
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

Bae H, Kim D, & J., A. (2006). A Case Series of Post-traumatic Obsessive Compulsive Disorder: a Six Month Follow-up Evaluation. *Journal of the Korean Neuropsychiatric Association*, 45(5), 476-480.

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❖ *Abstract* ❖ A number of recent case reports and series indicate that obsessive compulsive disorder (OCD) can develop after traumatic experience as a comorbid condition to post-traumatic stress disorder (PTSD). These descriptive studies consistently addressed that those patients respond poorly to treatments and had an unfavorable outcome. However, this conclusion was not supported by prospective follow up with objective measurement of symptomatology. This report presents three single trauma-related PTSD patients who developed full-blown OCD concurrently with or after the initiation of PTSD. These patients represent 10% of new PTSD outpatients at a PTSD clinic during one year period and 25% of PTSD patients who had been admitted. In all three cases compulsion seemed to distract or serve as avoidance to intrusive symptoms of PTSD. Despite Eye Movement Desensitization and Reprocessing (EMDR) and/or exposure therapy for PTSD together with at least two antidepressant trials for PTSD and OCD, at six month follow-up PTSD partially improved and OCD remained unchanged. This finding is consistent with previous reports from western literature.

Brown, S., & Shapiro, F. (2006). EMDR in the Treatment of Borderline Personality Disorder. *Clinical Case Studies*, 5(5), 403.

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❖ *Abstract* ❖ Individuals diagnosed with borderline personality disorder (BPD) usually experience significant impairment in their ability to function. Impulsivity, affect instability, interpersonal difficulties, and identity problems are hallmark features of this disorder, frequently leading to suicidal and parasuicidal behaviors. Although BPD has traditionally been considered chronic and enduring, recent research has indicated that it can remit over time and that psychotherapy can accelerate this process. The etiology of BPD has been associated with childhood abuse and inadequate attachment. Given the significance of childhood abuse and trauma, eye movement desensitization and reprocessing (EMDR), a recognized trauma therapy, may be a reasonable treatment option for BPD. The positive effects noted in the following case illustrate EMDR's utility in the treatment of BPD and indicate that further controlled studies are warranted.

Ehnholt, K. A. and W. Yule (2006). "Practitioner review: assessment and treatment of refugee children and adolescents who have experienced war-related trauma." *Journal of child psychology and psychiatry, and allied disciplines*. 47(12): 1197-210.

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❖ *Abstract* ❖ **BACKGROUND:** Increasingly clinicians are being asked to assess and treat young refugees, who have experienced traumatic events due to war and organised violence. However, evidence-based guidance remains scarce. **METHOD:** Published studies on the mental health difficulties of refugee children and adolescents, associated risk and protective factors, as well as effective interventions, particularly those designed to reduce war-related post-traumatic stress disorder (PTSD) symptoms, were identified and reviewed. The findings are summarised. **RESULTS:** Young refugees are frequently subjected to multiple traumatic events and severe losses, as well as ongoing stressors within the host country. Although young refugees are often resilient, many experience mental health difficulties, including PTSD, depression, anxiety and grief. An awareness of relevant risk and protective factors is important. A phased model of intervention is often useful and the need for a holistic approach crucial. Promising treatments for alleviating symptoms of war-related PTSD include cognitive behavioural treatment (CBT), testimonial psychotherapy, narrative exposure therapy (NET) and eye movement desensitisation and reprocessing (EMDR). Knowledge of the particular needs of unaccompanied asylum-seeking children (UASC), working with interpreters, cross-cultural differences, medico-legal report writing and the importance of clinician self-care is also necessary. **CONCLUSION:** More research is required in order to expand our limited knowledge base.

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Hensel, T. (2006). Effektivität von EMDR bei psychisch traumatisierten Kindern und Jugendlichen. [Effectiveness of EMDR with psychologically traumatized children and adolescents.]. *Kindheit und Entwicklung*, 15(2), 107.

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❖ *Abstract* ❖ EMDR (eye movement desensitization and reprocessing) has proved to be an independent, effective, and empirically validated approach for the treatment of chronic post-traumatic stress disorder (PTSD) in adults. This work provides an overview of the status of research into the use of EMDR in traumatized children and adolescents. The available controlled randomized studies are summarized and assessed for their methodistic value. The empirically supported and effective treatment is described. The results show - albeit on a narrow empirical basis - that EMDR, when used in children and adolescents, demonstrates a comparable effectiveness in symptom reduction and efficiency (limited treatment duration) to that observed in adults. Issues relating to the integration of the treatment into the existing care structure are discussed.

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Krause, R., & Kirsch, A. (2006). [On the relationship between traumatization, amnesia and symptom stress--an empirical pilot study]. *Zeitschrift für Psychosomatische Medizin und Psychotherapie*, 52(4), 392-405.

Lehrstuhl für Klinische Psychologie und Psychotherapie der Universität des Saarlandes, Saarbrücken.

❖ *Abstract* ❖ **OBJECTIVES:** In the present study we examined facial affective behavior in acutely traumatized patients undergoing EMDR therapy. Furthermore, we analyzed whether a decrease in emotional numbing was due to a reduction of symptoms. Amnestic tendencies were used as a moderator variable. **METHODS:** The facial affective behaviour was coded using the Emotional Facial Acting Coding System, an instrument for the registration of facial movements with emotional relevance. The facial affective behavior of the patient's first and last EMDR session was compared. **RESULTS:** A significant increase in facial affective behavior as well as an increase in mental complaints were found. Furthermore, the reduction in amnestic tendencies did not result in a reduction of symptoms. **CONCLUSIONS:** Under the influence of the treatment it is possible to improve access to episodic affective memory. Nevertheless, a positive influence cannot be denoted at the end of the treatment.

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RECENT ARTICLES ON EMDR - CONTINUED

Lee, C. W., Taylor, G., & Drummond, P. D. (2006). The Active Ingredient in EMDR: Is It Traditional Exposure or Dual Focus of Attention? *Clinical Psychology & Psychotherapy*, 13(2), 97.

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❖ *Abstract* ❖ Very little is known about the mechanisms that underlie the therapeutic effectiveness of eye movement desensitization and reprocessing (EMDR). This study tested whether the content of participants' responses during EMDR is similar to that thought to be effective for traditional exposure treatments (reliving), or is more consistent with distancing, which would be expected given Shapiro's proposal of dual process of attention. The responses made by 44 participants with post-traumatic stress disorder (PTSD) were examined during their first EMDR treatment session. An independent rater coded these responses according to whether they were consistent with reliving, distancing or focusing on material other than the primary trauma. The coding system was found to have satisfactory inter-rater reliability. Greatest improvement on a measure of PTSD symptoms occurred when the participant processed the trauma in a more detached manner. Cross-lagged panel correlations suggest that processing in a more detached manner was a consequence of the EMDR procedure rather than a measure that covaried with improvement.

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Madrid, A., Skolek, S., & Shapiro, F. (2006). Repairing Failures in Bonding Through EMDR. *Clinical Case Studies*, 5(4), 271.

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❖ *Abstract* ❖ Maternal-infant bonding is an intense emotional tie between mother and infant that often begins during pregnancy and continues after birth. Prolonged physical separation from one's infant or traumatic interference can sometimes impede this process, leading to a lack of bonding. Whereas many medical procedures and illnesses can cause mother and child to become separated immediately after birth and affect bonding, other causes of emotional separation may be somewhat more difficult to identify. Nevertheless, maternal trauma has been identified as one such form of emotional separation that can interfere with bonding. This article illustrates the application of Eye Movement Desensitization and Reprocessing (EMDR) for addressing bonding difficulties related to trauma issues. EMDR is an integrative psychotherapy that uses a standardized eight-phase approach to treatment and is a well-accepted treatment for trauma. Although more research is needed, this case suggests that EMDR may be an appropriate and efficient treatment for bonding difficulties.

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Ricci, R. J., Clayton, C., A., & Shapiro, F. (2006). Some effects of EMDR on previously abused child molesters: Theoretical reviews and preliminary findings. *The Journal of Forensic Psychiatry & Psychology*, 17(4), 538-562.

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❖ *Abstract* ❖ Ten child molesters with reported histories of childhood sexual abuse underwent eye movement desensitization and reprocessing (EMDR) trauma treatment as an adjunct to standard cognitive-behavioural therapy-relapse prevention (CBT-RP) group treatment. Trauma resolution produced significant pre/post changes on all relevant subscales of the Sexual Offender Treatment Rating Scale (SOTRS). One unanticipated benefit was a consistent and sustained decline in deviant sexual arousal compared to the control condition. As measured by the SOTRS, decrease in arousal was also correlated with a decrease in sexual thoughts, increased motivation for treatment, and increased victim empathy. Deviant arousal is strongly associated with sexual recidivism. Clinical observations support the notion that those sexual offenders with histories of childhood sexual abuse may be left with aberrant sexual arousal, which is one pathway to sexual offending. The adaptive information processing model offers an explanation of the decreased and sustained deviant arousal observed in this study. This preliminary evidence supports a call for further research into this phenomenon.

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Schneider, J., Hofmann, A., Rost, C., & Shapiro, F. (in press). EMDR in the Treatment of Chronic Phantom Limb Pain. Pain Medicine.

Correspondence regarding this article should be directed to Dr. Francine Shapiro <inst@emdr.com>.

❖ *Abstract* ❖ Little research substantiates long-term gains in the treatment of phantom limb pain. This report describes the use of Eye Movement Desensitization and Reprocessing (EMDR) treatment and long-term follow up in a series of five patients with chronic phantom limb pain, treated in both inpatient and outpatient settings. Phantom limb pain in these patients ranged from one to 16 years and all patients were on extensive medication regimens prior to EMDR. Interventions of three to 15 sessions of EMDR were used to treat the pain and psychological ramifications. Outcome measures included: continued use of medications, pain intensity/frequency, psychological trauma and depression. Results indicate a significant decrease or elimination of phantom pain, reduction in depression and Post Traumatic Stress Disorder (PTSD) symptoms to sub-clinical levels, and significant reduction or elimination of medications related to the phantom pain at long term follow-up. These results suggest that (1) a significant aspect of phantom limb pain is the physiological memory storage of the pain sensations and (2) these memories can be successfully reprocessed.

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Tofani, L. R. (2006). Le famiglie cosiddette multiproblematiche. Trauma e intervento integrato con EMDR. [The so-called multiproblematic family. Trauma and intervention integrated with EMDR.]. *Terapia Familiare*, No 80, 35.

❖ *Abstract* ❖ Multiproblem families are a difficult target for any therapeutic approach because of the high relevance of traumatic experiences for all family members. They are overridden with maltreatment, substance use or other illegal behavior, sexual abuse and the main problem is to overcome damage from disorganized attachment and to interrupt the cycle of psychosocial violence and child neglect. In the example reported, family systems therapy addressed to the ecological reality of these families has been integrated with EMDR, a methodological approach specific for trauma, and this has strengthened the expected outcome using only family therapy.

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Zweben, J., & Yeary, J. (2006). EMDR in the Treatment of Addiction. *Journal of Chemical Dependency Treatment*, 8(2), 115-127.

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❖ *Abstract* ❖ EMDR offers so much promise and great challenges to addiction treatment providers. It is a powerful tool for trauma resolution, but it must be carefully integrated into addiction treatment. Organizational as well as individual safety structures must be in place so that vulnerable individuals may be offered this opportunity under conditions which maximize their chances for success. Efforts are underway to obtain funding for controlled trials, and it is hoped that these will clarify safety and efficacy questions, as well as many clinical issues that arise as more clinicians work with this method.