
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

Aubert-Khalifa, S., Roques, J., & Blin, O. (2008). Evidence of a Decrease in Heart Rate and Skin Conductance Responses in PTSD Patients After a Single EMDR Session. *Journal of EMDR Practice and Research*, 2(1), 51-56.

Stéphanie Aubert-Khalifa, CIC-Unité de Pharmacologie Clinique et d'Evaluation Thérapeutique, Assistance Publique Hôpitaux de Marseille, Institut des Neurosciences Cognitives de la Méditerranée, UMR 6193 CNRS, Université de la Méditerranée, Faculté de Médecine, Hôpital de la Timone, 13385 Marseille Cedex 5, France. <skhalifa@skhalifa.com>

❖ *Abstract* ❖ Patients with posttraumatic stress disorder (PTSD) demonstrate abnormal psychophysiological responses to stressful events. Given that eye movement desensitization and reprocessing (EMDR) therapy appears to be a treatment of choice for trauma victims, the aim of the present study was to determine if psychophysiological responses to stress decreased after a single EMDR session. Six PTSD patients were treated by an EMDR therapist. Their psychophysiological responses (heart rate and skin conductance) were recorded before and after the EMDR session under two conditions: (a) in a relaxed state and (b) while visualizing their own traumatic event. At the end of the session, all patients had a significant reduction in their PTSD symptoms, which confirms previous results demonstrating the efficacy of the EMDR approach. Second, after only one EMDR session, heart rate and skin conductance during the trauma recall decreased significantly as compared to a relaxing state.

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Bae, H., Kim, D., & Park, Y. C. (2008). Eye movement desensitization and reprocessing for adolescent depression. *Psychiatry Invest*, 5, 60-65.

Daeho Kim, MD, PhD, Department of Neuropsychiatry, Hanyang University Guri Hospital, 249-1 Gyomun-dong, Guri 471-701, Korea. Tel +82-31-560-2274. Fax +82-31-554-2599. <dkim9289@hanyang.ac.kr>

❖ *Abstract* ❖ While cognitive behavior therapy is considered to be the first-line therapy for adolescent depression, there is limited data on whether other psychotherapeutic techniques are also effective in treating adolescents with depression. This report suggests the potential application of eye movement desensitization and reprocessing (EMDR) for treatment of depressive disorder related, not to trauma, but to stressful life events. At present, EMDR has only been empirically validated for only trauma-related disorders such as posttraumatic stress disorder. Two teenagers with major depressive disorder (MDD) underwent three and seven sessions of EMDR aimed at memories of stressful life events. After treatment, their depressive symptoms decreased to the level of full remission, and the therapeutic gains were maintained after two and three months of follow up. The effectiveness of EMDR for depression is explained by the model of adaptive information processing. Given the powerful effects observed within a brief period of time, the authors suggest that further investigation of EMDR for depressive disorders is warranted.

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Barker, R. T., & Barker, S. B. (2007). The Use of EMDR in Reducing Presentation Anxiety. *Journal of EMDR Practice and Research*, 1(2), 100-108.

Randolph T. Barker, School of Business, Virginia Commonwealth University, P. O. Box 844000, Richmond, VA 23284-4000. <rtbarker@vcu.edu>

❖ *Abstract* ❖ Effective presentation skills are vital for success in most organizations. Preparing students for their careers, college educators often require that students demonstrate effective presentation skills. While traditional approaches to managing presentation anxiety help some students, EMDR may offer an effective intervention for those with serious presentation anxiety. This case study involves a student with presentation anxiety referred for EMDR from an organizational communication class. The subject delivered videotaped presentations and completed the State-Trait Anxiety Inventory (STAI) prior to and after completing three EMDR sessions. The subject's pre-post

STAI scores reduced from the 98th to the 55th percentile. Blind expert ratings of the videotaped presentations indicated pronounced performance improvement. At 12-month follow-up, the subject was successfully employed in a management position, making effective presentations without intense anxiety.

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Cvetek, R. (2008). EMDR Treatment of Distressful Experiences That Fail to Meet the Criteria for PTSD. *Journal of EMDR Practice and Research*, 2(1), 2-14.

Robert Cvetek, Ukanc 77, 4265 Bohinjsko jezero, Slovenia. <robert.cvetek@guest.arnes.si>

❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) is thought to successfully treat not only posttraumatic stress disorder (PTSD) but also other psychiatric disorders and mental health problems inasmuch as these have experiential contributions. This randomized clinical trial investigated the effects of treatment of distressful experiences (or small “t” trauma) that fail to meet the criteria for PTSD. Three hours of a slightly adapted form of EMDR were compared to active listening (attentional placebo, also 3 hours) and wait list. Results with 90 participants showed that EMDR produced significantly lower scores on the Impact of Event Scale than active listening or wait list. EMDR also resulted in a significantly smaller increase on the State-Trait Anxiety Inventory (State subscale) after memory recall. Some limitations and implications of findings are discussed.

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Gauvreau, P., & Bouchard, S. p. (2008). Preliminary Evidence for the Efficacy of EMDR in Treating Generalized Anxiety Disorder. *Journal of EMDR Practice and Research*, 2(1), 26-40.

Philippe Gauvreau, Clinical Psychologist—Private Practice, Université de Sherbrooke, 149 Berri, Gatineau, QC J8Y 4J3, Canada. <philippe_gauvreau@hotmail.com>

❖ *Abstract* ❖ This preliminary study sought to evaluate the potential effectiveness of eye movement desensitization and reprocessing (EMDR) as a treatment modality for generalized anxiety disorder (GAD). Using a single-case design with multiple baselines across four subjects, the effectiveness of 15 EMDR sessions was evaluated. Results indicate that subsequent to targeting the experiential contributors to GAD and the current and anticipated situations that caused excessive worry, the scores of anxiety and of excessive worry dropped to levels below diagnostic threshold and in two cases to full remission of GAD symptoms. At both posttreatment and at 2 months follow-up, all four participants no longer presented with GAD diagnosis. In addition, time-series analyses (ARMA) indicate statistically significant improvement on both daily measures of worry and anxiety over the course of the EMDR treatment.

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Hogberg, G., Pagani, M., Sundin, O., Soares, J., Aberg-Wistedt, A., Tarnell, B., Hallstrom, T. (2008). Treatment of post-traumatic stress disorder with eye movement desensitization and reprocessing: Outcome is stable in 35-month follow-up. *Psychiatry Res.* <http://dx.doi.org/10.1016/j.psychres.2007.10.019>

Department of Clinical Neuroscience, Section for Psychiatry, Huddinge, Karolinska Institutet, Stockholm, Sweden. <goran.hogberg@gmail.com>

❖ *Abstract* ❖ Post-traumatic stress disorder (PTSD) is an anxiety disorder that may follow major psychological trauma. The disorder is longstanding, even chronic, and there is a need for effective treatment. The most effective short-term treatments are cognitive behavioural therapy and eye movement desensitization and reprocessing (EMDR). Twenty subjects with chronic PTSD following occupational health hazards from “person under train” accidents or assault at work were treated with five sessions of EMDR. They were assessed with psychometric scales and diagnostic interviews before treatment, directly after treatment, at 8 months, and at 35 months after the end of Therapy. The primary outcome variable was full diagnosis of PTSD according to the DSM-IV diagnostic criteria. Results from interview-based and self-evaluation psychometric scales were used as secondary outcome variables. Immediately following treatment, the patients were divided up into two groups, initial remitters (12 of 20) and non-remitters (8 of 20). There were no drop-outs during therapy, but three patients withdrew during follow-up. The initial result was maintained at the 35-month follow-up. The secondary outcome variables also showed a significant immediate change towards normality that was stable during the long-term follow-up. After 3 years of follow-up, 83% of the initial remitters had full working capacity.

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Kim, D., Bae, H., & Park, Y. C. (2008). Validity of the Subjective Units of Disturbance Scale in EMDR. *Journal of EMDR Practice and Research*, 2(1), 57-62.

Daeho Kim, Department of Psychiatry, Hanyang University Guri Hospital, Gyeonggi 471-701, South Korea. <dkim9289@hanyang.ac.kr>

❖ *Abstract* ❖ To test the psychometric properties of the Subjective Units of Disturbance Scale (SUDS), this study analyzed the data from 61 patients treated with EMDR. The pretreatment self-reported questionnaires, the in-session records of EMDR, and the Clinical Global Impression–Change (CGI-C) scale at the termination of EMDR were reviewed. The initial score of the SUDS at the first session was significantly correlated with the patient’s level of depression, the state anxiety, and distress from the impact of events. The final score of the SUDS at the first session was significantly correlated with the CGI-C score at termination. Consequently, this study confirmed that the SUDS in EMDR sessions has good psychometric properties.

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Marcus, S. V. (2008). Phase 1 of Integrated EMDR: An Abortive Treatment for Migraine Headaches. *Journal of EMDR Practice and Research*, 2(1), 15-25.

Steven V. Marcus, 1471 Hollidale Court, Los Altos, CA 94024.
<DoctorMarcus@sbcglobal.net>

❖ *Abstract* ❖ Forty-three individuals diagnosed with classic or common migraine headache were randomly assigned to either phase 1 of integrated eye movement desensitization reprocessing (EMDR) treatment or a standard care medication treatment. Integrated EMDR combines diaphragmatic breathing, cranial compression, and EMDR for abortive migraine treatment. The comparison standard care medication group received various abortive medications, including Demerol, DHE, oral triptans, Excedrin, Fiorinal, Percocet, Toradol, and Vicodin. Participants were treated during mid- to late-stage acute migraine and assessed by an independent evaluator at pretreatment, posttreatment, 24 hours, 48 hours, and 7 days for migraine pain level. Both standard care medication and integrated EMDR treatment groups demonstrated reduced migraine pain levels immediately at posttreatment, 24 hours, 48 hours, and 7 days. However, integrated EMDR treatment reduced or eliminated migraine pain with greater rapidity and showed significantly greater improvement compared to standard care medication immediately posttreatment.

McGoldrick, T., Begum, M., & Brown, K. W. (2008). EMDR and Olfactory Reference Syndrome: A Case Series. *Journal of EMDR Practice and Research*, 2(1), 63-68.

Therese McGoldrick, Behavioural Psychotherapy Service, No. 2, The Bungalows, Stirling Road, Larbert FK5 4SD, Scotland. <therese.mcgoldrick@scot.nhs.uk>

❖ *Abstract* ❖ Olfactory reference syndrome (ORS) is an illness currently considered a delusional disorder under the DSM-IV criteria. Patients believe that they emit a foul odor, causing them great emotional distress and negative social consequences. Its etiology is inadequately understood, and there is generally a poor response to pharmacological and psychotherapeutic interventions. This article describes the treatment of four consecutive cases of ORS whose pathological symptoms had endured for 8-48 years. The administration of EMDR consisted of processing the various life experiences that appeared to cause and/or trigger the pathology. The EMDR sessions resulted in a complete resolution of symptoms in all four cases, which was maintained at follow-up. Given the rapid and sustained results, we offer a hypothesis based on the Adaptive Information Processing (AIP) model to explain the etiopathology and remission.

Ricci, R. J., & Clayton, C., A. (2008). Trauma Resolution Treatment as an Adjunct to Standard Treatment for Child Molesters: A Qualitative Study. *Journal of EMDR Practice and Research*, 2(1), 41-50.

Ronald J. Ricci, 69 Shelly Street, Erial, NJ 08081. <rricci@vt.edu>

❖ *Abstract* ❖ A literature review of current treatment models for child molesters and contemporary theories of etiology suggests a gap between theory and practice. Despite emerging recognition of the importance of addressing etiological issues in sexual offender treatment, many programs resist addressing the trauma sequelae of childhood sexual abuse (CSA) in those sex offenders where it is present. Adding trauma treatment to standard sexual offender treatment was identified as a means to closing some of that gap. Ten child molesters with reported histories of CSA were treated with eye movement desensitization and reprocessing. Subsequent to adding this trauma resolution component, there was improvement on all six subscales of the Sex Offender Treatment Rating Scale as well as decreased idiosyncratic deviant arousal as measured by the penile plethysmograph. The current study reviews qualitative data collected during treatment and at posttreatment interviews.

Russell, M. C. (2008). Treating traumatic amputation-related phantom limb pain: a case study utilizing eye movement desensitization and reprocessing (EMDR) within the armed services. *Clinical Case Studies*, 7(1), 136-153.

Mark C. Russell, U.S. Naval Hospital, Yokosuka, Japan, <Mark.Russel2@med.navy.mil>

❖ *Abstract* ❖ Since September 2006, more than 725 service members from the global war on terrorism have survived combat-related traumatic amputations that often result in phantom limb pain (PLP) syndrome. Combat amputees are also at high risk of developing chronic mental health conditions such as posttraumatic stress disorder (PTSD) and clinical depression as they deal with wartime experiences, rehabilitation, and postrehabilitation adjustments. One active-duty patient was referred to a military outpatient clinic for treatment of PLP and PTSD following a traumatic leg amputation from a noncombat-related motor vehicle accident. Four sessions of eye movement desensitization and reprocessing (EMDR) led to elimination of PLP and a significant reduction in PTSD, depression, and phantom limb tingling sensations. A detailed account of this treatment, as well as a review of the benefits of EMDR research and treatment in the military, is provided. The results are promising but in need of further research.

Sack, M., Lempa, W., Steinmetz, A., Lamprecht, F., & Hofmann, A. (2008). Alterations in autonomic tone during trauma exposure using eye movement desensitization and reprocessing (EMDR)-Results of a preliminary investigation. *J Anxiety Disord.* doi:10.1016/j.janxdis.2008.01.007

Martin Sack, Technical University Munich, Klinikum rechts der Isar, Department of Psychosomatic Medicine, Langerstrasse 3, 81675 Munchen, Germany. <m.sack@tum.de>

❖ *Abstract* ❖ EMDR combines stimuli that evoke divided attention - e.g. eye movements - with exposure to traumatic memories. Our objective was to investigate psycho-physiological correlates of EMDR during treatment sessions. A total of 55 treatment sessions from 10 patients with PTSD was monitored applying impedance cardiography. Onset of every stimulation/exposure period (n=811) was marked and effects within and across stimulation sets on heart rate (HR), heart rate variability (HRV), pre-ejection period (PEP) and respiration rate were examined. At stimulation onsets a sharp increase of HRV and a significant decrease of HR was noticed indicating de-arousal. During ongoing stimulation, PEP and HRV decreased significantly while respiration rate significantly increased, indicating stress-related arousal. However, across entire sessions a significant decrease of psycho-physiological activity was noticed, evidenced by progressively decreasing HR and increasing HRV. These findings suggest that EMDR is associated with patterns of autonomic activity associated with substantial psycho-physiological de-arousal over time.

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Sandstrom, M., Wiberg, B., Wikman, M., Willman, A. K., & Hogberg, U. (2008). A pilot study of eye movement desensitisation and reprocessing treatment (EMDR) for post-traumatic stress after childbirth. *Midwifery*, 24(1), 62-73.

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.

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Schneider, J., Hofmann, A., Rost, C., & Shapiro, F. (2008). EMDR in the treatment of chronic phantom limb pain. *Pain Med*, 9(1), 76-82.

Jens Schneider, Clinic for Internal and Psychosomatic Medicine, Bad Fredeburg, Germany.

❖ *Abstract* ❖ OBJECTIVE: Little research substantiates long-term gains in the treatment of phantom limb pain. This report describes and evaluates an eye movement desensitization and reprocessing (EMDR) treatment with extensive follow-up. DESIGN: A case series of phantom limb pain patients. Setting. In-patient hospitalization and out-patient private practice. PATIENTS: Case series of five patients with phantom limb pain ranging from 1 to 16 years. All patents were on extensive medication regimens prior to EMDR. INTERVENTIONS: Three to 15 sessions of EMDR were used to treat the pain and the psychological ramifications. OUTCOME MEASURES: Patients were measured for continued use of medications, pain intensity/frequency, psychological trauma, and depression. RESULTS: EMDR resulted in a significant decrease or elimination of phantom pain, reduction in depression and posttraumatic stress disorder (PTSD) symptoms to subclinical levels, and significant reduction or elimination of medications related to the phantom pain and nociceptive pain at long-term follow-up. CONCLUSIONS: The overview and long-term follow-up indicate that EMDR was successful in the treatment of both the phantom limb pain and the psychological consequences of amputation. The latter include issues of personal loss, grief, self-image, and social adjustment. These results suggest that (1) a significant aspect of phantom limb pain is the physiological memory storage of the nociceptive pain sensations experienced at the time of the event and (2) these memories can be successfully reprocessed. Further research is needed to explore the theoretical and treatment implications of this information-processing approach.

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Schurmans, K. (2007). EMDR Treatment of Choking Phobia. *Journal of EMDR Practice and Research*, 1(2), 118-121.

Karen Schurmans, London Health Sciences Centre, South Street Hospital, P.O. Box 5375, 375 South Street, London, Ontario, Canada, N6A 4G5. <Karen.Schurmans@lhsc.on.ca>

❖ *Abstract* ❖ A vignette is a brief case report that makes a contribution to the literature, but which has used only EMDR's standard protocol measures. This vignette describes the treatment of a woman who developed a severe choking phobia following an allergic reaction to a herbal beverage. She was hospitalized on several occasions because of her resultant inability to consume food and liquids. She received four years of various types of treatment for this phobia, including eating disorder treatment, brief psychodynamic therapy, cognitive behavioral therapy, and psychopharmacological treatment. None were successful in eliminating the disorder. Then when Mary received a course of EMDR treatment, addressing childhood etiological events, there was complete remission of the choking phobia and elimination of all related behaviors.

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Solomon, R. M., & Rando, T. A. (2007). Utilization of EMDR in the Treatment of Grief and Mourning. *Journal of EMDR Practice and Research*, 1(3), 109-117.

Roger M. Solomon, Senior Faculty, EMDR Institute, Buffalo Center for Trauma and Loss, 1813 Northwood Drive, Williamsville, NY 14221. <rogermsolomon@aol.com>

❖ *Abstract* ❖ EMDR can be utilized within a comprehensive framework for the treatment of grief and mourning. EMDR can process the obstacles that can complicate the grief and mourning processes. This seems to facilitate the emergence of positive memories of the deceased, which aids the formation of an adaptive inner representation. The utilization of EMDR within six processes necessary for adaptive assimilation of the loss is described with case examples.

Standards & Training Committee REPORT

Jocelyn Barrett, MSW, LICSW

Susan Curry, MS, MFT

Co-Chairs

The EMDRIA Standards and Training Committee is actively looking to recruit additional members. With the number of EMDRIA Credit applications and Basic Training applications ever increasing, this heavy load has been on a few, but extremely dedicated, members of the current Committee. In theory, if we can recruit more people, the workload should lessen and program review times will shorten.

It is suggested that members interested in serving on the Standards & Training Committee meet the following qualifications:

- * Be EMDRIA Certified
- * Have an interest in maintaining the highest standards in EMDR
- * Be able to communicate by email and navigate web sites

If you're interested in serving on this Committee, or if you would like more information, please contact our Education & Training Coordinator, Kim Carlson, at KCarlson@emdria.org.

Regional Coordinating Committee REPORT

Karen Forte, DCSW, LCSW

Chair

Have you hugged your Regional Coordinator today? (S)he is busy volunteering time to bring EMDRIA news, information, and educational opportunities right to your own front door. Maybe you nominated your Regional Coordinator for the Outstanding Regional Coordinator of the year award or called them to thank them for the hours they spend behind the scenes coordinating meetings in your community? Oops! Is it possible your region doesn't have an EMDRIA Regional Coordinator? Nudge, nudge, nudge. Do you feel the all so subtle nudge to become the Regional Coordinator in your area? Yes? Kim is waiting by her phone and computer in the EMDRIA office for your message requesting her to send you an application to become a Regional Coordinator. Hurry before someone else in your community claims this honor first. Once accepted into this position, you will have mentors ready to help and assist you in all aspects of the position.

Welcome to the EMDRIA Regional Coordinator family! ☺

We are looking to recruit Regional Coordinators in areas that are not currently represented by a Regional Coordinator. These regions include the following:

Alabama
Georgia
Kentucky
North Carolina

South Carolina
Tennessee
Virginia
West Virginia

HAS YOUR ADDRESS, PHONE NUMBER, OR EMAIL ADDRESS CHANGED RECENTLY?

Be sure to keep us updated with your current contact information, so that you continue to receive communication from us and so that your information remains current in the Directory and Find A Therapist search on our web site for those who may be looking for a therapist.