
RECENT ARTICLES ON EMDR

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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 1989 through 2005 can be found on David Baldwin's award winning web site at: <http://www.trauma-pages.com/emdr-refs.htm>.

Recent Articles

Capps, F. (2006). Combining Eye Movement Desensitization and Reprocessing With Gestalt Techniques in Couples Counseling. *Family Journal: Counseling and Therapy for Couples and Families*, 14(1), 49.

Frederick Capps, A New Direction, 4455 South Padre Island Drive, Ste. 105, Corpus Christi, TX, US, 78411, fredcapps@msn.com

❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) is gaining acceptance as efficacious treatment for posttraumatic stress disorder for individuals but not for couples. This article reports three case studies of couples in which EMDR is combined with Gestalt therapy in a single session to resolve relational trauma effects, increase empathy and awareness in the supportive partner, and deepen intimacy within the couple. Case studies are described, and implications for research and clinical applications are discussed.

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Diseth, T. H., & Christie, H. J. (2005). Trauma-related dissociative (conversion) disorders in children and adolescents - an overview of assessment tools and treatment principles. *Nordic Journal of Psychiatry*, 59(4), 278-292.

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❖ *Abstract* ❖ A high proportion of patients in child and adolescent psychiatry with significant dissociative symptomatology after early childhood traumatization may go undiagnosed, be wrongly diagnosed and/or inappropriately treated. The diagnostics and treatment of dissociative disorders have been limited by lack of comprehensive, reliable and valid instruments and the ongoing polarization and fierce controversy regarding treatment. However, recent neurobiological findings of neurochemical, functional and structural cerebral consequences of early stressful childhood experiences point out a need for active, early and effective identification and treatment interventions. We present an update on assessment tools available in the Nordic countries, and an overview of different appropriate therapeutic intervention models for children and adolescents. A systematic overview of studies of dissociation in children and adolescent published over the last decade disclosed a total of 1019 references. The 465 papers describing aspects of assessment tools and/or treatment were studied in detail. Reliable and valid screening questionnaires and diagnostic interviews for children and adolescents now allow for effective early identification of dissociative disorders. A combination of individual psychotherapy, pharmacotherapy and family therapy are often required to handle dissociative disorders in children and adolescents. Cognitive-behavioural therapy, hypnotherapy, Eye-Movement Desensitization-Reprocessing (EMDR), psychodynamic therapy and an integrated approach are the main described psychotherapeutic approaches, but treatment of dissociation in children and adolescent does not require allegiance to any one particular treatment model. However, achievement of physical safety by providing a safe environment is a primary goal that supersedes any other therapeutic work. Assessments tools are now available, and appropriate therapeutic intervention models may hopefully contribute to reduce the risk of wrong diagnoses and inappropriate treatment of dissociative symptomatology in children and adolescents. However, controlled clinical trials of the various interventions and longitudinal outcome studies are needed.

Hase, M., & Hofmann, A. (2005). Risiken und Nebenwirkungen beim Einsatz der EMDR-Methode. [Risks and adverse effects in treatment with EMDR.]. *PTT: Persönlichkeitsstörungen Theorie und Therapie*, 9(1), 16.

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❖ *Abstract* ❖ Eye Movement Desensitization and Reprocessing (EMDR) is a meanwhile well established approach in the treatment of posttraumatic stress disorder (PTSD). EMDR focuses on the reprocessing of traumatic memories, and other trauma-related symptoms, e.g., triggers or current trauma-related dysfunctional behaviors. A laissez-faire application and insufficient technique may contribute to accumulating patient discomfort. Risks and adverse effects of the EMDR-approach can be counteracted by comprehensive diagnostic procedures, assessment of patient stability, preparation, treatment planning and precise application of EMDR. The professional organizations should try to ensure the highest level of ethical and professional conduct in order to minimise the risk of adverse effects.

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Lansing, K., Amen, D. G., Hanks, C., & Rudy, L. (2005). High-resolution brain SPECT imaging and eye movement desensitization and reprocessing in police officers with PTSD. *The Journal of Neuropsychiatry and Clinical Neurosciences*, 17(4), 526-532.

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❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) has been shown to be an effective treatment for posttraumatic stress disorder (PTSD). In this study, the authors evaluated the effectiveness and physiological effects of EMDR in police officers involved with on-duty shootings and who had PTSD. Six police officers involved with on-duty shootings and subsequent delayed-onset PTSD were evaluated with standard measures, the Posttraumatic Stress Diagnostic Scale, and high-resolution brain single photon emission computed tomography (SPECT) imaging before and after treatment. All police officers showed clinical improvement and marked reductions in the Posttraumatic Stress Diagnostic Scale Score (PDS). In addition, there were decreases in the left and right occipital lobe, left parietal lobe, and right precentral frontal lobe as well as significant increased perfusion in the left inferior frontal gyrus. In our study EMDR was an effective treatment for PTSD in this police officer group, showing both clinical and brain imaging changes.

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Masson, J. (2005). L'outil EMDR en alcoologie: Reflexions theoriques et cliniques. [EMDR in alcoology: Theoretical and clinical reflections.]. *Psychotherapies*, 25(2), 117.

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❖ *Abstract* ❖ The EMDR method, conceived and developed by Shapiro, is a psychotherapy which, according to most recent studies (Inserm, 2004), can be effective in the resolution of post traumatic stress disorders (PTSD). Its author thinks of it as a therapy that is at the same time relational, intrapsychic, cognitive, behavioral and corporal. The main thesis of this approach is based on the idea that physiological memories of past experiences is the key to understanding behavior, personality and psychological process. This article's aim is to describe this therapeutic tool by considering the principal subjacent theoretical aspects and to reflect on its use for alcoholics suffering from PTSD.

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Newgent, R. A., Paladino, D. A., & Reynolds, C. A. (2006). Single session treatment of nontraumatic fear of flying with Eye Movement Desensitization Reprocessing: Pre and post-September 11. *Clinical Case Studies*, 5(1), 25-36.

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❖ *Abstract* ❖ Eye movement desensitization reprocessing (EMDR) was originally developed to treat traumatic memories. Since its development, the application of EMDR has proliferated to various disorders. A single session utilizing the EMDR approach applied to the treatment of nontraumatic fear of flying is presented. For this study, the EMDR process was adapted to meet the needs of the client. The purpose of this study is to provide an example of the in-flight application of a single session of EMDR to nontraumatic or small “t” fear of flying. The case of a client successfully treated with in-flight EMDR is presented. Pre-September 11 and post-September 11 follow-up with the client is also documented.

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Stapleton, J. A., Taylor, S., & Asmundson, G. J. (2006). Effects of three PTSD treatments on anger and guilt: Exposure therapy, eye movement desensitization and reprocessing, and relaxation training*. *Journal of Traumatic Stress*, 19(1), 19-28.

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❖ *Abstract* ❖ This study sought to investigate the efficacy of prolonged exposure, eye movement desensitization and reprocessing, and relaxation training on trait anger and guilt and on trauma-related anger and guilt within the context of posttraumatic stress disorder (PTSD) treatment. Fifteen PTSD patients completed each treatment and were assessed at posttreatment and at 3-month follow-up. All three treatments were associated with significant reductions in all measures of anger and guilt, with gains maintained at follow-up. There were no significant treatment differences in efficacy or in the proportion of patients who worsened on anger or guilt measures over the course of treatment. Between-treatment effect sizes were generally very small. Results suggest that all three treatments are associated with reductions in anger and guilt, even for patients who initially have high levels of these emotions. However, these PTSD therapies may not be sufficient for treating anger and guilt; additional interventions may be required.

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Streeck-Fischer, A. (2005). Traumaexposition bei Jugendlichen? Ein Fallbeispiel. [Trauma exposure with adolescents? A case report.]. *PTT: Persönlichkeitsstörungen Theorie und Therapie*, 9(1), 22.

Annette Streeck-Fischer, Niedersächsisches Landeskrankenhaus Tiefenbrunn, Abt. f. Psychotherapie und Psychiatrie von Kindern und Jugendlichen, Rosdorf, Germany, 37124, Annette.Streeck-Fischer@NLKH-Tiefenbrunn.Niedersachsen.de

❖ *Abstract* ❖ In general it is suggested to expose adolescents with severe posttraumatic stress disorder to an EMDR treatment embedded in psychotherapy. Because of adolescent-specific conflicts like autonomy and independency, speechlessness and “enacted messages” and the unstable life-situation of those adolescents therapeutic steps of stabilisation and resource development have to be given prior emphasis. Trauma exposure with EMDR can be done within certain limits resulting from actual conflicts and tasks which have to be resolved first. A case report demonstrates the different problems.

Tufnell, G. (2005). Eye movement desensitization and reprocessing in the treatment of pre-adolescent children with post-traumatic symptoms. *Clinical Child Psychology and Psychiatry*, 10(4), 587.

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❖ *Abstract* ❖ This article describes the treatment of post-traumatic stress disorder (PTSD) using eye movement desensitization and reprocessing (EMDR) with four pre-adolescent children. EMDR has been shown to bring rapid relief in adults with PTSD. Studies are beginning to show that it can also be useful in work with young children. However, the standard protocol requires some adjustment to make it suitable for use with young children. In addition, in situations where children have complex difficulties in addition to PTSD, EMDR may need to be used alongside other interventions within a complex treatment package. This study describes brief work carried out with four pre-adolescent children with PTSD. Three of these children had received no treatment despite suffering from significant and chronic symptoms for some years. One had suffered a recent traumatic bereavement. All had additional problems that required intervention. EMDR was used as part of a multimodal treatment package. In all cases, the children's PTSD symptoms resolved within 2-4 sessions of EMDR. The maximum total number of sessions was 7. The children's symptomatic improvements were maintained at 6-month follow-up. EMDR can be adapted for use with pre-adolescent children. It can provide rapid and lasting symptomatic relief. EMDR can be a useful part of a multimodal treatment package for young children with PTSD and additional mental health problems.

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von Knorring, L., Thelander, S., & Pettersson, A. (2005). [Treatment of anxiety syndrome. A systematic literature review. Summary and conclusions by the SBU]. *Lakartidningen*, 102(47), 3561-3562, 3565-3566, 3569.

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❖ *Abstract* ❖ A report by the Swedish Council on Technology Assessment in Health Care (SBU) has reviewed, classified and evaluated the scientific literature on treatment of panic syndrome, specific phobias, social phobia, obsessive-compulsive syndrome (OCD), generalized anxiety syndrome (GAD) and post-traumatic stress disorder (PTSD). The review included treatment of children, adolescents and adults. The report concludes that there is effective treatment available for all anxiety syndromes. However in general, the effect is often moderate and symptoms reappear when the treatment period is discontinued. For adults, scientific evidence supports the use of paroxetine and sertraline for all syndromes except specific phobias. For the other SSRI's there is also evidence for the use of fluoxetine in OCD and PTSD, for fluvoxamine in social phobia and OCD and for escitalopram in social phobia. Other antidepressant drugs with a strong scientific support is venlafaxin in social phobia and GAD, imipramin in panic syndrome and chlomipramine in panic syndrome and OCD. Among psychological treatments, there is scientific evidence for cognitive behavior therapy (CBT) for treatment of panic syndrome, specific phobias, social phobia, PTSD and GAD. Exposure, with or without other psychotherapeutic interventions, has scientific support for efficacy in panic disorder (both in terms of number of panic attacks and for agoraphobia), specific phobias, OCD and PTSD. Use of eye movement desensitization and reprocessing (EMDR) has scientific support for treatment of PTSD.

