

RECENT ARTICLES on EMDR

BY ANDREW M. LEEDS, PH.D.

This regular column appears in each quarterly issue of the EMDRIA Newsletter and the EMDR Europe 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, non-English articles unless the abstract is in English, 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 database of all EMDR references from journal articles, dissertations, book chapters, and conference presentations is available in The Francine Shapiro Library hosted by Northern Kentucky University as a service to the EMDR International Association at: http://library.nku.edu/emdr/emdr_data.php. A listing by year of publication of all 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=43>.

Arnone, R., Orrico, A., D'aquino, G., & Di Munzio, W. (2012). [EMDR and psychopharmacological therapy in the treatment of the post-traumatic stress disorder]. *Rivista Di Psichiatria*, 47(2), 0. doi:10.1708/1071.11732

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ABSTRACT Aim. This study evaluates the efficacy of two different treatment for post-traumatic stress disorder (PTSD): the psychopharmacological therapy, with a SSRI drug, and EMDR.

Method. Two independent groups have been administered two different treatments: the treatment with sertraline to the group for psychopharmacological therapy; the treatment with one-week sessions of EMDR to the other group. For the evaluation of the symptoms of PTSD has been used the Clinician-Administered PTSD Scale (CAPS). The inclusion of the subjects in the two groups has been absolutely random.

Results. The results confirm previous studies available in literature, pointing out the efficacy of EMDR and of sertraline in improving the post-traumatic symptomatology and the levels of subjective suffering. But the number of subjects which at the end of the study didn't satisfy any more the criteria for PTSD has been absolutely greater in the group treated with EMDR.

Conclusions. The study confirms the hypothesis of EMDR as a more efficacious treatment for PTSD compared to psychopharmacological therapy. This result could be a stimulus for further research with greater groups to investigate also the long term efficacy.



Bae, H., & Kim, D. (2012). Desensitization of triggers and urge reprocessing for an adolescent with internet addiction disorder. *Journal of EMDR Practice and Research*, 6(2), 73-81. doi:10.1891/1933-3196.6.2.73

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ABSTRACT This case study reports the successful treatment of Internet addiction in a 13-year-old male using four 45-minute sessions of the desensitization of triggers and urge reprocessing

(DeTUR) protocol—an addiction protocol of eye movement desensitization and reprocessing (EMDR; Popky, 2005). This protocol uses EMDR procedures to process current triggers and positive future templates, but it does not identify or directly address any past trauma. At baseline, the participant showed a moderate level of Internet addiction (scoring 75 on Young's Internet Addiction Test [IAT]) and moderate depression (26 on the Beck Depression Inventory [BDI]). During assessment, he identified 7 triggers for Internet gaming and rated the associated urge to engage in the activity with scores of 3-9 on the level of urge scale (0 = lowest, 10 = strongest). Using the DeTUR protocol, the level of urge for each trigger was reduced to 2, which the participants defined as “not being able to think about or crave for the game.” After treatment, his symptoms had declined to nonclinical levels (38 on IAT and 6 on BDI) and he was able to restrict his time on the Internet to an hour per day. These therapeutic gains were maintained at 6- and 12-month follow-up. The DeTUR may be a good treatment option for Internet addiction and further controlled studies are needed.



Bossini, L., Casolaro, I., Santarnecchi, E., Caterini, C., Koukouna, D., Fernandez, I., & Fagiolini, A. (2012). [Evaluation study of clinical and neurobiological efficacy of EMDR in patients suffering from post-traumatic stress disorder]. *Rivista Di Psichiatria*, 47(2), 12-5. doi:10.1708/1071.11733

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ABSTRACT Strong evidences support use of EMDR in patients suffering from post-traumatic stress disorder (PTSD).

Aim. To evaluate clinical and neurobiological-structural efficacy of EMDR on drug-naïve PTSD without comorbidity.

Materials and methods. We made clinical evaluation and hippocampal volume measurement by MRI on 29 subjects suffering from PTSD and on 30 healthy control-subjects. Then, patients were treated with EMDR and after three months of psychotherapy the clinical evaluation and the MRI exam were replied.

Results and discussion. Our results demonstrated that the diagnosis

of PTSD was no more possible on all the patients who terminated the psychotherapy (n=18). At the same time, all the patients showed an average increase of 6% in hippocampal volumes.

Conclusions. Our research suggests that EMDR treatment correlates not only with a significant improvement of symptoms of PTSD, but also with a significant increase of hippocampal volumes effect size. Effect sizes were not moderated by treatment dose, sample size, or publication year. Findings are encouraging for treatment seekers for combat-related PTSD in VA settings.



Cook-Vienot, R., & Taylor, R. J. (2012). Comparison of eye movement desensitization and reprocessing and biofeedback/stress inoculation training in treating test anxiety. *Journal of EMDR Practice and Research*, 6(2), 62-72. doi:10.1891/1933-3196.6.2.62

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) and Biofeedback/Stress Inoculation Training (B/SIT) treatment and no treatment (NT) were compared in reducing test anxiety. Thirty college students with high test anxiety were randomly assigned to each condition. Pre-post assessments were conducted using the Test Anxiety Inventory (TAI), State-Trait Anxiety Inventory (STAI), Rational Behavior Inventory (RBI), and Autonomic Perception Questionnaire (APQ). Treatment therapists were licensed professionals with at least 2 years experience in their respective modality. Statistical analysis using a two-way analysis of variance with repeated measures found significant interactions between time (pre-post) and treatment conditions for all measures except the RBI. Post hoc Newman-Keuls analyses were conducted on the change scores, indicating that both EMDR and B/SIT significantly reduced test anxiety. EMDR generally outperformed B/SIT.



Engelhard, I. M. (2012). Making science work in mental health care. *European Journal of Psychotraumatology*, 3. doi:10.3402/ejpt.v3i0.18740

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ABSTRACT There is increasing attention for embedding research in mental healthcare. This involves a linkage between scientific research and routine practice, where research is fed by questions from practice and scientific insights are implemented better and faster in clinical practice. This paper illustrates bridging the gap, by focusing on eye movement desensitisation and reprocessing (EMDR), and provides arguments why it is relevant to connect research and practice. It also discusses why experimental psychopathology may have a substantial contribution.



Faretta, E. (2012). [EMDR and cognitive-behavioural therapy in the treatment of panic disorder: A comparison]. *Rivista Di Psichiatria*, 47(2), 19-25. doi:10.1708/1071.11735

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ABSTRACT Aim. A comparison between two treatments used in the Panic Disorder: EMDR, an evidence-based method for PTSD, and Cognitive Behavioural Therapy (CBT), which is nowadays considered the most effective psychotherapeutic approach for this disorder.

Method. In order to evaluate any improvement obtained from the adopted treatment, a descriptive analysis through the use of the SPSS software has been carried out, on a sample of 20 subjects, divided in two groups (EMDR and CBT).

Results. From the data obtained, a tendency to improve is already clear from the first evaluation (after 12 sessions), in all the proposed tests. The symptomatic progress turned out to be quite similar in the two compared groups. EMDR treatment however seems to have a faster progress in symptom reduction which is maintained over time, as evidenced at follow-up.

Conclusion. From the showed results, it is possible to confirm that both treatments are effective for the resolution of a Panic Disorder, even if some differences between the two therapies are clear, both from a symptomatic and a timing point of view. So, it is suggested to carry on the research in this area of interest.



Fernandez, I., & Giovannozzi, G. (2012). [EMDR and adaptive information processing. Psychotherapy as a stimulation of the self-reparative psychological processes]. *Rivista Di Psichiatria*, 47(2), 4-7. doi:10.1708/1071.11731

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ABSTRACT Based on the concept of traumatic event, the model of the adaptive information processing is described to illustrate how EMDR is applied to reprocess the trauma and resolve post-traumatic psychopathology. The eight phases of the EMDR treatment are presented together with the way an EMDR session is conducted and the contribution and innovation that EMDR represents in the field of therapy of post-traumatic states and its applicability in other symptomatic conditions.



Haugen, P. T., Evces, M., & Weiss, D. S. (2012). Treating posttraumatic stress disorder in first responders: A systematic review. *Clinical Psychology Review*, 32(5), 370-380. doi: 10.1016/j.cpr.2012.04.001

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ABSTRACT First responders are generally considered to be at greater risk for full or partial posttraumatic stress disorder (PTSD) than most other occupations because their duties routinely entail confrontation with traumatic stressors. These critical incidents typically involve exposure to life threat, either directly or as a

witness. There is a substantial literature that has examined the risk factors, symptom presentation, course, and comorbidities of PTSD in this population. However, to our knowledge, there are no systematic reviews of treatment studies for first responders. We conducted a systematic review of the PTSD treatment literature (English and non-English) in order to evaluate such treatment proposals based on what is known about treating PTSD in first responders. We especially sought to identify randomized controlled trials (RCTs) whose primary outcome was PTSD. Our search identified 845 peer-reviewed articles of which 0.002% (n = 2) were bona fide RCTs of PTSD treatment in first responders. Both studies tested a psychosocial treatment. We did not locate a single psychopharmacologic RCT for PTSD in first responders. An additional 2 psychosocial studies and 13 case or observational studies comprised the remaining extant literature. Though both RCTs showed significant large treatment effects (d = 1.37; h = 0.92), the literature is startlingly sparse and is not sufficient for evidence-based recommendations for first responders.



Jarero, I., & Uribe, S. (2012). The EMDR protocol for recent critical incidents: Follow-Up report of an application in a human massacre situation. *Journal of EMDR Practice and Research*, 6(2), 50-61. doi:10.1891/1933-3196.6.2.50

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ABSTRACT This article reports the follow-up results of our field study (Jarero & Uribe, 2011) that investigated the application of the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI) in a human massacre situation. A single individual session was provided to 32 forensic personnel of the State Attorney General in the Mexican state of Durango who were working with 258 bodies recovered from clandestine graves. Pre-post results showed significant improvement for both immediate treatment and waitlist/delayed treatment groups on the Impact of Event Scale (IES) and Short PTSD Rating Interview (SPRINT). In this study, we report the follow-up assessment, which was conducted, at 3 and 5 months posttreatment. Follow-up scores showed that the original treatment results were maintained, with a further significant reduction of self-reported symptoms of posttraumatic stress and PTSD between posttreatment and follow-up. During the follow-up period, the employees continued to work with the recovered corpses and were continually exposed to horrific emotional stressors, with ongoing threats to their own safety. This suggests that EMDR-PRECI was an effective early intervention, reducing traumatic stress for a group of traumatized adults continuing to work under extreme stressors in a human massacre situation. It appears that the treatment may have helped to prevent the development of chronic PTSD and to increase psychological and emotional resilience.



Kliem, S., Kröger, C., Sarmadi, N. B., & Kosfelder, J. (2012). Wie werden verbesserungen nach typ-II-traumata infolge unterschiedlicher traumabearbeitender interventionen eingeschätzt? Eine re-analyse der umfrage unter psychotraumatologisch erfahrenen psychologischen psychotherapeuten. [How are improvements due to trauma-processing interventions after type-II-trauma rated. A re-analysis of a survey of licensed psychotherapists with psychotraumatological experience.]. *Zeitschrift Für Klinische*

Psychologie Und Psychotherapie: Forschung Und Praxis, 41(1), 30-37. doi:10.1026/1616-3443/a000117

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ABSTRACT Background: For the treatment of Post-Traumatic Stress Disorder (PTSD) following type-II-trauma, different trauma-processing methods are currently used in clinical practice. Objective: To determine how the improvements in several symptom clusters (intrusion, avoidance, hyperarousal, dissociation, additional complaints) are retrospectively rated by practitioners as a function of using different trauma-processing interventions. Method: In a survey of licensed psychotherapists (N = 272), those cases were included in which the therapists (1) reported an event that could be assigned to type-II-trauma, and (2) identified specific trauma-processing interventions according to Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR), or Psychodynamic Imaginative Trauma-Therapy (PITT) (n = 37). Additionally, therapists retrospectively rated the improvements on the symptom clusters at post-treatment. Results: More than 40% of therapists reported using imaginative techniques for dissociation and emotion regulation, as well as processing the perpetrator's introjects sensu PITT, followed by trauma-processing interventions of either TF-CBT (35.1%) or EMDR (21.6%). Those therapists who reported using interventions of the latter two methods rated the patient's improvements higher in all symptom clusters than therapists who reported using trauma-processing interventions of PITT. Conclusion: The retrospective ratings of improvements are in line with the recommendations of guidelines for the treatment of PTSD.



Lipke, H. (2012). Comment on Dunne and Farrell (2011). *Journal of EMDR Practice and Research*, 6(2), 82-82. doi:10.1891/1933-3196.6.2.82

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ABSTRACT I was quite pleased to see Dunne and Farrell (2011) intelligently and usefully address clinician experience incorporating eye movement desensitization and reprocessing (EMDR) into practice. I was also pleased that they could find some use for the data I accumulated in 1992 from the 443 responders to the questionnaires sent to the first 1,295 EMDR Institute trainees for whom I was able to obtain current addresses (Lipke, 1995).



Mevissen, L., Lievegoed, R., Seubert, A., & De Jongh, A. (2012). Treatment of PTSD in people with severe intellectual disabilities: A case series. *Developmental Neurorehabilitation*, 15(3), 223-32. doi:10.3109/17518423.2011.654283

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ABSTRACT Objective: There is a dearth of information regarding the treatment of PTSD in people with severe intellectual disabilities (ID). The purpose of the present case studies was to assess the applicability and effects of an evidence-based treatment method for psychological trauma with this population. Methods: The treatment of four single cases with Eye Movement Desensitization and Reprocessing (EMDR) was evaluated. Participants included adults and children with a variety of symptoms, as well as different histories of negative life events. Results: In all cases PTSD symptoms decreased. In all but one case, the gains were maintained at 15.5 months to 2.5 years following treatment. Depressive symptoms and physical complaints diminished and social and adaptive skills improved. Conclusion: EMDR seems to be an applicable treatment method for clients with severe ID. Reduction and maintenance of PTSD symptoms in individuals with severe ID appears to be both desirable and obtainable.



Mosquera, D., & González-Vázquez, A. (2012). [Borderline personality disorder, trauma and EMDR]. *Rivista Di Psichiatria*, 47(2), 26-32. doi:10.1708/1071.11736

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ABSTRACT The authors step by the diagnostic criteria for Borderline Personality Disorder, viewing them from the perspective of the Adaptive Information Processing and pointing them as a guide for exploration and search of traumatic interpersonal events connected to attachment story and which can be addressed by the therapeutic work with EMDR.



Murphy, D., Archard, P. J., Regel, S., & Joseph, S. (2012). A survey of specialized traumatic stress services in the united kingdom. *Journal of Psychiatric and Mental Health Nursing*. doi:10.1111/j.1365-2850.2012.01938.x

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ABSTRACT Specialist care following psychological trauma in the UK has, since 2005, been governed by the National Institute for Health and Clinical Excellence (NICE) Guideline 26, for the treatment of post-traumatic stress disorder. NICE guidance states that the preferred first-line treatment is trauma-focused cognitive behavioural therapy that incorporates techniques of eye movement, desensitization and reprocessing. In light of this guidance, the rationale for this survey was to assess the nature and scope of services available in UK specialist trauma services and range of available therapeutic approaches delivered. Thirteen organizations responded to the survey. Ten were NHS services and three were non-statutory organizations. Professional positions were primarily populated by psychologists. The total number of referrals to UK specialist trauma services surveyed in the 12 months prior to the survey was 2041 with a mean of 157. Trauma-focused cognitive behavioural therapy was the most common therapeutic treatment, but person-centred therapy was found to have increased in availability within specialist trauma services. This arguably reflects the widening availability of person-centred therapy in the improving access to psychological therapies initiative and perhaps suggests some divergence from more uniform cognitive and behavioural

approaches within NHS therapy services. Implications for practice are discussed.



Pagani, M., Lorenzo, G. d., Verardo, A., Nicolais, G., Monaco, L., Niolu, C., . . . Siracusano, A. (2012). [Neurobiological correlates of EMDR therapy]. *Rivista Di Psichiatria*, 47(2), 16-8. doi:10.1708/1071.11734

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ABSTRACT The EEGs in a group of ten subjects with major psychological trauma treated with EMDR and in ten controls have been registered both during the listening of the autobiographical narrative of the index trauma (script) and during a whole EMDR session. The EEGs have been performed again during the last EMDR session when patients were free of symptoms. During script listening a prevalent activation of the limbic regions corresponding to prefrontal and orbitofrontal cortex has been registered, being explained as the emotional arousal during trauma reliving at the symptomatic phase. The significant decrease of such activations during the late asymptomatic phase represents the neurobiological correlate of recovery. Moreover, the evidence of significant cortical activation in the parietal-temporo-occipital areas, during the last session, suggests a switch of the dominant electrical signal towards cortical areas with a prevalent cognitive function.



Panko, T. R., & George, B. P. (2012). Child sex tourism: Exploring the issues. *Criminal Justice Studies: A Critical Journal of Crime, Law & Society*. doi:10.1080/1478601X.2012.657904

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ABSTRACT Child sex tourism (CST) refers to a particular kind of tourism organized to satisfy the need among certain customer segments for establishing commercial sexual relationships with children. It is an expression of contemporary slavery and a major human rights challenge facing our generation. In this paper, the trauma experienced by child victims of commercial sexual abuse in the touristic setting is discussed. An overview of treatment modalities for the victims such as trauma-focused cognitive behavioral therapy and eye movement desensitization and reprocessing are presented. The efforts of outstanding movements around the world in eradicating CST are highlighted. The paper also considers the complex web of relationships that constitutes the CST distribution system.



Rougemont-Bücking, A., & Zimmermann, E. N. (2012). EMDR-based treatment of psychotraumatic antecedents in illicit drug abusers: A report of two cases. *Schweizer Archiv Für Neurologie Und Psychiatrie*, 16(3), 107-115.

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ABSTRACT The co-occurrence of PTSD and of substance use disorder (SD) is known to be very high. However the question of whether and how to treat such patients remains largely unanswered in the EMDR community. We report on two cases of EMDR-based treatment of heavily affected SD patients in whom psychotraumatic antecedents were identified. EMDR sessions focused on trauma-related material and not on the expression of cue-induced drug craving. The treatment appeared to be a difficult and challenging endeavour. However, some beneficial effects on general comfort and on drug consumption could be observed. A long stabilisation phase was mandatory and the standard EMDR protocol needed to be conducted with much flexibility. Interestingly, there was no provocation of a prolonged psychological crisis or of relapse. Experiencing of emotional stress could be limited to the sessions and dissociation could be absorbed with specific well-known techniques without permanently increasing drug craving. These observations are discussed in relation to previously published concepts of using EMDR in the field of trauma and substance abuse.



Smeets, M. A., Dijks, M. W., Pervan, I., Engelhard, I. M., & van den Hout, M. A. (2012). Time-course of eye movement-related decrease in vividness and emotionality of unpleasant autobiographical memories. *Memory*, 20(4), 346-57. doi:10.1080/09658211.2012.665462

Monique A. M. Smeets, Clinical & Health Psychology, Utrecht University, Utrecht, The Netherlands.

ABSTRACT The time-course of changes in vividness and emotionality of unpleasant autobiographical memories associated with making eye movements (eye movement desensitisation and reprocessing, EMDR) was investigated. Participants retrieved unpleasant autobiographical memories and rated their vividness and emotionality prior to and following 96 seconds of making eye movements (EM) or keeping eyes stationary (ES); at 2, 4, 6, and 10 seconds into the intervention; then followed by regular larger intervals throughout the 96-second intervention. Results revealed a significant drop compared to the ES group in emotionality after 74 seconds compared to a significant drop in vividness at only 2 seconds into the intervention. These results support that emotionality becomes reduced only after vividness has dropped. The results are discussed in light of working memory theory and visual imagery theory, following which the regular refreshment of the visual memory needed to maintain it in working memory is interfered with by eye movements that also tax working memory, which affects vividness first.



Tarquinio, C., Schmitt, A., & Tarquinio, P. (2012). Violences conjugales et psychothérapie eye movement desensitization reprocessing (EMDR): Études de cas. [Conjugal violence and eye movement desensitization reprocessing (EMDR) psychotherapy: Case studies.]. *L'Évolution Psychiatrique*, 77(1), 97-108. doi:10.1016/j.evopsy.2011.11.002

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ABSTRACT The objective of this article is to investigate the effects of Eye Movement Desensitization Reprocessing treatment for victims of domestic violence. Five women were offered treatment with between three and nine 60-minute EMDR sessions. Assessments were completed at pre-treatment, post-treatment, and at the 6-month follow-up, with the purpose of demonstrating the ability of EMDR psychotherapy to reduce Posttraumatic Stress Disorder (PTSD), anxiety, and depressive symptoms. Results showed a significant reduction in PTSD scores (intrusion, avoidance symptoms), anxiety, and depression, and were maintained after 6 months. This study opens up original perspectives for the treatment of domestic violence victims. The question of EMDR therapy's adequacy and pertinence for the treatment of domestic violence will be discussed. In any case, EMDR therapy seems to offer a promising therapeutic, social, and clinical response for this population, which is often difficult to treat.



Tarquinio, C., Schmitt, A., Tarquinio, P., Rydberg, J. A., & Spitz, E. (2012). Benefits of "eye movement desensitization and reprocessing" psychotherapy in the treatment of female victims of intimate partner rape. *Sexologies: European Journal of Sexology and Sexual Health/ Revue Européenne De Sexologie Et De Santé Sexuelle*, 12(2), 60-67. doi:10.1016/j.sexol.2011.05.002

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ABSTRACT This study sought to evaluate the effects of eye movement desensitization and reprocessing (EMDR) psychotherapy, particularly with regard to the reduction of post-traumatic stress disorder (PTSD), anxiety, and depressive symptoms, based on the treatment of 6 female participants who had been victims of intimate partner rape. All of the participants completed quantitative measures pretreatment and following each session. The measures used were the Hospital Anxiety and Depression Scale and the Impact of Events Scale, as well as the Subjective Units of Disturbance Scale used in EMDR. Participants were also administered qualitative interviews before and after the treatment in order to assess the presence of PTSD symptoms according to the Diagnostic and Statistical Manual of Mental Disorders American Psychiatric Association (APA), 2004. Outcomes were consistent with our expectations and showed a significant and gradual decrease in scores on the various scales during treatment. As the literature has repeatedly shown, individuals who receive EMDR treatment tend to assess themselves as feeling less and less disturbance as the therapy progresses. We also observed a significant decrease of scores on the various scales following the first two sessions. Finally, the psychological treatment based on EMDR therapy led to an important decrease in the number of PTSD symptoms. This reduction was consistent for the American Psychiatric Association (APA), 2004 criteria under consideration (B, C, & D).



van den Berg, D. P., & van der Gaag, M. (2012). Treating trauma in psychosis with EMDR: A pilot study. *Journal of Behavior Therapy and Experimental Psychiatry*, 43(1), 664-671. doi:10.1016/j.jbtep.2011.09.011

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ABSTRACT BACKGROUND: Initial studies have shown that posttraumatic stress disorder (PTSD) can be effectively treated in patients with a psychotic disorder. These studies however used adapted treatment protocols, avoided direct exposure to trauma related stimuli or preceded treatment with stabilizing techniques making treatment considerably longer in duration.

METHOD: An open trial in which adult subjects with a psychotic disorder and a comorbid PTSD (n = 27) received a maximum of six Eye Movement Desensitization and Reprocessing (EMDR) therapy sessions. PTSD symptoms, psychotic symptoms and additional symptoms were assessed at baseline and end-of-treatment.

RESULTS: The dropout rate was 18.5 percent (five subjects). Only five of the twenty-two completers (22.7%) still met criteria for PTSD after treatment. PTSD symptoms, auditory verbal hallucinations, delusions, anxiety, depression, and self-esteem all improved significantly. Paranoid ideation and feelings of hopelessness did not improve significantly. Treatment did not lead to symptom exacerbation in subjects. There were no adverse events, such as suicide attempts, self-mutilation, aggressive behavior or admission to a general or psychiatric hospital.

CONCLUSIONS: This pilot study shows that a short EMDR therapy is effective and safe in the treatment of PTSD in subjects with a psychotic disorder. Treatment of PTSD has a positive effect on auditory verbal hallucinations, delusions, anxiety symptoms, depression symptoms, and self-esteem. EMDR can be applied to this group of patients without adapting the treatment protocol or delaying treatment by preceding it with stabilizing interventions.



van den Hout, M. A., Bartelski, N., & Engelhard, I. M. (2012). On EMDR: Eye movements during retrieval reduce subjective vividness and objective memory accessibility during future recall. *Cognition & Emotion*. doi:10.1080/02699931.2012.691087

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ABSTRACT In eye movement desensitization and reprocessing (EMDR), a treatment for post-traumatic stress disorder (PTSD), patients make eye movements (EM) during trauma recall. Earlier experimental studies found that EM during recall reduces memory vividness during future recalls, and this was taken as laboratory support for the underlying mechanism of EMDR. However, reduced vividness was assessed with self-reports that may be affected by demand characteristics. We tested whether recall+EM also reduces memory vividness on a behavioural reaction time (RT) task. Undergraduates (N=32) encoded two pictures, recalled them, and rated their vividness. In the EM group, one of the pictures was recalled again while making EM. In the no-EM group one of the pictures was recalled without EM. Then fragments from both the recalled and non-recalled pictures, and new fragments were presented and participants rated whether these were (or were not) seen before. Both pictures were rated again for vividness. In the EM group, self-rated vividness of the recalled+EM picture decreased, relative to the non-recalled picture. In the no-EM group there was

no difference between the recalled versus non-recalled picture. The RT task showed the same pattern. Reduction of memory vividness due to recall+EM is also evident from non-self-report data.



Van Der Vleugel, B. M., Van Den Berg, D. P., & Staring, A. B. (2012). [Trauma, psychosis, post-traumatic stress disorder and the application of EMDR]. *Rivista Di Psichiatria*, 47(2), 33-8. doi:10.1708/1071.11737

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ABSTRACT In this article we describe three interactions between trauma, post-traumatic stress disorder (PTSD) and psychosis: 1. many patients with psychotic disorders suffered from traumatic life experiences that play an important role in the onset and content of their psychosis; 2. the experience of psychosis as well as its psychiatric treatment may result in post-traumatic stress symptoms; 3. if psychosis and PTSD occur simultaneously, there is a substantial risk for reciprocal negative reinforcement of both symptom groups as well as for potentially ongoing traumatization. Although these interactions are highly relevant from a clinical perspective, they usually remain unattended in routine care. The three interactions will be illustrated by a case history as well as an impression of the psychological treatment including EMDR. We recommend to pay attention to traumatization and comorbid PTSD in routine care for people with psychosis, as well as to offer them treatment.



van Rens, L. W., de Weert-van Oene, G. H., van Oosteren, A. A., & Rutten, C. (2012). [Clinical treatment of posttraumatic stress disorder in patients with serious dual diagnosis problems]. *Tijdschrift Voor Psychiatrie*, 54(4), 383-8.

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ABSTRACT Three patients with severe addiction problems, early sexual trauma, posttraumatic stress disorder PTSD comorbid psychotic vulnerability and personality problems received integrated treatment following admission to a clinic specialising in the care of patients with a dual diagnosis. Treatment was administered in accordance with current guidelines and involved either imaginal exposure or eye movement desensitization and reprocessing EMDR, integrated with relapse management of addiction problems. It is concluded that the current evidence-based guidelines regarding PTSD and addiction can also be applied successfully and effectively to an extremely vulnerable patient population.



Welling, H. (2012). Transformative emotional sequence: Towards a common principle of change. *Journal of Psychotherapy Integration*, 22(2), 109. doi:10.1037/a0027786

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ABSTRACT Transformative emotional sequence (TES) is proposed as a common principle of therapeutic change underlying a number of therapies: Emotion-focused therapy (EFT), coherence therapy (CT), accelerated experiential-dynamic psychotherapy (AEDP), and eye movement desensitization and reprocessing (EMDR). TES consists of emotional activation of a problematic emotional state followed by the activation of adaptive emotional state(s) within a short window of time. The resulting change is the creation of a permanent connection between previously unintegrated maladaptive emotional memory networks and adaptive emotional networks. Memory reconsolidation provides a plausible explanation for the mechanism underlying the effectiveness of TES. I compare TES to exposure, and argue that it is the intervention of choice for transforming maladaptive emotions, whereas exposure is most appropriate for accessing disowned and avoided experiences.



Worthington, R. (2012). Dealing with trauma as an intervention for aggression: A review of approaches and the value of reprocessing. *Journal of Aggression, Conflict and Peace Research*, 4(2), 108-118. doi:10.1108/17596591211208319

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ABSTRACT Purpose: The purpose of this paper is to explore the impact of trauma with specific consideration to the neurological impact this has on information processing and potential links with aggression. Design/methodology/approach: This paper provides a summary of the literature in relation to theories of aggression and trauma. The paper considers how the two may interact and overlap and considers a theoretical rationale for why addressing trauma through a treatment such as Eye Movement Desensitization Reprocessing (EMDR) may assist to reduce aggression. Findings: The paper argues that the experience of trauma may contribute to inputs which may take a person closer towards engaging in aggression. This is consistent with information processing models and unified models of aggression such as the General Aggression Model. Factors that were specifically identified included physiological hyper-arousal, hostile attributions of stimulus, and neurological impairments. In addition, the paper also argued that there is evidence that as a result of trauma, a person's ability to provide cognitive accounts for the function of their behaviour may also be impaired because of the reduced interactivity between the two prefrontal hemispheres. Research limitations/implications: The paper argues that as a result, interventions designed to reduce aggression may benefit from including additional elements which directly assist clients to process emotional information and that a reprocessing treatment such as EMDR could assist to reduce levels of emotional arousal and improve treatment effectiveness. Differences in the way in which EMDR is carried out and the variances in treatment protocols used should be attended to increase the reliability of future research. Originality/value: Current modes of aggression therapy have focused on exposure based and cognitive behavioural therapy (CBT). However, there is evidence that EMDR has benefits over exposure and CBT approaches because of the way in which cognitive verbal accounts of the trauma are not required and because EMDR does not require the individual to have insight into their trauma experience and the link with aggression. ❖