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## 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 2004 and prior years can be found on David Baldwin's award winning web site at: <<http://www.trauma-pages.com/emdr-2003.htm>>.

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### Government Guidelines for PTSD Treatment

In March 2005 the National Institute for Clinical Excellence (NICE) in conjunction with the National Health Service (NHS) of England and Wales published comprehensive guidelines for the treatment of PTSD in adults and children.

National Institute for Clinical Excellence (2005). Posttraumatic stress disorder: The management of PTSD in adults and children in primary and secondary care: National Institute for Clinical Excellence. Retrieved July 5, 2005, from [www.nice.org.uk/CG026NICEguideline](http://www.nice.org.uk/CG026NICEguideline)

Among the specific recommendations is: "All PTSD sufferers should be offered a course of trauma-focused psychological treatment (trauma-focused cognitive behavioural therapy or Eye Movement Desensitisation and Reprocessing)." (Page 4) The full NICE PTSD guidelines, presenter slides and other materials are available at: <[www.nice.org.uk/CG026NICEguideline](http://www.nice.org.uk/CG026NICEguideline)>.

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### Recent Articles

Chung, M. Y. (2005). Treatment of posttraumatic stress disorder. *Journal of the Korean Neuropsychiatric Association*, 44(2), 145-146.

M. Y. Chung, Department of Neuropsychiatry, Center for Stress and Depression Recovery, Seoul Veterans Hospital, Seoul, Korea. <[cnpchung@e-bohun.or.kr](mailto:cnpchung@e-bohun.or.kr)>

❖ *Abstract* ❖ Posttraumatic stress disorder (PTSD) is a psychiatric disorder which cause is certain, and mechanism of PTSD has been studied actively for decades. The various kinds of therapy, based on the pathophysiology of PTSD, were applied and among them eye movement desensitization and reprocessing (EMDR), therapy for sleep, transcranial magnetic stimulation (TMS) and psychopharmacotherapy that showed considerable effect for patients with PTSD would be introduced.

Fernandez, I., & Faretta, E. (in press). Emdr in the treatment of panic disorder with agoraphobia. *Clinical Case Studies*.

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❖ *Abstract* ❖ This article describes a comprehensive treatment of a case of panic disorder with agoraphobia. A thorough history taking revealed that experiential contributors had a pivotal role in the development of the condition. Therefore, EMDR was used to address early traumatic events as well as the present stimuli that caused disturbance and had maintained symptomatology for the last 12 years. While the client's symptoms were resolved after 15 sessions, EMDR was also effective in addressing future behaviors and resolving anticipatory anxiety. During EMDR processing the client demonstrated emotional and cognitive changes consistent with trauma resolution, insight and personal growth. The client gradually enacted functional new behaviors spontaneously as treatment unfolded. The therapeutic process and the targets are described in detail.

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Devilley, G. J. (2005). Power therapies and possible threats to the science of psychology and psychiatry. *Australian and New Zealand Journal of Psychiatry*, 39(6), 437-445.

Grant J. Devilly, Professorial Fellow, Centre For Neuropsychology, Swinburne University, PO Box 218, Hawthorn, Victoria 3122, Australia. <gdevilly@swin.edu.au>

❖ *Abstract* ❖ Objective: Advocates of new therapies frequently make bold claims regarding therapeutic effectiveness, particularly in response to disorders which have been traditionally treatment-refractory. This paper reviews a collection of new therapies collectively self-termed 'The Power Therapies', outlining their proposed procedures and the evidence for and against their use. These therapies are then put to the test for pseudoscientific practice. Method: Therapies were included which self-describe themselves as 'Power Therapies'. Published work searches were conducted on each therapy using Medline and PsychInfo databases for randomized controlled trials assessing their efficacy, except for the case of Eye Movement Desensitization and Reprocessing (EMDR). Eye Movement Desensitization and Reprocessing has more randomized controlled studies conducted on its efficacy than any other treatment for trauma and thus, previous meta-analyses were evaluated. Results and conclusions: It is concluded that these new therapies have offered no new scientifically valid theories of action, show only non-specific efficacy, show no evidence that they offer substantive improvements to extant psychiatric care, yet display many characteristics consistent with pseudoscience.

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Kim, D. (2005). Eye Movement Desensitization and Reprocessing (EMDR) for Post-Traumatic Stress Disorder. *Journal of the Korean Neuropsychiatric Association*, 44(2), 147-151. (Korean)

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❖ *Abstract* ❖ This article reviews existing Eye Movement Desensitization and Reprocessing (EMDR) literature concerning its effectiveness, theory, mechanism, and procedural aspects in the treatment of post-traumatic stress disorder (PTSD). Evidence from randomized clinical trials and meta-analyses indicates that EMDR is as effective as well established treatments such as exposure and cognitive behavior therapy. And moreover, EMDR may be more efficient in terms of unnecessary homework assignment and fewer treatment sessions. The current status of EMDR occupies one of legitimate and standard psychotherapeutic approaches in adult PTSD treatment. Mechanism for treatment efficacy is poorly understood at present and putative at most, however, there is a growing body of literature on neurobiological change after successful EMDR treatment.

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Silver, S. M., Rogers, S., Knipe, J., & Colelli, G. (2005). Emdr therapy following the 9/11 terrorist attacks: A community-based intervention project in new york city. *International Journal of Stress Management*, 12(1), 29-42.

Steven M. Silver, Posttraumatic Stress Disorder Unit 8B, Veterans Administration Medical Center, Coatesville, PA, US <Steven.Silver2@med.va.gov>

❖ *Abstract* ❖ This paper presents the results of a time-limited psychological relief effort utilizing EMDR following the attack on the World Trade Center on September 11th. Clients made highly significant positive gains on a range of outcome variables, including validated psychometrics and self-report scales. Analyses of the data suggest two broad conclusions: EMDR is a useful treatment intervention both in the immediate aftermath of disaster as well as later; the longer treatment is delayed, the greater the level of disturbance experienced by clients. Also discussed are problems in conducting research during mass disaster response situations. A demonstration of an analog to a wait-list control group is provided.

