practice (e.g., schizophrenia), should avoid wait-list and other relatively inert control conditions, and should follow patients through at least 2 years.

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Recent Articles on EMDR

Carlson, B. E. (2005). The most important things learned about violence and trauma in the past 20 years. *Journal of Interpersonal Violence*, 20(1), 119-126.

Carlson, Bonnie E.: University at Albany, State University of New York, Albany, NY, US

❖ *Abstract* ❖ In the past 2 decades, important insights have been gained regarding violence and trauma. Complications occur in how violence and trauma, their causes, and their effects on victims should be defined. Violence and abuse to women - physical, sexual, and emotional- are not rare events and are most often perpetrated by partners or acquaintances rather than strangers and occur in nonmarital as well as marital relationships, including same-sex relationships. A promising methodological innovation in the study of violence and trauma is the use of longitudinal designs. Innovations in treatments for victims such as evidence-based interventions have been slow to emerge; they include eye movement desensitization and reprocessing (EMDR) and the Seeking Safety group intervention for drug-abusing women with trauma histories. Future research should address increased understanding of variation in individual responses to violence and trauma, matching of treatment to different types of male offenders, better understanding of how culture affects violence perpetration and victimization, and evaluation of domestic violence interventions.

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Jarero, I., Artigas, L., & Hartung, J. (in press). EMDR integrative group treatment: A postdisaster trauma Intervention for children and adults. *Journal of Psychotraumatology for Iberoamerica*.

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❖ *Abstract* ❖ A model is described for using an EMDR group intervention for children and adults traumatized by natural disasters in several Latin American countries. To exemplify the application of the model, one formally measured field study and nine pilot projects are described. The EMDR-IGTP was inspired by the overwhelming requests for mental health attention following hurricane Pauline in 1997 (Artigas, Jarero, Mauer, López Cano, & Alcalá, 2000). It was developed along a psychotherapy integration model, in this case the group therapy model for trauma victims integrated with the EMDR model originally intended for use in individual treatment. Designed initially for work with children, the EMDR-IGTP has also been found suitable for group work with adults. The protocol is structured within a play therapy format and has been used with disaster victims aged 5 to 50+. From 1998 to 2004, two formally measure field studies have been conducted with child victims of flooding in Argentina and México and nine pilot field studies in different Latin America countries after natural disasters. With modifications, with children who witnessed a plane crash in Milan (Fernandez et al., 2004), with children who survived the 1999 earthquakes in Turkey (Korkmazlar-Oral & Pamuk, 2002), with Kosovar-Albanian refugee children in Germany (Wilson, Tinker, Hoffman, Becker, & Marshall, 2000) and with children from Thailand who survive the December, 2004 Tsunami (Birnbaum, A., personal communication).

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Solomon, E. P., & Heide, K. M. (2005). The biology of trauma: Implications for treatment. *Journal of Interpersonal Violence*, 20(1), 51-60.

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❖ *Abstract* ❖ During the past 20 years, the development of brain imaging techniques and new biochemical approaches has led to increased understanding of the biological effects of psychological trauma. New hypotheses have been generated about brain development and the roots of antisocial behavior. We now understand that psychological trauma disrupts homeostasis and can cause both short- and long-term effects on many organs and systems of the body. Our expanding knowledge of the effects of trauma on the body has inspired new approaches to treating trauma survivors. Biologically informed therapy addresses the physiological effects of trauma, as well as cognitive distortions and maladaptive behaviors. The authors suggest that the most effective therapeutic innovation during the past 20 years for treating trauma survivors has been Eye Movement Desensitization and Reprocessing (EMDR), a therapeutic approach that focuses on resolving trauma using a combination of top-down (cognitive) and bottom-up (affect/body) processing.

