

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 and have not been listed previously in this column. 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 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=18>

Bergmann, U. (2010). EMDR's neurobiological mechanisms of action: A survey of 20 years of searching. *Journal of EMDR Practice and Research*, 4(1), 22-42.

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ABSTRACT Historically, mechanisms of action have often been difficult to ascertain. Thus far, the definitive discovery of eye movement desensitization and reprocessing (EMDR)'s underlying mechanisms has been equally elusive. We review the neurobiological studies of EMDR, as well as the theoretically driven speculative models that have been posited to date. The speculative theoretically driven models are reviewed historically to illustrate their growth in neurobiological complexity and specificity. Alternatively, the neurobiological studies of EMDR are reviewed with regard to their object of investigation and categorized as follows: findings before and after EMDR therapy (neuroimaging and psychophysiological studies) and findings during the EMDR set (psychophysiological, neuroimaging, and qEEG studies).



Brewin, C. R., Fuchkan, N., Huntley, Z., Robertson, M., Thompson, M., Scragg, P., et al. (2010). Outreach and screening following the 2005 London bombings: Usage and outcomes. *Psychol Med*, 1-9. doi:10.1017/S0033291710000206

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ABSTRACT BACKGROUND: Little is known about how to remedy the unmet mental health needs associated with major terrorist attacks, or what outcomes are achievable with evidence-based treatment. This article reports the usage, diagnoses and outcomes associated with the 2-year Trauma Response Programme (TRP) for those affected by the 2005 London bombings.

METHOD: Following a systematic and coordinated programme of outreach, the contact details of 910 people were obtained by the TRP. Of these, 596 completed a screening instrument that included the Trauma Screening Questionnaire (TSQ) and items assessing other negative responses. Those scoring 6 on the TSQ, or endorsing other negative responses, received a detailed clinical

assessment. Individuals judged to need treatment (n=217) received trauma-focused cognitive-behaviour therapy (TF-CBT) or eye movement desensitization and reprocessing (EMDR). Symptom levels were assessed pre- and post-treatment with validated self-report measures of post-traumatic stress disorder (PTSD) and depression, and 66 were followed up at 1 year.

RESULTS: Case finding relied primarily on outreach rather than standard referral pathways such as primary care. The effect sizes achieved for treatment of DSM-IV PTSD exceeded those usually found in randomized controlled trials (RCTs) and gains were well maintained an average of 1 year later. **CONCLUSIONS:** Outreach with screening, linked to the provision of evidence-based treatment, seems to be a viable method of identifying and meeting mental health needs following a terrorist attack. Given the failure of normal care pathways, it is a potentially important approach that merits further evaluation.



de Jongh, A., Holmshaw, M., Carswell, W., & van Wijk, A. (2010). Usefulness of a trauma-focused treatment approach for travel phobia. *Clin Psychol Psychother*. DOI: 10.1002/cpp.680

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ABSTRACT Despite its prevalence and potential impact on functioning, there are surprisingly little data regarding the treatment responsiveness of travel phobia. The purpose of this non-randomized study was to evaluate the usefulness of a trauma-focused treatment approach for travel phobia, or milder travel anxiety arising as a result of a road traffic accident. Trauma-focused Cognitive Behavioural Therapy (TF-CBT), and Eye Movement Desensitization and Reprocessing were used to treat a sample of 184 patients, who were referred to a psychological rehabilitation provider. Patients in both treatment groups were encouraged to encounter their feared objects and situations between sessions. Specific (i.e., travel) phobia was diagnosed in 57% of cases. Patients in both treatment conditions showed equally large, and clinically significant, decreases in symptoms as indexed by three validated measures (Impact of Event Scale, Hospital Anxiety and Depression Scale, and General Health Questionnaire), therapist ratings of treatment outcome, and a return to driving or travelling

by car or motorbike. These improvements were obtained within an average course of 7.3 sessions of 1 hour each. Patients with travel phobia responded with a greater reduction of anxiety and post-traumatic stress disorder symptoms than those with milder travel anxiety. Passengers reported higher levels of trauma symptoms than drivers, but no difference in effectiveness of treatment was found between these groups. The results suggest that trauma-focused psychological interventions can be a treatment alternative for patients with travel anxiety. Given the seriousness of the clinical problems related to road traffic accidents more rigorous outcome research is warranted and needed.



de Jongh, A., ten Broeke, E., & Meijer, S. (2010). Two method approach: A case conceptualization model in the context of EMDR. *Journal of EMDR Practice and Research*, 4(1), 12-21.

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ABSTRACT This article outlines a comprehensive model that helps to identify crucial target memories for EMDR treatment. The “Two Method Approach” can be used for conceptualization and treatment implementation for a broad spectrum of symptoms and problems, other than those related to PTSD per se. The model consists of two types of case conceptualizations. The First Method deals with symptoms whereby memories of the etiological and/or aggravating events can be meaningfully specified on a time line. It is primarily aimed at the conceptualization and treatment of DSM-IV-TR Axis I disorders. The Second Method is used to identify memories that underlie patients’ so-called dysfunctional core beliefs. This method is primarily used to treat more severe forms of pathology, such as severe social phobia, complex PTSD, and/or personality disorders. The two methods of case conceptualization are explained step by step in detail and are illustrated by case examples.



Ehlers, A., Bisson, J., Clark, D. M., Creamer, M., Pilling, S., Richards, D., et al. (2010). Do all psychological treatments really work the same in posttraumatic stress disorder?. *Clin Psychol Rev*, (2), 269-276.

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ABSTRACT A recent meta-analysis by Benish, Imel, and Wampold (2008, *Clinical Psychology Review*, 28, 746-758) concluded that all bona fide treatments are equally effective in posttraumatic stress disorder (PTSD). In contrast, seven other meta-analyses or systematic reviews concluded that there is good evidence that trauma-focused psychological treatments (trauma-focused cognitive behavior therapy and eye movement desensitization and reprocessing) are effective in PTSD; but that treatments that do not focus on the patients’ trauma memories or their meanings are either less effective or not yet sufficiently studied. International treatment guidelines therefore recommend trauma-focused psychological treatments as first-line treatments for PTSD. We examine possible reasons for the discrepant conclusions and argue that (1) the selection procedure of the available evidence used in Benish et al.’s (2008) meta-analysis introduces bias, and (2) the analysis and conclusions fail to take into account the need

to demonstrate that treatments for PTSD are more effective than natural recovery. Furthermore, significant increases in effect sizes of trauma-focused cognitive behavior therapies over the past two decades contradict the conclusion that content of treatment does not matter. To advance understanding of the optimal treatment for PTSD, we recommend further research into the active mechanisms of therapeutic change, including treatment elements commonly considered to be non-specific. We also recommend transparency in reporting exclusions in meta-analyses and suggest that bona fide treatments should be defined on empirical and theoretical grounds rather than by judgments of the investigators’ intent.



Engelhard, I. M., van den Hout, M. A., Janssen, W. C., & van der Beek, J. (2010). Eye movements reduce vividness and emotionality of “flashforwards”. *Behav Res Ther*. doi:10.1016/j.brat.2010.01.003

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ABSTRACT Earlier studies have shown that eye movements during retrieval of disturbing images about past events reduce their vividness and emotionality, which may be due to both tasks competing for working memory resources. This study examined whether eye movements reduce vividness and emotionality of visual distressing images about feared future events: “flashforwards”. A non-clinical sample was asked to select two images of feared future events, which were self-rated for vividness and emotionality. These images were retrieved while making eye movements or without a concurrent secondary task, and then vividness and emotionality were rated again. Relative to the no-dual task condition, eye movements while thinking of future-oriented images resulted in decreased ratings of image vividness and emotional intensity. Apparently, eye movements reduce vividness and emotionality of visual images about past and future feared events. This is in line with a working memory account of the beneficial effects of eye movements, which predicts that any task that taxes working memory during retrieval of disturbing mental images will be beneficial.



Frustaci, A., Lanza, G. A., Fernandez, I., di Giannantonio, M., & Pozzi, G. (2010). Changes in psychological symptoms and heart rate variability during EMDR treatment: A case series of subthreshold PTSD. *Journal of EMDR Practice and Research*, 4(1), 3-11.

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ABSTRACT Elevated psychophysiological parameters and heightened physiological reactivity to trauma-related cues are acquired changes following trauma exposure. Measuring improvement in these variables is an appropriate evaluation of outcome in treatment studies. Heart Rate Variability (HRV) is a computerized measure of physiological responsivity derived from Holter ECG recording. Four female outpatients with persistent post-traumatic symptoms and personal impairment following “small t” trauma exposure underwent a course of EMDR treatment and were assessed at baseline, end of treatment, day 30 and day 90 of follow-up, using self-report symptom scales and 90-min Holter ECG recordings. Symptom scores decreased between baseline

Several HRV measures changed favorably in different recording intervals. HRV is a feasible and sensitive method to measure physiological changes in the treatment of individuals distressed by "small t" trauma. Further investigation is advisable to expand these preliminary data.



Gorisse, E., de Jongh, A., & Hassan, B. (2010). [Treatment of idiopathic facial pain following implant placement]. *Ned Tijdschr Tandheelkd*, 117(2), 75-8.

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ABSTRACT A 39-year-old woman suffered from chronic atypical facial pain and complaints associated with Post Traumatic Stress Disorder. The pain originated from the surgical removal of a residual tooth root under an oral implant and the stress symptoms were the consequences of the pain. Eventually, these problems had led to dismissal from work and family problems. She was unable to attend her dentist for a periodic oral survey due to extreme fear. Pharmacologic treatment, acupuncture, homeopathy and hypnotherapy had not improved her condition. Treatment aimed at coping with the memories of the oral treatment using 'eye movement desensitization and reprocessing' ultimately led to decline of complaints. This case report demonstrates that an oral problem may disrupt a patient's life and how psychotherapy can complete medical treatment.



Mevissen, L., & de Jongh, A. (2010). PTSD and its treatment in people with intellectual disabilities: A review of the literature. *Clin Psychol Rev*, 30(3), 308-16.

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ABSTRACT Although there is evidence to suggest that people with intellectual disabilities (ID) are likely to suffer from Post-Traumatic Stress Disorder (PTSD), reviews of the evidence base, and the potential consequences of this contention are absent. The purpose of this article is to present a comprehensive account of the literature on prevalence, assessment, and treatment of PTSD in people with ID. Some support was found for the notion that people with ID have a predisposition to the development of PTSD. Differences in comparison with the general population may consist of the expression of symptoms, and the interpretation of distressing experiences, as the manifestation of possible PTSD seems to vary with the level of ID. Since reliable and valid instruments for assessing PTSD in this population are completely lacking, there are no prevalence data on PTSD among people with ID. Nine articles involve treatment of PTSD in people with ID. Interventions reported involve those aimed to establish environmental change, the use of medication and psychological treatments (i.e., cognitive behavioral therapy, EMDR and psychodynamic based treatments). Case reports suggest positive treatment effects for various treatment methods. Development of diagnostic instruments for assessment of PTSD symptomatology in this population is required, as it could facilitate further research on its prevalence and treatment.



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