
RECENT ARTICLES ON EMDR

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>

RECENT ARTICLES

Bloomgarden, A., & Calogero, R. M. (2008). A randomized experimental test of the efficacy of EMDR treatment on negative body image in eating disorder inpatients. *Eat Disord*, 16(5), 418-427.

Andrea Bloomgarden, 2130 Pine Street, Philadelphia, Pennsylvania 19103, USA. <ABloomgard@aol.com>

❖ *Abstract* ❖ Eye Movement Desensitization and Reprocessing (EMDR) therapy is being used by some clinicians to treat eating disorders. Although there is anecdotal and case study data supporting its use, there are no controlled studies examining its effectiveness with this population. This study examined the short and long-term effects of EMDR in a residential eating disorders population. A randomized, experimental design compared 43 women receiving standard residential eating disorders treatment (SRT) to 43 women receiving SRT and EMDR therapy (SRT+EMDR) on measures of negative body image and other clinical outcomes. SRT+EMDR reported less distress about negative body image memories and lower body dissatisfaction at posttreatment, 3-month, and 12-month follow-up, compared to SRT. Additional comparisons revealed no differences between the conditions pre to posttreatment on other measures of body image and clinical outcomes. The empirical evidence reported here suggests that EMDR may be used to treat specific aspects of negative body image in conjunction with SRT, but further research is necessary to determine whether or not EMDR is effective for treating the variety of eating pathology presented by eating disorder inpatients.

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de Roos, C., & de Jongh, A. (2008). EMDR Treatment of Children and Adolescents With a Choking Phobia. *Journal of EMDR Practice and Research*, 2(3), 201-211.

Carlijn de Roos, Psychotraumacentre for Children and Youth, GGZ Rivierduinen, Albinusdreef 7, 2333 ZB Leiden, The Netherlands. E-mail: c.deroos@ggzkinderenjeugd.nl

❖ *Abstract* ❖ Given the limited number of reported cases in literature, it might be concluded that it is rare to develop a choking phobia in childhood. However, it appears as though confusion in terminology and the time lapse between the onset of the disorder and treatment often results in the diagnosis being missed. In this article, we discuss a review of the clinical symptoms, differential diagnosis, comorbidity, etiology, and treatment options for choking phobia. We present a case series, describing the successful EMDR treatment of choking phobia for 4 children and adolescents, with positive outcomes achieved in 1 or 2 sessions. In addition, a detailed transcript is presented of a 15-year-old girl with a choking phobia related to an incident that occurred 5 years previously. The rapid elimination of symptoms in all 4 cases indicates that EMDR can be an effective treatment for choking phobias resulting from previous disturbing events. Randomized research on this promising intervention is strongly suggested.

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Hase, M., Schallmayer, S., & Sack, M. (2008). EMDR Reprocessing of the Addiction Memory: Pretreatment, Posttreatment, and 1-Month Follow-Up. *Journal of EMDR Practice and Research*, 2(3), 170-179.

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❖ *Abstract* ❖ This randomized controlled study investigated the effects of eye movement desensitization and reprocessing (EMDR) in the treatment of alcohol dependency. EMDR was applied to reprocess the addiction memory (AM) in chronically dependent patients. The AM includes memories of preparatory behavior, drug effects (drug use), and loss of control (Wolffgramm, 2002). It is understood to involve extensive brain circuitry, drive part of conscious and unconscious craving, change environmental response at an organic level, and modify circuits that link to feelings of satisfaction, future planning, and hope. Thirty-four patients with chronic alcohol dependency were randomly assigned to one of two treatment conditions: treatment as usual (TAU) or TAU plus two

sessions of EMDR (TAU+EMDR). The craving for alcohol was measured by the Obsessive–Compulsive Drinking Scale (OCDS) pre-, post-, and 1 month after treatment. The TAU+EMDR group showed a significant reduction in craving posttreatment and 1 month after treatment, whereas TAU did not. Results indicate that EMDR might be a useful approach for the treatment of addiction memory and associated symptoms of craving.

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Kirsch, A., Krause, R., Spang, J., & Sachsse, U. (2008). [Childhood-onset versus acute, adult-onset traumatized patients in the light of amnesic tendencies and derealisation]. *Z Psychosom Med Psychother*, 54(3), 277-284.

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❖ *Abstract* ❖ **OBJECTIVES:** In the present study we examined the facial affective behaviour of acute adult-onset traumatized patients versus childhood-onset traumatized patients. Furthermore, we analyzed whether a decrease in emotional numbing results from a reduction of symptoms. We used amnesic tendencies as a moderator variable. **METHODS:** The facial affective behaviour was coded with the Emotional Facial Acting Coding System, an instrument for the registration of facial movements with emotional relevance. The facial affective behaviour of the patient's first and last EMDR sessions was compared. **RESULTS:** Childhood-onset and acute adult-onset traumatized patients showed the same reduction of overall facial activity. We found significantly higher psychic complaints (global severity index) (SCL-90-R) in childhood-onset traumatized patients and no difference in amnesic tendencies (FDS) between the two groups. Childhood-onset traumatized patients showed higher values of derealisation (FDS). **CONCLUSIONS:** The facial affective reduction remains constant over time. Also childhood-onset traumatized patients developed more psychic complaints and greater derealisation.

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Kutz, I., Resnik, V., & Dekel, R. (2008). The Effect of Single-Session Modified EMDR on Acute Stress Syndromes. *Journal of EMDR Practice and Research*, 2(3), 190-200.

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❖ *Abstract* ❖ A single session of a modified, abridged EMDR protocol was provided in a general hospital inpatient and outpatient setting to 86 patients with acute stress (AS) syndrome suffering from intrusion distress following accidents and terrorist bombing attacks. Fifty percent reported immediate fading of intrusive symptoms and general alleviation of distress, 27% described partial alleviation of their symptoms and distress, while 23% reported no improvement. Partial and nonresponders were provided with or referred for more comprehensive treatment. At 4-week and 6-month follow-up, the immediate responders in

the terror victims group remained symptom free. The immediate responders tended to have uncomplicated AS symptoms with fewer risk factors for posttraumatic stress disorder (PTSD), while the nonresponders had higher exposure to former traumas and endorsed more risk factors for PTSD. These results support other anecdotal reports on the rapid effects of brief EMDR intervention on intrusive symptoms in early uncomplicated posttraumatic cases. Although more controlled studies are essential, this immediate method for symptomatic relief may be a potential addition for focused interventions in acute trauma victims.

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Lee, C. W., & Drummond, P. D. (2008). Effects of eye movement versus therapist instructions on the processing of distressing memories. *J Anxiety Disord*, 22(5), 801-808.

Chris Lee, School of Psychology, Murdoch University, Perth, Australia. <chris.lee@murdoch.edu.au>

❖ *Abstract* ❖ The effectiveness of components of eye movement desensitization and reprocessing (EMDR) was tested by randomly assigning 48 participants to either an eye movement or an eye stationary condition and to one of two types of therapist instructions (reliving or distancing). Participants were university students (mean age 23) who were asked to recall a personal distressing memory with measures of distress and vividness taken before and after treatment, and at follow-up. There was no significant effect of therapist's instruction on the outcome measures. There was a significant reduction in distress for eye movement at post-treatment and at follow-up but overall no significant reduction in vividness. Post hoc analysis revealed a significant reduction in vividness only for the eye movement and distancing instruction condition. The results were consistent with other evidence that the mechanism of change in EMDR is not the same as traditional exposure.

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Lee, H., Yum, M. K., Kim, S. H., Lee, Y. J., & Kim, D. (2008). Effect of Horizontal Eye Movements on the Heart Rate Variability after Exposure to a Fear-Inducing Film Clip. *J Korean Soc Biol Psychiatry*, 15(1), 35-45.

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❖ *Abstract* ❖ **OBJECTIVES:** There has been a continued debate regarding the role of eye movements in Eye Movement Desensitization and Reprocessing (EMDR). This study examined the possible autonomic effect of horizontal eye movements after being exposed to fearful stimuli. **METHODS:** Fifty two healthy adult women were randomly allocated to eye movement or eye fixed groups after watching a five minute fear-inducing film clip. ECG was recorded during the resting state, after watching the clip, and the treatment. A spectral power analysis of the heart rate variability was performed. As the variables violated the rule of normal distribution and the number in each group is small the non-parametric test was used. **RESULTS:** Overall, we did

not find the differences between the groups in both time and frequency domains. Some minor differences found were not consistent with results from previous studies. CONCLUSIONS: Effect of eye movement on autonomic nervous system during fear desensitization was not supported in this experiment. Further study with other psychophysiological measures is needed to understand the role of eye movements in treatment of traumatic memory.

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McLaughlin, D. F., McGowan, I. W., Paterson, M. C., & Miller, P. W. (2008). Cessation of deliberate self harm following eye movement desensitisation and reprocessing: A case report. *Cases J*, 1(1), 177.

University of Ulster, Northlands Road, Londonderry, Northern Ireland. <iw.mcgowan@ulster.ac.uk>.

❖ *Abstract* ❖ We present a case report of an eighteen year old female patient presenting with a psychological trauma related complaint. Part of the manifestation of the complaint included acts of self cutting over a number of years. Following two sessions of Eye Movement Desensitization & Reprocessing with one of the authors (DM) her self cutting ceased. This is maintained at thirteen months follow up. We conclude that Eye Movement Desensitization & Reprocessing may be an effective treatment option in reducing repeat self harm where traumatic events are noted to be the precursor to deliberate self harm.

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Royle, L. (2008). EMDR as a Therapeutic Treatment for Chronic Fatigue Syndrome (CFS). *Journal of EMDR Practice and Research*, 2(3), 226-232.

Liz Royle, Pathways Through Trauma, 13 Chorley Old Road, Bolton, Lancashire, UK. E-mail: <liz.royle@pathwaysthroughtrauma.co.uk>

❖ *Abstract* ❖ Chronic fatigue syndrome (CFS) is a condition characterized by a new and persistent fatigue unexplained by other conditions and resulting in a substantial reduction in the individual's activity levels. Current treatment includes psychotherapeutic procedures such as cognitive-behavioral therapy, pharmacological interventions, and graded exercise therapy. This article considers the effectiveness of eye movement desensitization and reprocessing (EMDR) for the condition of CFS. The case study describes the use of EMDR with a 49-year-old male client who had suffered debilitating CFS for nearly 5 years despite accessing other treatment methods. After 9 sessions, the client indicated that his energy levels were significantly higher, his need for sleep had reduced (from 15-20 hours to 9.5 hours in a 24-hour period), and he was able to resume employment. Results suggest that EMDR may be useful in treating CFS within a personalized treatment plan.

Silver, S. M., Rogers, S., & Russell, M. (2008). Eye movement desensitization and reprocessing (EMDR) in the treatment of war veterans. *J Clin Psychol*, 64(8), 947-957.

Steven Silver, V.A. Medical Center, Coatesville, PA 19320, USA. <loboaww@yahoo.com>

❖ *Abstract* ❖ Recent practice guidelines and meta-analyses have designated eye movement desensitization and reprocessing (EMDR) as a first-line treatment for trauma. Eye movement desensitization and reprocessing is an eight-phase therapeutic approach guided by an information-processing model that addresses the combat veteran's critical incidents, current triggers, and behaviors likely to prove useful in his or her future. Two case examples of combat veterans illustrate the ability of EMDR to achieve symptom reduction in a variety of clinical domains (e.g., anxiety, depression, anger, physical pain) simultaneously without requiring the patient to carry out homework assignments or discuss the details of the event. The treatment of phantom limb pain and other somatic presentations is also reviewed. The ability of EMDR to achieve positive effects without homework indicates that it can be effectively employed on consecutive days, making it especially useful during combat situations.

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Russell, M. C. (2008). War-Related Medically Unexplained Symptoms, Prevalence, and Treatment: Utilizing EMDR Within the Armed Services. *Journal of EMDR Practice and Research*, 2(3), 212-225.

Mark C. Russell, PSC 561 Box 626, FPO AP 96310. E-mail: <Mark.Russell2@med.navy.mil>

❖ *Abstract* ❖ The mental health impact of war is often underestimated by military, government, and media officials who focus primarily on well-known conditions like depression and posttraumatic stress disorder (PTSD) while ignoring the complex toll of modern warfare. These effects are clearly evident in "war syndromes," many of which can be collectively understood as medically unexplained symptoms (MUS). The current study provides a brief historical review of combat-related MUS as well as an analysis of present evidence of a possible "Iraqi War Syndrome." An overview of past and current treatments for combat MUS is followed by a single case study treating an Iraqi war combat veteran with combat-related MUS with eye movement desensitization and reprocessing (EMDR). Therapy resulted in significant improvement of the patient's 1-year psychophysical condition and comorbid PTSD. We provide a detailed account of those treatment sessions as well as a discussion of EMDR's potential to simultaneously treat a range of combat-related psychophysical conditions without requiring extensive homework or self-disclosure that some military patients may resist. The results are promising, but they require further research.

Wanders, F., Serra, M., & de Jongh, A. (2008). EMDR Versus CBT for Children With Self-Esteem and Behavioral Problems: A Randomized Controlled Trial. *Journal of EMDR Practice and Research*, 2(3), 180-189.

Femy Wanders, Accare KJP Drenthe Overijssel, Javastraat 10, 9401 KZ Assen, the Netherlands. E-mail: <F.Wanders@accare.nl>

❖ *Abstract* ❖ This study compared eye movement desensitization and reprocessing (EMDR) with cognitive-behavioral therapy (CBT). Twenty-six children (average age 10.4 years) with behavioral problems were randomly assigned to receive either 4 sessions of EMDR or CBT prior to usual treatment provided in outpatient and inpatient clinics. To evaluate the effectiveness of treatment, parents and mentors completed a wide variety of self-report instruments and behavioral measures, and the children completed self-assessment instruments prior to therapy, directly after completion of therapy, and at 6-month follow-up. EMDR and CBT were found to have significant positive effects on behavioral and self-esteem problems. Although the differences between treatment effectiveness for EMDR and CBT were small, the children who originally received EMDR showed significantly larger changes in target behaviors than those in the CBT group. The results support the use of EMDR, focused on the desensitization of a series of meaningful memories, to produce significantly positive and sustained effects on children's self-esteem and related problems.

Have a Client Interested In Sharing Their Story?

EMDRIA is looking for clients who have undergone successful EMDR treatment and want to share their stories!!

We are happy to maintain their anonymity!

If you have a client who would be willing to talk to EMDRIA for the purpose of a testimonial or case study, please contact Whitney Hanson at whanson@emdria.org!

REGIONAL COORDINATING COMMITTEE REPORT

*Karen Forte, DCSW, LCSW
Chair*

Another educational EMDR DVD will be available for free for Regional Coordinators to show at regional meetings in their local areas. A huge thanks to Gerry Puk for allowing his excellent presentation in the EMDR Masters Series at the EMDRIA Conference to be videotaped for this purpose. If you are interested in viewing this DVD, please contact your Regional Coordinator.

It was wonderful to see so many Regional Coordinators at the RC meeting in Phoenix and congratulations to all our new RCs! For the first time in the history of the RC program, we have at least one Regional Coordinator representing every state in the country. Listed below are all the new RCs who applied and were approved in the last year:

Mary Ellen Capps, M.Ed, LPC – Alabama
Linda Webber, Ph.D., LPC – Alaska
Richard Murphy Jr., Ph.D. – Arkansas
Jonathan Brooks, Ph.D. – Denver, CO
Beverly Schoninger, Ph.D, LPC – Denver, CO
Roxann Hassett, LMHC, CAP, NCC – Boca Raton, Florida
Linda Tepper, LCSW – Boca Raton, Florida
Kay Towers, MSW, LCSW – Honolulu, HI
Suzanne Peroutka, MS, LPCS, ATR – Chicago (Western Suburbs/Naperville)
Debbie Champion, LPCC – Southern KY
Mary Beth Orton, MA, ATR, CPAT, BC – Kentucky (Louisville Region)
Valerie Sheehan, MSW, LCSW – Massachusetts (Berkshire County Area)
Sue Evans, MA, LP – Minnesota
Susan Schaefer, Ph.D., LP – Minnesota
Jill Strunk, Ed.D., LP – Minnesota
Beverly Johnson, MA, LP – Minnesota
Jeffery Spiegler, LCMHC – New Hampshire
Phoebe Kessler – Long Island, New York
Leah Danley, M.Ed., MS – Oklahoma
Bonnie Holstein, Psy.D.- Southern Oregon
Lois Ehrmann, Ph.D. – Central Pennsylvania
Greg Smith, LISW-CPS - South Carolina
Wally Juraschka, Ph.D. – Tennessee
Peggy Avent, Ph.D., LPC, LMFT – San Antonio, TX
Elaine Ortman, APRN, CS, PP – Utah
Madeleine Tobias, MS, RN, CS – Vermont
E.C. Hurley, DMin, LMFT – Southern Virginia
Tracy Ryan Kidd, LCSW – Northern Virginia
Barbara Briscoe, MSN, MA, LMHC – Spokane Valley (Washington)
Sonja Rudie, MA, LMHS, C-SATC – Western Washington

Happy EMDRing!