RECENT ARTICLES on EMDR

BY 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 1989 through 2005 can be found on David Baldwin's award winning web site at: http://www.trauma-pages.com/s/emdr-refs.php. Previous columns from 2005 to the present are available on the EMDRIA web site at: http://emdria.org/displaycommon.cfm?an=1&subarticlenbr=18

Bergmann, U. (2008). The Neurobiology of EMDR: Exploring the Thalamus and Neural Integration. Journal of EMDR Practice and Research, 2(4), 300-314.

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ABSTRACT Recent neuroimaging studies on posttraumatic stress disorder (PTSD) have revealed a consistent decrease in thalamic activity, relative to non-PTSD controls. Empirical studies of the past decade have shown the thalamus to be centrally involved in the integration of perceptual, somatosensory, memorial, and cognitive processes (thalamo-cortical-temporal binding). A theoretical model is proposed to suggest that one underlying mechanism of EMDR stimulation (dual-attention stimulation/bilateral stimulation [DAS/BLS] is thalamic activation, specifi cally of the ventrolateral and central-lateral nuclei. It is hypothesized that this may facilitate the repair and integration of somatosensory, memorial, cognitive, frontal lobe and synchronized hemispheric functions that are disrupted in PTSD.

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Ginger, S. (2008). Enriching Gestalt therapy through EMDR. International Journal of Psychotherapy, 12(2), 13-20.

Serge Ginger, 183 rue Lecourbe, Paris, France, 75015, <ginger@noos.fr>.

ABSTRACT I shall briefly introduce EMDR techniques and share some theoretical hypotheses, with metaphors, about what's going on within the brain during Gestalt and EMDR sessions. I'll underline the integrative aspects of EMDR (parallelism with other more traditional approaches). Finally I'll present some typical cases of rapid and unexpected improvement... and also some cases of failure! And I'll try to clarify the best indications for each of these two modalities and of their combination.

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Hogberg, G., & Hallstrom, T. (2008). Active multimodal psychotherapy in children and adolescents with suicidality: Description, evaluation and clinical profile. Clin Child Psychol Psychiatry, 13(3), 435-448.

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ABSTRACT The aim of this study was to describe and evaluate the clinical pattern of 14 youths with presenting suicidality, to describe an integrative treatment approach, and to estimate therapy effectiveness. Fourteen patients aged 10 to 18 years from a child and adolescent outpatient clinic in Stockholm were followed in a case series. The patients were treated with active multimodal psychotherapy. This consisted of mood charting by mood-maps, psycho-education, wellbeing practice and trauma resolution. Active techniques were psychodrama and body-mind focused techniques including eye movement desensitization and reprocessing. The patients were assessed before treatment, immediately after treatment and at 22 months post treatment with the Global Assessment of Functioning Scale. The clinical pattern of the group was observed. After treatment there was a significant change towards normality in the Global Assessment of Functioning scale both immediately post-treatment and at 22 months. A clinical pattern, post trauma suicidal reaction, was observed with a combination of suicidality, insomnia, bodily symptoms and disturbed mood regulation. We conclude that in the post trauma reaction suicidality might be a presenting symptom in young people. Despite the shortcomings of a case series the results of this study suggest that a mood-map-based multimodal treatment approach with active techniques might be of value in the treatment of children and youth with suicidality.

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Kapfhammer, H. P. (2008). [Therapeutic possibilities after traumatic experiences]. Psychiatr Danub, 20(4), 532-545.

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ABSTRACT Acute stress disorder (ASD) and posttraumatic stress disorder (PTSD) are frequent, but not obligatory psychological sequelae following trauma. A major subgroup of patients face a chronic course of illness associated with an increased psychiatric comorbidity and significant impairments in psychosocial adaptation. The typical psychopathological symptoms of ASD and PTSD are best described within a multifactorial model integrating both neurobiological and psychosocial influences. The complex etiopathogenesis of acute and posttraumatic stress disorder favours multimodal approaches in the treatment. Differential psychotherapeutic and pharmacological strategies are available. In a critical survey on empirical studies, psychological debriefing cannot be considered as a positive approach to be recommended as general preventive measure during the immediate posttraumatic phase. Positive effects of cognitive-behavioral interventions can be established for ASD. Psychodynamic psychotherapy,

cognitive-behavioral therapy and EMDR show promising results in the treatment of PTSD. Major clinical restrictions of patient sampling within special research facilities, however, do not allow an unconditional generalization of these data to psychiatric routine care. In an empirical analysis the SSRIs are the most and best studied medications for ASD and PTSD. In comparison to tricyclic antidepressants SSRIs demonstrate a broader spectrum of therapeutic effects and are better tolerated. The substance classes of SSNRI, DAS, SARI and NaSSA are to be considered as drugs of second choice. They promise a therapeutic efficacy equivalent to the SSRIs, being investigated so far only in open studies. MAO-inhibitors may dispose of a positive therapeutic potential, their profile of side effects must be respected, however. Mood stabilizers and atypical neuroleptics may be used first and foremost in add-on strategies. Benzodiazepines should be used only with increased caution for a short time in states of acute crisis. In early interventions, substances blocking the norepinephric hyperactivity seem to be promising alternatives. Stress doses of hydrocortisone may be considered as an experimental pharmacological strategy so far.

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Lee, C. (2008). More Than Imaginal Exposure. Journal of EMDR Practice and Research, 2(4), 262-268.

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ABSTRACT The processes that underlie the effectiveness of eye movement desensitization and reprocessing (EMDR) are examined by evaluating the procedural differences between it and exposure therapy. Major factors include the degree of emphasis placed on reliving versus distancing in the therapies and the degree to which clients are encouraged to focus on direct trauma experiences versus experiences associated with the trauma. Research results indicate that, unlike traditional imaginal exposure, reliving responses in EMDR did not correlate with symptom improvement. Instead, consistent with an information processing model, the degree of distancing in EMDR was significantly associated with improvement. A case study is described to highlight these methodological divergences in the respective therapies relating to reliving. Finally, the research regarding the possible sources of the distancing response within EMDR was examined. The results indicate that the distancing process was more likely to be an effect produced by eye movements than by any therapist instructions. Theoretical and research evaluations indicate that the mechanisms underlying EMDR and traditional exposure therapy are different.

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Maxfield, L., Melnyk, W. T., & Hayman, C. A. G. (2008). A Working Memory Explanation for the Effects of Eye Movements in EMDR. Journal of EMDR Practice and Research, 2(4), 247-261.

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ABSTRACT Research has consistently demonstrated that performance is degraded when participants engage in two simultaneous tasks that require the same working memory resources. This study tested predictions from working memory theory to investigate the effects of eye movement (EM) on the components of auto-biographical memory. In two experiments, 24 and 36 participants, respectively, focused on negative memories while engaging in three dual-attention EM tasks of increasing complexity. Compared to No-EM, Slow-EM and Fast-EM produced significantly decreased ratings of image vividness, thought clarity, and emotional intensity, and the more difficult Fast-EM resulted in larger decreases than did Slow-EM. The effects on emotional intensity were not consistent, with some preliminary evidence that a focus on memory-related thought might maintain emotional intensity during simple dual-attention tasks (Slow-EM, No-EM). The findings of our experiments support a working memory explanation for the effects of EM dual-attention tasks on autobiographical memory. Implications for understanding the mechanisms of action in EMDR are discussed.

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Mendes, D. D., Mello, M. F., Ventura, P., Passarela Cde, M., & Mari Jde, J. (2008). A systematic review on the effectiveness of cognitive behavioral therapy for posttraumatic stress disorder. Int J Psychiatry Med, 38(3), 241-259.

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ABSTRACT OBJECTIVE: Cognitive behavioral therapy (CBT) is the most common psychotherapy approach for the treatment of PTSD. Nevertheless, previous reviews on the efficacy of several types of psychotherapy were unable to detect differences between CBT and other psychotherapies. The purpose of this study was to conduct systematic review on the efficacy ofCBT in comparison with studies that used other psychotherapy techniques. METHOD: Databases were searched using the following terms: posttraumatic stress disorder/stress disorder, treatment/psychotherapy/behavior cognitive therapy, randomized trials, and adults. Randomized clinical trials published between 1980 and 2005 and that compared CBT with other treatments for PTSD was included. The main outcomes were remission, clinical improvement, dropout rates and changes in symptoms. RESULTS: The 23 clinical trials included in the review comprised 1923 patients: 898 in the treatment group and 1,025 in the control group. CBT had better remission rates than EMDR (RR = 0.35; 95% CI: 0.16; 0.79; p = 0.01) or supportive therapies (RR = 0.43; 95% CI: 0.25; 0.74; p = 0.002, completer analysis). CBT was comparable to Exposure Therapy (ET) (RR = 0.90; 95% CI: 0.58; 1.40; p = 0.64), and cognitive therapy (CT) (RR = 1.01; 95% CI: 0.67; 1.51; p = 0.98) in terms of efficacy and compliance. CONCLUSIONS: These findings suggest that specific therapies, such as CBT, exposure therapy and cognitive therapy are equally effective, and more effective than supportive techniques in the treatment of PTSD.

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Propper, R. E., & Christman, S. D. (2008). Interhemispheric Interaction and Saccadic Horizontal Eye Movements. Journal of EMDR Practice and Research, 2(4), 269-281.

Ruth E. Propper, Department of Psychology, Merrimack College, North Andover, MA 01845. E-mail: Ruth.Propper@merrimack.edu or to Stephen Christman, Department of Psychology, University of Toledo, Toledo, Ohio, 43606. E-mail: <stephen.christman@utoledo.edu>.

ABSTRACT The growing body of literature on the effects of bilateral saccadic eye movements, patterned after those employed in eye movement desensitization and reprocessing (EMDR), on memory is reviewed. Research indicates that engaging in bilateral

saccadic eye movements prior to lab-based memory testing results in significant improvement in episodic memory across a wide range of memory tests. Other effects of these types of eye movements on hemispheric activation and emotional state are also discussed. The findings are interpreted within a framework suggesting that bilateral saccadic eye movements, such as those employed in EMDR, increase interaction between the left and right cerebral hemispheres. This framework is also used to explain the effects of such eye movements on memory during EMDR treatment of post- traumatic stress disorder.

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Sack, M., Hofmann, A., Wizelman, L., & Lempa, W. (2008). Psychophysiological Changes During EMDR and Treatment Outcome. Journal of EMDR Practice and Research, 2(4), 239-246.

Dr. Martin Sack, Department of Psychosomatic Medicine and Psychotherapy, Klinikum rechts der Isar, Technical University Munich, Langerstr. 3, 81675 Munich, Germany. E-mail: <m.sack@tum.de>.

ABSTRACT This study was designed to investigate the question of whether psychophysiological changes during EMDR sessions are related to subjective and objective reduction of PTSD symptoms. During-session changes in autonomic tone in relation to session-to-session changes of subjective stress, trauma-related symptoms, and psychophysiological reactions during a traumatic reminder were investigated in 10 patients suffering from single-trauma PTSD. Treatment duration followed each patient's individual needs and ranged between 1 and 4 sessions, resulting in a total of 24 EMDR treatment sessions from which psychophysiological data were completely recorded. Treatment with EMDR was followed by a significant reduction of trauma-related symptoms, elimination of the PTSD diagnosis in 8 of the 10 participants, as well as by significantly reduced psychophysiological reactivity to an individualized trauma script. Psychophysiological dearousal in sessions correlated significantly with decrease in script-related reactions in heart rate and parasympathetic tone, and with changes in subjective disturbance. Our results indicate that information processing during EMDR is followed by during-session decrease in psychophysiological activity, reduced subjective disturbance and reduced stress reactivity to traumatic memory.

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Solomon, R. M., & Shapiro, F. (2008). EMDR and the Adaptive Information Processing Model: Potential Mechanisms of Change. Journal of EMDR Practice and Research, 2(4), 315-325.

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) is a therapeutic approach guided by the adaptive information processing (AIP) model. This article provides a brief overview of some of the major precepts of AIP. The basis of clinical pathology is hypothesized to be dysfunctionally stored memories, with therapeutic change resulting from the processing of these memories within larger adaptive networks. Unlike extinction-based exposure therapies, memories targeted in EMDR are posited to transmute during processing and are then again stored by a process of reconsolidation. Therefore, a comparison and contrast to extinction-based information processing models and treatment

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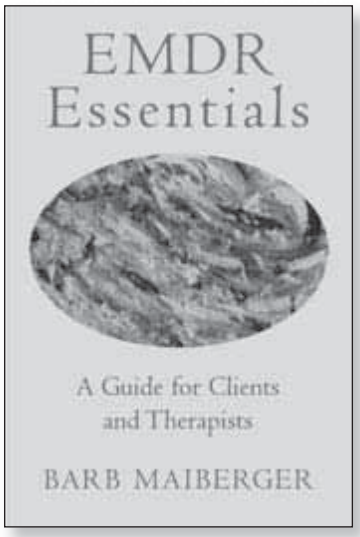

This concise handbook, written by veteran EMDR practitioner Barb Maiberger, explains EMDR in a simple, straightforward way. It describes the phases of EMDR treatment, the nature of trauma and its effect on memory, how to choose an EMDR therapist, safety issues, and answering why EMDR works and how it can work for children. Case examples are presented from the author's clinical experience that put it all into practice.

"I recommend this book to therapists and clients alike who want to know more about what to expect in EMDR therapy."

—**Laurel Parnell**, **PhD**, EMDR consultant, trainer, and author

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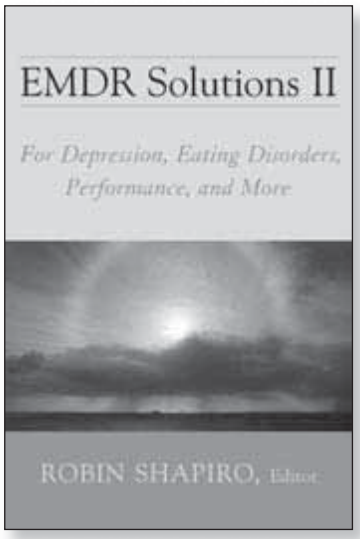

This edited collection—a follow-up to Shapiro's successful *EMDR Solutions*—presents step-by-step instructions for implementing EMDR approaches to treat a range of issues, written by leading EMDR practitioners. The how-to approach, mixed with ample clinical wisdom, will help clinicians excel when using EMDR to treat their clients.

Contributors include: Cheryl Clayton • Linda J. Cooke • DaLene Forester • David Grand • The Reverend Martha S. Jacobi • Jim Knipe • Dr. Ulrich Lanius • Catherine Lidov • Judy Lightstone • Elizabeth Massiah • Janet McGee • Ann Marie McKelvey • Katie O'Shea • Sandra Paulsen • Ronald J. Ricci • Janie Scholom • Andrew Seubert

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is provided, including implications for clinical practice. Throughout the article a variety of mechanisms of action are discussed, including those inferred by tenets of the AIP model, and the EMDR procedures themselves, including the bilateral stimulation. Research suggestions are offered in order to investigate various hypotheses.

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Söndergaard, H. P., & Elofsson, U. (2008). Psychophysiological Studies of EMDR. Journal of EMDR Practice and Research, 2(4), 282-288.

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) has been established as an efficacious therapy for posttraumatic stress disorder (PTSD). The working mechanism of the procedure is, however, still partly unknown. It is therefore important to explore the physiological effects of eye movements and alternative bilateral stimulation. This article describes our research on the effects of eye movements during authentic EMDR sessions of chronic PTSD in refugees with war and torture experiences and places this research in the context of other findings. The findings point to definite physiological effects of eye movements; namely a dearousal with increased finger temperature and changes in the balance between the parasympathetic and sympathetic autonomous nervous systems.

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Stickgold, R. (2008). Sleep-Dependent Memory Processing and EMDR Action. Journal of EMDR Practice and Research, 2(4), 289-299.

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ABSTRACT The unique efficacy of eye movement desensitization and reprocessing (EMDR) in the treatment of posttraumatic stress disorder is thought to result from changes in the brain/mind state induced by bilateral sensory stimulation, but the nature and specific consequences of these changes remain unknown. The possibility that bilateral stimulation induces a brain/mind state similar to that of rapid eye movement sleep is supported by studies showing that sleep facilitates forms of memory processing arguably necessary for the resolution of trauma. Such studies, along with direct studies of the impact of bilateral stimulation on memory and emotional processing, and dismantling studies identifying the requisite features of such bilateral stimulation for effective trauma processing, will eventually lead to an understanding of the neurobiological basis of EMDR.

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