
RECENT ARTICLES ON EMDR

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This regular column appears in each quarterly issue of the EMDRIA Newsletter. It lists citations, abstracts, and preprint/reprint information (when available) on all EMDR related journal articles. The listings include peer reviewed research reports and case studies directly related to EMDR (whether favorable or not), including original studies, review articles and meta-analyses accepted for publication or that have appeared in the previous six months in scholarly journals. Authors and others aware of articles accepted for publication are invited to submit pre-press or reprint information. Listings in this column will exclude: published comments and most letters to the editor, non-peer reviewed articles, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: <Aleeds@theLeeds.net>.

Note: A comprehensive listing of all published journal articles related to EMDR from 1989 through 2005 can be found on David Baldwin's award winning web site at: <http://www.trauma-pages.com/emdr-refs.htm>.

RECENT ARTICLES

Christman, S. D., Propper, R. E., & Brown, T. J. (2006). Increased interhemispheric interaction is associated with earlier offset of childhood amnesia. *Neuropsychology*, 20(3), 336.

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❖ *Abstract* ❖ Experiment 1 found that mixed-handedness, which is associated with increased interaction between the left and right cerebral hemispheres relative to strong right-handedness, was associated with an earlier offset of childhood amnesia. In Experiment 2, bilateral saccadic eye movements, which have been shown to enhance interhemispheric interaction, were also associated with an earlier offset of childhood amnesia. These results build upon a growing body of research indicating an interhemispheric basis for the retrieval of episodic memories. Moreover, the results of Experiment 2 suggest that interhemispheric interaction has its effect on the retrieval, not encoding, of episodic memories.

Karatzias, A., Power, K., McGoldrick, T., Brown, K., Buchanan, R., Sharp, D, Swanson V. (2006). Predicting treatment outcome on three measures for post-traumatic stress disorder. *European Archives of Psychiatry and Clinical Neuroscience*, August 16; [Epub ahead of print].

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❖ *Abstract* ❖ The aim of the present study was to investigate predictors of treatment outcome for Post-traumatic Stress Disorder (PTSD) after treatment completion and at 15-months follow-up (n = 48), in a trial of Eye Movement Desensitisation and Reprocessing (EMDR) versus Imaginal Exposure and Cognitive Restructuring (E+CR). Factors associated with treatment outcome were investigated using regression analyses with the mean change scores in three assessor and self-rated PTSD symptomatology measures, including the Clinician-Administered PTSD Scale (CAPS), the Impact of Events Scale (IES) and the PTSD Symptom Checklist (PCL) from pre- to post-treatment and pre-treatment to follow-up as the dependent variables and demographics, trauma, clinical and personality measures as independent variables. Irrespective to outcome measures and assessment points it was found that four variables were able to predict significantly treatment outcome. These included baseline PTSD symptomatology, number of sessions, gender and therapy type. Overall, our results showed that it is difficult to use pre-treatment variables as a powerful and reliable tool for predicting treatment outcome, as significant predictors were found to be sample-specific and outcome measure-specific. Clinical relevance of the present results and directions for future research are discussed.

Raboni, M. R., Tufik, S., & Suchecki, D. (2006). Treatment of PTSD by eye movement desensitization reprocessing (EMDR) improves sleep quality, quality of life, and perception of stress. *Annals of the New York Academy of Sciences*, 1071, 508-513.

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❖ *Abstract* ❖ The impact of posttraumatic stress disorder (PTSD) on the sleep of patients is widely reported. However, the parameters that can be altered are not the same for all patients. Some studies report an impairment of sleep maintenance and recurrent nightmares, while others failed to find such alterations. Among the many treatments, the eye movement desensitization reprocessing (EMDR) is a therapy used specifically to treat PTSD and general trauma. The purpose of this study was to examine whether EMDR treatment can improve PTSD symptoms, such as sleep, depression, anxiety, and poor quality of life.

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Gros, D. F., & Antony, M. M. (2006). The assessment and treatment of specific phobias: a review. *Current Psychiatry Reports*, 8(4), 298-303.

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❖ *Abstract* ❖ Specific phobia is one of the most common and easily treated mental disorders. In this review, empirically supported assessment and treatment procedures for specific phobia are discussed. Exposure-based treatments in particular are highlighted given their demonstrated effectiveness for this condition. The format and characteristics of exposure-based treatment and predictors of treatment response are outlined to provide recommendations for maximizing outcome. In addition, several other treatments for specific phobia are reviewed and critiqued, including cognitive therapy, virtual reality, eye movement desensitization and reprocessing, applied tension, and pharmacologic treatments. The review concludes with a discussion of future directions for research.

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Servan-Schreiber, D., Schooler, J., Dew, M. A., Carter, C., & Bartone, P. (2006). Eye movement desensitization and reprocessing for posttraumatic stress disorder: a pilot blinded, randomized study of stimulation type. *Psychotherapy and Psychosomatics*, 75(5), 290-297.

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❖ *Abstract* ❖ **BACKGROUND:** Eye movement desensitization and reprocessing (EMDR) is becoming a recognized and accepted form of psychotherapy for posttraumatic stress disorder (PTSD). Yet, its mechanism of action remains unclear and much controversy exists about whether eye movements or other forms of bilateral kinesthetic stimulation contribute to its clinical effects beyond the exposure elements of the procedure.

METHODS: Twenty-one patients with single-event PTSD (average Impact of Event Scale score: 49.5) received three consecutive sessions of EMDR with three different types of auditory and kinesthetic stimulation (tones and vibrations): intermittent alternating right-left (as commonly used with the standard EMDR protocol), intermittent simultaneous bilateral, and continuous bilateral. Therapists were blinded to the type of stimulation they delivered, and stimulation type assignment was randomized and counterbalanced.

RESULTS: All three stimulation types resulted in clinically significant reductions of subjective units of distress (SUD). Yet, alternating stimulation resulted in faster reductions of SUD when only sessions starting with a new target memory were considered.

CONCLUSIONS: There are clinically significant effects of the EMDR procedure that appear to be independent of the nature of the kinesthetic stimulation used. However, alternating stimulation may confer an additional benefit to the EMDR procedure that deserves attention in future studies.