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ABSTRACT
Recovery of stress-induced structural alterations in Posttraumatic Stress Disorder (PTSD) remains largely unexplored. This study aimed to determine whether symptoms improvement is associated with grey matter (GM) density changes of brain structures involved in PTSD. Two groups of PTSD patients were involved in this study. The first group was treated with Eye Movement Desensitization and Reprocessing (EMDR) therapy and recovered from their symptoms (recovery group) (n = 11); Patients were scanned prior to therapy (T1), one week (T2) and five months after the end of therapy (T3). The second group included patients which followed a supportive therapy and remained symptomatic (wait-list group) (n = 7). They were scanned at three time-steps mimicking the same inter-scan intervals. Voxel-based morphometry (VBM) was used to characterize GM density evolution. GM density values showed a significant group-by-time interaction effect between T1 and T3 in prefrontal cortex areas. These interaction effects were driven by a GM density increase in the recovery group with respect to the wait-list group. Symptoms removal goes hand-in-hand with GM density enhancement of structures involved in emotional regulation.
**ABSTRACT**

Disruption of fear conditioning, its extinction and its retrieval are at the core of posttraumatic stress disorder (PTSD). Such deficits, especially fear extinction delay, disappear after alternating bilateral stimulations (BLS) during eye movement desensitization and reprocessing (EMDR) therapy. An animal model of fear recovery, based on auditory cued fear conditioning and extinction learning, recently showed that BLS facilitate fear extinction and fear extinction retrieval. Our goal was to determine if these previous results found in animals can be reproduced in humans. Twenty-two healthy participants took part in a classical fear conditioning, extinction, and extinction recall paradigm. Behavioral responses (fear expectations) as well as psychophysiological measures (skin conductance responses, SCRs) were recorded. The results showed a significant fear expectation decrease during fear extinction with BLS. Additionally, SCR for fear extinction retrieval were significantly lower with BLs. Our results demonstrate the importance of MLS to reduce negative emotions, and provide a successful model to further explore the neural mechanisms underlying the sole MLS effect in the EMDR.

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**ABSTRACT**

INTRODUCTION: The phantom limb pain has been described as a condition in which patients experience a feeling of itching, spasm or pain in a limb or body part that has been previously amputated. Such pain can be induced by a conflict between the representation of the visual and proprioceptive feedback of the previously healthy limb. The phantom limb pain occurs in at least 42 to 90% of amputees. Regular drug treatment of phantom limb pain is almost never effective.

METHODS: A systematic review of the literature was conducted in Medline and Cochrane using the MESH terms “phantom limb pain” and “psychotherapy”, published in the last 10 years, in English and Spanish, finding 49 items. After reviewing the abstracts, 25 articles were excluded for not being related to the objective of the research. Additionally cross references of included articles and literature were reviewed.

OBJECTIVES: To describe the psychotherapies used in the management of phantom limb pain, their effectiveness and clinical application reported in the literature.

AIMS: The mechanisms underlying phantom limb pain were initially explained, as were the published studies on the usefulness of some psychotherapies such as mirror visual feedback and immersive virtual reality, visual imagery, desensitization and reprocessing eye movements and hypnosis.

CONCLUSIONS: The phantom limb pain is a complex syndrome that requires pharmacological and psychotherapeutic intervention. The psychotherapies that have been used the most as adjuvants in the treatment of phantom limb pain are mirror visual feedback, desensitization and reprocessing eye movements, imagery and hypnosis. Studies with more representative samples, specifically randomized trials are required.

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**ABSTRACT**

BACKGROUND: Practice guidelines for childhood posttraumatic stress disorder (PTSD) recommend trauma-focused psychotherapies, mainly cognitive behavioral therapy (CBT). Eye movement desensitization and reprocessing (EMDR) therapy is a brief trauma-focused, evidence-based treatment for PTSD in adults, but with few well-designed trials involving children and adolescents.

METHODS: We conducted a single-blind, randomized trial with three arms (n = 103): EMDR (n = 43), Cognitive Behavior Writing Therapy (CBWT; n = 42), and wait-list (WL; n = 18). WL participants were randomly reallocated to CBWT or EMDR after 6 weeks;
follow-ups were conducted at 3 and 12 months posttreatment. Participants were treatment-seeking youth (aged 8-18 years) with a DSM-IV diagnosis of PTSD (or sub-threshold PTSD) tied to a single trauma, who received up to six sessions of EMDR or CBWT lasting maximally 45 min each.

RESULTS: Both treatments were well-tolerated and relative to WL yielded large, intent-to-treat effect sizes for the primary outcomes at posttreatment: PTSD symptoms (EMDR: $d = 1.27$; CBWT: $d = 1.24$). At posttreatment 92.5% of EMDR, and 90.2% of CBWT no longer met the diagnostic criteria for PTSD. All gains were maintained at follow-up. Compared to WL, small to large (range $d = 0.39$-$1.03$) intent-to-treat effect sizes were obtained at posttreatment for negative trauma-related appraisals, anxiety, depression, and behavior problems with these gains being maintained at follow-up. Gains were attained with significantly less therapist contact time for EMDR than CBWT (mean = 4.1 sessions/140 min vs. 5.4 sessions/227 min).

CONCLUSIONS: EMDR and CBWT are brief, trauma-focused treatments that yielded equally large remission rates for PTSD and reductions in the severity of PTSD and co-morbid difficulties in children and adolescents seeking treatment for PTSD tied to a single event. Further trials of both treatments with PTSD tied to multiple traumas are warranted.

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Available online: https://www.healthquality.va.gov/guidelines/MH/ptsd/

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Falls, N., Barker, J. B., & Turner, M. J. (2017). The effects of eye movement desensitization and reprocessing (EMDR) on prospective

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PAID ADVERTISEMENT

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ABSTRACT

In this study, we make a novel contribution by examining the effects of an Eye Movement Desensitization and Reprocessing (EMDR) intervention on detrimental prospective imagery in 4 amateur golfers, using a single-case multiple-baseline across-participants design. Postintervention, all participants reported reduced negative imagery effects; Participants 1, 3, and 4 showed reduced cognitive anxiety, Participants 1 and 4 reduced somatic anxiety, and Participant 3 positively re-labeled somatic anxiety experiences. Social validation data demonstrated EMDR to be perceived positively and effective in delivering notable changes. Consultancy experiences of using EMDR in golf are discussed, and areas for future researchers and applied practitioners are outlined.

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ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is a new treatment recommended for vaginismus. To investigate the effectiveness of EMDR in lifelong vaginismus (LLV), a quasi-experimental study with a pre-test and post-test design was conducted. Fifteen LLV patients completed socio-demographic, female sexual function index, Zung self-rating anxiety scale, The World Health Organization quality of life questionnaire and Larson sexual questionnaire at baseline, post completion of EMDR and after eight weeks at follow-up session. Full intercourse also was assessed as main outcome via daily reports of participants. After the treatment, one successful intercourse without pain and fear and three painful intercourses were provided. The total scores of sexual function, orgasm, sexual satisfaction and mental quality of life increased and the anxiety scores decreased significantly compared with pre-treatment (P < 0.05) but differences between post-treatment and follow-up session were not significant. These findings support previous idea that fear/avoidance is the core of the vaginismus. Considering the low rate of EMDR success in the current study, it seems that focusing on the reduction of negative thoughts and beliefs about penetration during a desensitization process with feared objects is associated with better treatment outcomes, rather than retrieving and integrating information from previous experiences into a positive emotional and cognitive model. Randomized controlled trial (RCT) has been registered in http://irct.ir, code: IRCT2016020126319N1

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ABSTRACT

Background: Eye movement desensitization and reprocessing (EMDR) is an effective psychological treatment for posttraumatic stress disorder. Recalling a memory while simultaneously making eye movements (EM) decreases a memory’s vividness and/or emotionality. It has been argued that non-specific factors, such as treatment expectancy and experimental demand, may contribute to the EMDR’s effectiveness. Objective: The present study was designed to test whether expectations about the working mechanism of EMDR would alter the memory attenuating effects of EM. Two experiments were conducted. In Experiment 1, we examined the effects of pre-existing (non-manipulated) knowledge of EMDR in participants with and without prior knowledge. In Experiment 2, we experimentally manipulated prior knowledge by providing participants without prior knowledge with correct or incorrect information about EMDR’s working mechanism. Method: Participants in both experiments recalled two aversive, autobiographical memories during brief sets of EM (Recall+EM) or keeping eyes stationary (Recall Only). Before and after the intervention, participants scored their memories on vividness and emotionality. A Bayesian approach was used to compare two competing hypotheses on the effects of (existing/given) prior knowledge: (1) Prior knowledge does not affect the effects of Recall+EM vs. Recall Only. vs. (2) Prior knowledge increases the effects of Recall+EM vs. Recall Only. Results: Recall+EM caused greater reductions in memory vividness and emotionality than Recall Only in all groups, including the incorrect information group. In Experiment 1, both hypotheses were supported by the data: prior knowledge boosted the effects of EM, but only modestly. In Experiment 2, the second hypothesis was clearly supported over the first: providing knowledge of the underlying mechanism of EMDR did not alter the effects of EM. Conclusions: Recall+EM appears to be
RECENT ARTICLES ON EMDR (CONT.)

quite robust against the effects of prior expectations. As Recall+EM is the core component of EMDR, expectancy effects probably contribute little to the effectiveness of EMDR treatment.

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**ABSTRACT**

OBJECTIVES: Post-traumatic stress disorder (PTSD) is a common psychiatric disease with changes in neural circuitries. Neurobiological models conceptualize the symptoms of PTSD as correlates of a dysfunctional stress reaction to traumatic events. Functional imaging studies showed an increased amygdala and a decreased prefrontal cortex response in PTSD patients. As psychotherapeutic approaches represent the gold standard for PTSD treatment, it is important to examine its underlying neurobiological correlates.

METHODS: Studies published until August 2016 were selected through systematic literature research in the databases PubMed, PsycINFO, and Cochrane Library's Central Register of Controlled Trials or were identified manually by searching reference lists of selected articles. Search terms were "neural correlates" OR "fMRI" OR "SPECT," AND "therapy" AND "PTSD." A total of 19 articles were included in the present review whereof 15 studies compared pre-to-post-therapy signal changes, six studies related pre-treatment activity to pre-to-post-symptom improvement, and four studies compared neural correlates of responders versus non-responders. The disposed therapy forms were cognitive behavioral therapy (CBT), eye movement desensitization and reprocessing, cognitive therapy, exposure therapy, mindfullness-based intervention, brief eclectic psychotherapy, and unspecified therapy.

RESULTS: Successful psychotherapy of PTSD was repeatedly shown to be accompanied by decreased activity in the amygdala and the insula as well as increased activity in the dorsal anterior cingulate cortex (dACC) and hippocampus. Elevated dACC activity prior to treatment was related to subsequent treatment success and a positive predictor for treatment response. Elevated amygdala and insula pre-treatment activities were related to treatment failure.

DISCUSSION: Decreased activity in limbic brain regions and increased activity in frontal brain areas in PTSD patients after successful psychotherapeutic treatment might reflect regained top-down control over previously impaired bottom-up processes.

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**ABSTRACT**

BACKGROUND: This study aimed to evaluate eye movement desensitization and reprocessing (EMDR) as a treatment for obsessive-compulsive disorder (OCD), by comparison to cognitive behavioural therapy (CBT) based on exposure and response prevention.

METHOD: This was a pragmatic, feasibility randomized controlled trial in which 55 participants with OCD were randomized to EMDR (n = 29) or CBT (n = 26). The Yale-Brown obsessive-compulsive scale was completed at baseline, after treatment and at 6 months follow-up. Treatment completion and response rates were compared using chi-square tests. Effect size was examined using Cohen's d and multilevel modelling.

RESULTS: Overall, 61.8% completed treatment and 30.2% attained reliable and clinically significant improvement in OCD symptoms, with no significant differences between groups (p > .05). There were no significant differences between groups in Yale-Brown obsessive-compulsive scale severity post-treatment (d = -0.24, p = .38) or at 6 months follow-up (d = -0.03, p = .90).

CONCLUSIONS: EMDR and CBT had comparable completion rates and clinical outcomes.

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**ABSTRACT**

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RECENT ARTICLES ON EMDR (CONT.)

Aim to prevent or treat posttraumatic stress disorder, ongoing distress or acute stress disorder. In natural disaster situations, specific issues may limit the amount of time available for treatment and the possibility of interventions. Eye Movement Desensitisation and Reprocessing (EMDR) can be used without regard to these limits. The aim of the study is to evaluate the effects of EMDR, Recent Traumatic Episode Protocol (R-TEP) provided within three months of the traumatic event to a large sample of individuals exposed to the earthquake that hit Emilia Romagna Region (Northern Italy) in 2012. This study is based on a retrospective review of medical records collected during the activities of psychological and psychosocial unit in the immediate aftermath of earthquake. In total, 529 participants completed the Impact of Event Scale Revised (IES-R) (pre and post treatment). In order to provide a comparison similar to a waitlist-like control group, a method of cohort analysis was applied. In addition, possible time dependent effect was tested. ET (early-treated sample, participants treated within one month after the earthquake) and LT (late-treated sample, participants treated after the first month from the earthquake) reported at post-treatment an improvement to a level below the IES-R cutoff (65.8% of the ET sample and 64.02% of the LT sample). Control group analogue time-outcome correlation suggest that positive changes in symptoms were likely due to the time lapse from the traumatic event. The results of this study suggest that EMDR is a viable treatment option in response to a disaster crisis and in reducing psychological distress of acutely traumatized individuals within the context of a natural disaster.


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ABSTRACT

Intercultural trauma-centered psychotherapy with cultural advisors and professional trained interpreters is just as effective as psychotherapy in the native language of refugee and asylum seeker patients without any language competency in German. Trauma-centered psychotherapy in native languages cannot in general be implemented because the number of qualified psychotherapists who speak a native language is insufficient; therefore, working with professionally trained interpreters is of great importance. This setting reduces the barriers to treatment by trauma-centered intercultural psychotherapy with a professionally trained interpreter. Using the Eye Movement Desensitization and Reprocessing method (EMDR) with a professionally trained interpreter is of increasing interest, so that more and more refugee and asylum seeker patients with a trauma-related disorder, e.g. posttraumatic stress syndrome (PTSD) can be treated. The EMDR method is an additional approach, which overlaps with various concepts of psychotherapy. This article gives an overview of intercultural trauma-centered psychotherapy using the EMDR method with a professionally trained interpreter in refugee and asylum seeker patients and concludes with recommendations for this setting.


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ABSTRACT

BACKGROUND: Europe is in the midst of the largest refugee migration since the Second World War; there is an urgent need to provide an updated systematic review of the current best evidence for managing mental distress in refugee populations.

AIMS: The aim of this review is to provide an exhaustive summary of the current literature on psychosocial interventions, both trauma- and non-trauma-focused, for refugee populations experiencing posttraumatic stress disorder (PTSD), depressive or anxiety symptoms. To produce recommendations for future research and current clinical practice.

METHOD: Searches were conducted in PubMed, PsychINFO (Hosted by Ovid), PILOTS and Social Services Abstracts; 5305 articles were screened and 40 were included.

RESULTS: This review found medium to high quality evidence supporting the use of narrative exposure therapy (NET). A lack of culturally adapted treatments was apparent and there was less evidence to support standard cognitive behavioural therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR) and multidisciplinary treatments.

CONCLUSION: NET produced positive outcomes in refugees from a diverse range of
BACKGROUNDs and trauma types. There is a general dearth of research in all intervention types: further research should include more "real-world" multidisciplinary interventions that better model clinical practice. Recommendations for evaluating local need, and creating a culturally sensitive workforce are discussed.

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ABSTRACT

Stress and distress have been suggested to prolong difficult-to-control asthma (DTCA), that is, asthma that is not under control despite optimal medical treatment. A pediatric pulmonologist referred a 16-year-old girl with DTCA in whom asthma-specific fear induced by disturbed memories and distorted cognitions following frightening asthma attacks were driving asthma exacerbations. We examined whether cognitive-behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR) focusing on asthma-specific fear and disturbed memories could reduce asthma symptoms and its burden. The single-case experimental design included 48 weekly assessments of primary outcomes during all phases, and 4 assessments of secondary outcomes at intake, pretherapy, post-therapy, and follow-up. Analysis of the time series data with a piecewise regression model demonstrated that the level or slope (trend) showed an improvement during the intervention and a sustained improvement during follow-up on all primary outcomes: burden of asthma exacerbations, physical activities, social activities, physical complaints, and worrying. Analyses using the Reliable Change Index showed significant pretherapy to posttherapy changes on most domains of questionnaires measuring secondary outcomes: Asthma Control Test, Pediatric Asthma Quality of Life Questionnaire, Child Behavior Checklist, and Youth Self-Report. Moreover, use of rescue medication went down and lung function (FEV1) came just into the normal range at follow-up. The study showed that asthma symptoms and the burden of asthma were reduced after CBT and EMDR. This proof-of-principle study suggests that DTCA may improve by psychological interventions in pediatric patients with psychological stress or distress.

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ABSTRACT

According to some studies, 80% of subjects suffering from post-traumatic stress disorder (PTSD) present twice the risk of developing an insanity as they age because of the high level of stress that has been induced. Indeed, the triggered trauma has a deleterious effect on the establishment of the stress’ axis (the hypothalamic pituitary adrenal axis) which is then not able to regulate itself. As a consequence, the hippocampal neurons will be attacked by an excess of cortisol. Memory’s dysfunction is central in the symptomatology of PTSD, particularly in respect to encoding and recall. The hippocampus is able to transfer information to the prefrontal cortex. Actually, subjects with PTSD present less activity in the prefrontal cortex triggered by a decrease of encoding and recall capacities. EMDR therapy (eye movement desensitization and reactivation) allow for a fast relief of symptoms by a bilateral alternate stimulation (SBA). Indeed, saccadic eye movements seem related to the traumatic event and process the associated cognitions. During the desensitization phase in EMDR, we noticed an increase in activity of the brain’s prefrontal, ventromedial, amygdala and thalamic regions. Indeed, the recall of traumatic memories goes through implicit emotional valence regions and associative areas for which the experience is already deeply integrated. After comparing cerebral activity before and after the therapy, researches on EMDR shows that a reduction of stress’ symptoms has some sensitive link to PTSD (in prevention to dementia).

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The efficacy of Eye Movement Desensitization and Reprocessing (EMDR) has been demonstrated for posttraumatic stress disorder. Despite promising research, it is still not clear if EMDR is a similarly effective treatment for chronic pain. Controlled trials are lacking and whether specific mechanisms underlie the effects remains unknown. The treatment of chronic pain aims at a reduction of subjective pain sensations. To achieve this goal without the usage of pain medications, i.e. through psychotherapy, is desirable for many reasons (e.g. reduction of treatment costs and side effects). Whether or not EMDR is an effective intervention for all chronic pain patients (or just a specific subgroup) constitutes an important question for psychological pain research.

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ABSTRACT

Grief is a normal response to loss of someone to whom a bond was formed; however, prolonged grief is considered pathological. Persistent complex bereavement disorder (PCBD) is defined as a persistent longing for the deceased over 12 months. Several treatment ways have been used for traumatic loss including eye movement desensitization and reprocessing (EMDR). In the current case series, effectiveness of EMDR on three PCBD patients will be indicated. Three patients applied to the clinic with similar complaints based on different traumatic backgrounds; commonly, all experienced death of a first-degree relative. Complaints of the patients were over-thinking about the deceased, sleep disturbances, self-blaming, social isolation, avoiding talks about lost relative, and loss of interest in activities. After pre-interviews, they were advised EMDR therapy. One session of EMDR was applied to two of the patients, and two EMDR sessions were conducted on one of them. After the sessions, the patients reported not feeling guilty about the loss anymore, returning their normal routines, feeling better, and showing decreased avoidance. Additionally, the scores of scales (CAPS, BAI, BDI, and IES-R) significantly declined. EMDR therapy can show successful results in a shorter time than other treatment ways used for PCBD treatment.

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ABSTRACT

Eating Disorders (ED) affect an individual’s physical and mental health with abnormal eating habits. Traumatic life events may underlie the development of ED as many studies document [1]. In the present study, we examined the effectiveness of EMDR therapy that was originally used to treat Post-Traumatic Stress Disorder (PTSD) [2], on restrictive eating symptoms associated with trauma. Cases B.O. (18) and B.S. (20) came to the clinic consecutively for resembling complaints about the sense of food sticking in their throat, breathing difficulties, raised heart beatings, unease to swallow, and choking fear. The patients revealed past traumatic events about being out of breath while swallowing their bites. Then, they have started to restrict their food intake and the types of food consumed, which led to emaciation with health problems, interrupted daily routines, and social isolation; meeting the diagnosis of avoidant/restrictive food intake disorder (ARFID) in DSM-5. Due to traumatic experiences, EMDR therapy was applied.

Discussion: After five EMDR therapy sessions, patients turned back to healthy eating habits, normal BMI, and effective daily life. As expected, EMDR therapy made significant improvements in the treatment of ARFID.

Conclusion: EMDR can be useful to treat ED with traumatic background.