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# RECENT ARTICLES ON EMDR

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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](mailto: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 can be accessed at: <http://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=18>.

This issue includes listings for several 2006 articles indexed into the research databases in the 2nd quarter of 2007. Readers will note the latest review and meta-analysis by Bisson et al. (2007) in the British Journal of Psychiatry, which recognizes EMDR as equal in efficacy to Trauma-focused cognitive-behavioural therapy (TFCBT) and the 2006 editorial by Professor Malcolm MacCulloch (a 2002 EMDRIA Conference keynote presenter) with his latest thoughts on the mechanisms by which the eye movements in EMDR may induce their effects. This column also includes the publication of the landmark study from the Trauma Center team led by Bessel A. van der Kolk, M.D., which found EMDR to be more helpful for adult onset trauma survivors than fluoxetine (Prozac). Attendees at the 2004 EMDRIA Conference in Montreal were among the first to learn some of the findings from this major study. More articles on other aspects of this study are likely to appear in the future.

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## RECENT ARTICLES

Amundsen, J. E., & Kårstad, K. (2006). Om bare Jeppe visste.- EMDR og rusbehandling. [Integrating EMDR and the treatment of substance abuse.]. Tidsskrift for Norsk Psykologforening, 43(5), 469.

Janne Ekeberg Amundsen, Lade Behandlingscenter, Poliklinikken, Nedre Bakklandet 75, Trondheim, Norway, 7076, <[janneamu@broadpark.no](mailto:janneamu@broadpark.no)>

❖ *Abstract* ❖ This article focuses on the use of EMDR in the treatment of clients with substance abuse. Persons in this client group seem to display a high rate of symptoms related to PTSD. The authors present a theoretical rationale for treatment of substance abuse and trauma. Referring to 20 different treatment cases employing EMDR, they demonstrate how EMDR can be used to help persons in this particular client group. Potential problems arising during treatment are also discussed. The authors suggest that the traditional EMDR protocol should be adapted for use with this client group. They conclude that the use of EMDR in the treatment of clients with substance abuse does indeed seem both useful and beneficial.

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Bisson, J. I., Ehlers, A., Matthews, R., Pilling, S., Richards, D., & Turner, S. (2007). Psychological treatments for chronic post-traumatic stress disorder. Systematic review and meta-analysis. *British Journal of Psychiatry*, 190, 97-104.

Dr Jonathan Bisson, Department of Psychological Medicine, Monmouth House, Department of Psychological Medicine, Cardiff University, and University Hospital of Wales, Heath Park, Cardiff CF14 4 XN, UK. [bissonji@cf.ac.uk](mailto:bissonji@cf.ac.uk)

❖ *Abstract* ❖ **BACKGROUND:** The relative efficacy of different psychological treatments for chronic post-traumatic stress disorder (PTSD) is unclear. **AIMS:** To determine the efficacy of specific psychological treatments for chronic PTSD. **METHOD:** In a systematic review of randomised controlled trials, eligible studies were assessed against methodological quality criteria and data were extracted and analysed. **RESULTS:** Thirty-eight randomised controlled trials were included in the meta-analysis. Trauma-focused cognitive-behavioural therapy (TFCBT), eye movement desensitisation and reprocessing (EMDR), stress management and group cognitive-behavioural therapy improved PTSD symptoms more than waiting-list or usual care. There was inconclusive evidence regarding other therapies. There was no evidence of a difference in efficacy between TFCBT and EMDR but there was some evidence that TFCBT and EMDR were superior to stress management and other therapies, and that stress management was superior to other therapies. **CONCLUSIONS:** The first-line psychological treatment for PTSD should be trauma-focused (TFCBT or EMDR).

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Fernandez, I., & Faretta, E. (2007). EMDR in the treatment of panic disorder with agoraphobia. *Clinical Case Studies*, 6(1), 44-63.

Isabel Fernandez, Via Paganini 50, 20030 Bovisio Masciago, Italy <[isabelf@tin.it](mailto:isabelf@tin.it)>

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

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Hogberg, G., Pagani, M., Sundin, O., Soares, J., Aberg-Wistedt, A., Tarnell, B., et al. (2007). On treatment with eye movement desensitization and reprocessing of chronic post-traumatic stress disorder in public transportation workers - A randomized controlled trial. *Nordic Journal of Psychiatry*, 61(1), 54-61.

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❖ *Abstract* ❖ Previous studies on post-traumatic stress disorder (PTSD) investigated a variety of treatments and included mostly patient victims of sexual and combat assault. This study aimed to determine the short-term efficacy of eye movement desensitization and reprocessing (EMDR) in occupation-based PTSD. Employees of the public transportation system in Stockholm, who had been experiencing a person-under-train accident or had been assaulted at work were recruited. Subjects with trauma exposure since more than 3 months but less than 6 years were included. Twenty-four subjects who fulfilled the DSM-IV criteria for PTSD were randomized to either EMDR therapy (n=13) or waiting list (WL, n=11). They were assessed pre-treatment and shortly after completion of treatment or WL period. The pre-defined primary outcome variable was full PTSD diagnosis. Secondary outcome variables were the results of various psychometric scales. Twelve participants began and completed five sessions of EMDR and nine completed the WL. After therapy, eight subjects in the EMDR group (67%) and one (11%) in WL did not fulfill the criteria for PTSD diagnosis (difference, P=0.02). Among the secondary outcome variables, there were significant differences post-treatment between the groups EMDR/WL in Global Assessment of Function (GAF) score and Hamilton Depression (HAM-D) score. This study indicates that EMDR has a short-term effect on PTSD in public transportation workers exposed to occupational traumatic events. Such intensive and brief therapy might be further validated in larger samples of exposed workers with longer periods of follow-up.

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Jarero, I., Artigas, L., & Hartung, J. (2006). EMDR Integrative Group Treatment Protocol: A Postdisaster Trauma Intervention for Children and Adults. *Traumatology*, 12(2), 121-129.

AMAMECRISIS, Mexico City, Mexico; <informes@emdrmexico.org>

❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) is recognized as an effective and efficient treatment for trauma-related issues. This article describes an integrated EMDR and group treatment for children and adults traumatized by natural disasters in several Latin American countries. This protocol combines the eight standard EMDR treatment phases with a group therapy model. The hypothesis is that the resulting hybrid offers more extensive reach than did the original EMDR model, which was intended for use with individuals, and takes treatment efficacy and efficiency well beyond that expected from traditional group process. To illustrate the application of the model, one formally measured field study and nine pilot projects are described. The promising results of this intervention suggest that EMDR is an effective means of providing treatment to large groups of people impacted by large-scale traumatic events (e.g., natural disasters). Controlled research is needed to clarify this issue.

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Kraft, S., Schepker, R., Goldbeck, L., & Fegert, J. M. (2006). Behandlung der posttraumatischen Belastungsstörung bei Kindern und Jugendlichen. Eine Übersicht empirischer Wirksamkeitsstudien. [Treatment of posttraumatic stress disorder in children and adolescents--A review of treatment outcome studies.]. *Nervenheilkunde: Zeitschrift für interdisziplinäre Fortbildung.*, 25(9), 709.

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❖ *Abstract* ❖ Based on a systematic literature search, the current state of knowledge on the efficacy of psychotherapeutic and pharmacologic treatment of posttraumatic stress disorders in children and adolescents is summarized and reviewed. Nineteen randomized controlled clinical trials were found for psychotherapy, and none for pharmacotherapy. The efficacy of cognitive behavioral treatment programs has been substantiated, with the participation of a parent or caretaker in the treatment seeming to be beneficial. There are promising studies for Eye Movement Desensitization and Reprocessing (EMDR) and for Multisystemic Family Therapy. However, because of small sample sizes and lacking replication, their results have to be regarded as provisional. Up to now, there are no controlled clinical trials on pharmacological treatments for traumatized children and adolescents. More studies on this numerically relevant and partly severely impaired group are to be claimed. Studies on differential indication of different treatment approaches and on the efficacy of combination treatments, as psychotherapy plus pharmacotherapy, are lacking.

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MacCulloch, M. (2006). Effects of EMDR on previously abused child molesters: Theoretical reviews and preliminary findings from Ricci, Clayton, and Shapiro. *Journal of Forensic Psychiatry & Psychology*, 17(4), 531.

Professor Malcolm MacCulloch, School of Psychology, Cardiff University, Tower Building, Park Place, Cardiff, CF10 3AT; <forensic-psychiatry@cardiff.ac.uk>

❖ *Abstract* ❖ We publish in this issue a preliminary and tentative account of the reduction of deviant sexual arousal, as measured by phallometry, by eye movement desensitisation and reprocessing (EMDR). The purpose of this editorial is to show that the conclusions of Davidson and Parker (2001), and the comment by Salkovskis, can now be set aside, and to present our readers with some theoretical thoughts on some of the mechanisms by which EMDR could induce its effects, including trauma reduction. A major bar to the further acceptance of EMDR as a treatment and as an inviting research topic stems from the fact that workers still cannot see how eye movements can cause the reported clinical changes and the increasing number of temporally related psycho-physiological phenomena. This editorial suggests that the organs of computation of the mind have evolved by natural selection to solve problems of survival and, signally, include corollary discharge and feed forward (CD-FF) mechanisms by which they intrinsically function and also interact with one another.

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Rasolkhani-Kalhorn, T., & Harper, M. L. (2006). EMDR and Low Frequency Stimulation of the Brain. *Traumatology*, 12(1), 9.

Tasha Rasolkhani-Kalhorn, <trkalhorn@yahoo.com>

❖ *Abstract* ❖ Laboratory research on animals indicates that the potentiation of synapses in various areas of the limbic system is the primary step in fear memory formation. Depotentiation of these synapses can result in erasure or modification of these memories. The principal mechanism for depotentiation is induction of low frequency stimulation (LFS). This research has also shown that during memory recall, potentiated circuits within the limbic system become labile, and more vulnerable to depotentiation. The authors propose that LFS can be induced in the human brain during eye-movement desensitization and reprocessing therapy (EMDR), and that this can lead to quenching or modification of fear memory traces. Hence, the authors theorize that this process is the main biological basis for the therapeutic effects of EMDR.

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Ricci, R. J. (2006). Trauma Resolution Using Eye Movement Desensitization and Reprocessing With an Incestuous Sex Offender: An Instrumental Case Study. *Clinical Case Studies*, 5(3), 248.

Ronald J. Ricci, Family Therapy Center, Virginia Tech, Pointe West Commons, 840 University City Blvd., Blacksburg, VA, US, 24060, <rricci@vt.edu>

❖ *Abstract* ❖ This case describes the use of eye movement desensitization and reprocessing (EMDR) to reduce reactivity to childhood trauma in an incestuous sex offender. It explores the relationship between desensitization and reprocessing of traumatic memory and how this may promote sex offender treatment progress as an enhancement of, not a replacement for, the cognitive-behavioral or relapse prevention treatment of sexual offenders. Pretreatment and posttreatment self-report and other-report instruments and semistructured interviews are employed to explore the results of this intervention. Implications and suggestions for this treatment protocol are suggested.

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Russell, M. C., Silver, S. M., Rogers, S., & Darnell, J. N. (2007). Responding to an Identified Need: A Joint Department of Defense/Department of Veterans Affairs Training Program in Eye Movement Desensitization and Reprocessing (EMDR) for Clinicians Providing Trauma Services. *International Journal of Stress Management*, 14(1), 61.

Steven M. Silver, PTSD Program, VA Medical Center, Coatesville, PA, US, 19320, <Steven.Silver2@va.gov>

❖ *Abstract* ❖ An earlier study of federal Department of Defense mental health professionals found relatively few trained in the psychotherapies for posttraumatic stress disorder previously identified as effective by both this department and the federal Department of Veterans Affairs. In response to that need, a training program for one of the psychotherapies, eye movement desensitization and reprocessing (EMDR), was implemented utilizing personnel from these federal departments with assistance from a nonprofit agency. This article presents an evaluation of that program with rating data gathered from participants as well as treatment outcome data from the application of the training to patients. The program was highly rated by the participants and the impact of EMDR treatment was significant. Suggestions for similar programs and for further research are offered.

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Sandstrom, M., Wiberg, B., Wikman, M., Willman, A. K., & Hogberg, U. (2007). A pilot study of eye movement desensitisation and reprocessing treatment (EMDR) for post-traumatic stress after childbirth. *Midwifery*.

Marianne Sandström MScPsych, Private Practice, Umea Utveckling AB, Sweden. marianne.sandstrom@hojdpunkten.ac.se

❖ *Abstract* ❖ **OBJECTIVE:** to explore the possibility of using eye movement desensitisation and reprocessing (EMDR) to treat women who have experienced post-traumatic stress after childbirth. **DESIGN:** the pilot study consisted of a 'before and after' treatment design combined with follow-up measurements 1-3 years after EMDR treatment. Quantitative data from questionnaires (Traumatic Event Scale [TES]) were collected. In addition, qualitative data from individual interviews with the participants were collected as well as data from the psychotherapist's treatment notes of the EMDR treatment sessions. **SETTING:** the north of Sweden. **PARTICIPANTS:** four women with post-traumatic stress disorder (PTSD) after childbirth (one pregnant and three non-pregnant). **FINDINGS:** all participants reported reduction of post-traumatic stress after treatment. After 1-3 years, the beneficial effects of EMDR treatment remained for three of the four women. Symptoms of intrusive thoughts and avoidance seemed most sensitive for treatment. **IMPLICATIONS FOR PRACTICE:** EMDR might be a useful tool in the treatment of non-pregnant women severely traumatised by childbirth; however, further research is required.

Tobin, B. (2006). Art Therapy Meets EMDR: Processing the Paper-Based Image with Eye Movement. *Canadian Art Therapy Association Journal*, 19(2), 27.

Bruce Tobin, <brucetobin@aol.com>

❖ *Abstract* ❖ This paper examines the role of the visual image in psychotherapy, and explores connections between how art therapists use physical images, and how EMDR practitioners use mental images in assisting emotional growth and healing. It outlines a clinical program in which EMDR eye-movement activity is integrated with the art therapist's use of paper-based images, and considers the merits of such a synthesis.

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van der Kolk, B. A., Spinazzola, J., Blaustein, M. E., Hopper, J. W., Hopper, E. K., Korn, D. L., et al. (2007). A randomized clinical trial of eye movement desensitization and reprocessing (EMDR), fluoxetine, and pill placebo in the treatment of posttraumatic stress disorder: treatment effects and long-term maintenance. *Journal of Clinical Psychiatry*, 68(1), 37-46.

Bessel van der Kolk, M.D., Trauma Center, Justice Resource Institute, Brookline, MA 02446, USA. bvanderk@aol.com

❖ *Abstract* ❖ **OBJECTIVE:** The relative short-term efficacy and long-term benefits of pharmacologic versus psychotherapeutic interventions have not been studied for posttraumatic stress disorder (PTSD). This study compared the efficacy of a selective serotonin reup-take inhibitor (SSRI), fluoxetine, with a psychotherapeutic treatment, eye movement desensitization and reprocessing (EMDR), and pill placebo and measured maintenance of treatment gains at 6-month follow-up. **METHOD:** Eighty-eight PTSD subjects diagnosed according to DSM-IV criteria were randomly assigned to EMDR, fluoxetine, or pill placebo. They received 8 weeks of treatment and were assessed by blind raters posttreatment and at 6-month follow-up. The primary outcome measure was the Clinician-Administered PTSD Scale, DSM-IV version, and the secondary outcome measure was the Beck Depression Inventory-II. The study ran from July 2000 through July 2003. **RESULTS:** The psychotherapy intervention was more successful than pharmacotherapy in achieving sustained reductions in PTSD and depression symptoms, but this benefit accrued primarily for adult-onset trauma survivors. At 6-month follow-up, 75.0% of adult-onset versus 33.3% of child-onset trauma subjects receiving EMDR achieved asymptomatic end-state functioning compared with none in the fluoxetine group. For most childhood-onset trauma patients, neither treatment produced complete symptom remission. **CONCLUSIONS:** This study supports the efficacy of brief EMDR treatment to produce substantial and sustained reduction of PTSD and depression in most victims of adult-onset trauma. It suggests a role for SSRIs as a reliable first-line intervention to achieve moderate symptom relief for adult victims of childhood-onset trauma. Future research should assess the impact of lengthier intervention, combination treatments, and treatment sequencing on the resolution of PTSD in adults with childhood-onset trauma.

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