
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

Capps, F. (2006). Combining Eye Movement Desensitization and Reprocessing With Gestalt Techniques in Couples Counseling. *Family Journal: Counseling and Therapy for Couples and Families*, 14(1), 49.

Frederick Capps, A New Direction, 4455 South Padre Island Drive, Ste. 105, Corpus Christi, TX, US, 78411, fredcapps@msn.com

❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) is gaining acceptance as efficacious treatment for posttraumatic stress disorder for individuals but not for couples. This article reports three case studies of couples in which EMDR is combined with Gestalt therapy in a single session to resolve relational trauma effects, increase empathy and awareness in the supportive partner, and deepen intimacy within the couple. Case studies are described, and implications for research and clinical applications are discussed.

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Besson, J., Eap, C., Rougemont-Buecking, A., Simon, O., Nikolov, C., Bonsack, C., et al. (2006). [Addictions]. *Revue Médicale Suisse*, 2(47), 9-13.

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❖ *Abstract* ❖ This year reviews on the addictions emphasizes five aspects, on a bio-psycho-social perspective: (1) The relationship between methadone and cardiotoxicity. (2) The introduction of Eye Movement Desensibilization and Reprocessing (EMDR). (3) The apparition of a possible specific pharmacotherapy for excessive gambling. (4) A better knowledge of the relationship between cannabis and psychoses. (5) Resistance to treatment in the doctor-patient relationship.

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Broad, R. D., & Wheeler, K. (2006). An adult with childhood medical trauma treated with Psychoanalytic Psychotherapy and EMDR: A case study. *Perspectives in Psychiatric Care*, 42(2), 95-105.

Kathleen Wheeler <kwheeler@mail.fairfield.edu>

❖ *Abstract* ❖ PROBLEM. Adverse childhood experiences have been found to be a strong predictor of emotional and physical problems in adulthood. However, the long-term sequelae for children who have suffered critical illness and exposure to invasive medical procedures are less well documented.

METHODS. This is a case study of an adult client who sought treatment for depression and attention deficit disorder. The psychotherapy treatment is discussed and the use of eye movement desensitization and reprocessing (EMDR) is described targeting a memory of a medical trauma resulting from a tonsillectomy when the client was 8 years old.

CONCLUSIONS. Significant healing outcomes were attained as a result of the therapy, i.e., decreased depression, less hypervigilance, and increased ability to concentrate, which resulted in the discontinuation of medication for depression and ADHD as well as significant improvement in overall functioning.

Heide, K. M., & Solomon, E. P. (2006). Biology, childhood trauma, and murder: rethinking justice. *International Journal of Law and Psychiatry*, 29(3), 220-233.

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❖ *Abstract* ❖ This article reviews recent findings in the developmental neurophysiology of children subjected to psychological trauma. Studies link extreme neglect and abuse with long-term changes in the nervous and endocrine systems. A growing body of research literature indicates that individuals with severe trauma histories are at higher risk of behaving violently than those without such histories. This article links these two research areas by discussing how severe and protracted child abuse and/or neglect can lead to biological changes, putting these individuals at greater risk for committing homicide and other forms of violence than those without child maltreatment histories. The implications of these biological findings for forensic evaluations are discussed. Based on new understanding of the effects of child maltreatment, the authors invite law and mental health professionals to rethink their notions of justice and offender accountability, and they challenge policymakers to allocate funds for research into effective treatment and for service delivery.

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Konuk, E., Knipe, J., Eke, I., Yuksek, H., Yurtsever, A., & Ostep, S. (in press). The Effects of EMDR Therapy on Post-traumatic Stress Disorder in Survivors of the 1999 Marmara, Turkey, Earthquake. *International Journal of Stress Management*.

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❖ *Abstract* ❖ As part of a program of response to the 1999 Marmara, Turkey, earthquake, an estimated 1500 trauma victims with post-traumatic stress disorder (PTSD) symptoms were treated in tent cities with eye movement desensitization and reprocessing (EMDR). A field study evaluating a representative group of 41 participants with diagnosed PTSD indicated that a mean of five 90-minute sessions was sufficient to eliminate symptoms in 92.7% of those treated, with reduction in symptoms in the remaining participants. Significant reductions occurred between the Pre- and Post-treatment PTSD Symptom Scale-Self-Report version (PSS-SR), Total Scores and all Subscales. These gains were maintained at 6-month Follow-up. The same pattern of recovery was observed regardless of the use or non-use of psychotropic medication at the time of intake.

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Ricci, R. J. (in press). Trauma resolution using Eye Movement Desensitization and Reprocessing with an Incestuous Sex Offender: An instrumental case study. *Clinical Case Studies*.

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❖ *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/relapse prevention treatment of sexual offenders. Pre-treatment and post-treatment self-report and other-report instruments and semi-structured 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. (2006). Treating combat-related stress disorders: A multiple case study utilizing eye movement desensitization and reprocessing (EMDR) with battlefield casualties from the Iraqi War. *Military Psychology*, 18(1), 1.

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❖ *Abstract* ❖ Casualties from the Iraqi War were evacuated to a field hospital in Rota, Spain, and were screened for combat-related stress conditions. Four combat veterans requested immediate relief of their posttraumatic symptoms prior to returning to the United States. A single session of Eye Movement Desensitization and Reprocessing (EMDR) led to significant improvement in their acute stress disorder and posttraumatic stress disorder symptoms. A detailed account of those treatment sessions, as well as the proposed alterations of standard protocols for time-limited fieldwork, is presented. Compared to other early interventions, EMDR may be better suited for combat veterans. The results are promising but in need of further research.

Seidler, G. H., & Wagner, F. E. (2006). Comparing the efficacy of EMDR and trauma-focused cognitive-behavioral therapy in the treatment of PTSD: a meta-analytic study. *Psychological Medicine*, 1-8.

Department of Psychotraumatology, Psychosomatic Hospital, University of Heidelberg, Germany.

❖ *Abstract* ❖ **Background.** Eye movement desensitization and reprocessing (EMDR) and trauma-focused cognitive-behavioral therapy (CBT) are both widely used in the treatment of post-traumatic stress disorder (PTSD). There has, however, been debate regarding the advantages of one approach over the other. This study sought to determine whether there was any evidence that one treatment was superior to the other.

Method. We performed a systematic review of the literature dating from 1989 to 2005 and identified eight publications describing treatment outcomes of EMDR and CBT in active-active comparisons. Seven of these studies were investigated meta-analytically.

Results. The superiority of one treatment over the other could not be demonstrated. Trauma-focused CBT and EMDR tend to be equally efficacious. Differences between the two forms of treatment are probably not of clinical significance. While the data indicate that moderator variables influence treatment efficacy, we argue that because of the small number of original studies, little benefit is to be gained from a closer examination of these variables. Further research is needed within the framework of randomized controlled trials.

Conclusions. Our results suggest that in the treatment of PTSD, both therapy methods tend to be equally efficacious. We suggest that future research should not restrict its focus to the efficacy, effectiveness and efficiency of these therapy methods but should also attempt to establish which trauma patients are more likely to benefit from one method or the other. What remains unclear is the contribution of the eye movement component in EMDR to treatment outcome.

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Tarrier, N., Liversidge, T., & Gregg, L. (2006). The acceptability and preference for the psychological treatment of PTSD. *Behaviour research and therapy*. [Epub ahead of print]

Academic Division of Clinical Psychology, School of Psychological Sciences, University of Manchester, UK.

❖ *Abstract* ❖ The acceptability and preference of psychological treatments is important in understanding patient treatment seeking, choice, engagement and attrition and possibly treatment response in health care. The acceptability of, and preference for, 14 different types of psychological treatment for posttraumatic stress disorder (PTSD) were investigated in a student population through invitation to participate in a web-based survey. Respondents were asked to rate each treatment on 10 scales and to rank the treatments in order of preference. Respondents were also asked whether they would seek treatment themselves, recommend treatment to friends and family, feel stigmatised by suffering from PTSD, had any prior knowledge of the treatments and if this had been positive or negative and whether they had a history of psychological problems or treatment. A total of 330 respondents completed the survey. A past or current history of psychological problems and treatment was surprisingly high. Almost all respondents indicated that they would seek or recommend treatment in spite of high levels of stigmatisation. Factor analysis of the 10 scales indicated two factors: Endorsement and Discomfort. Rank ordering on preference and Endorsement scores was highly consistent. The highly preferred and endorsed treatments involved cognitive therapy, exposure or psycho-education in spite of high levels of discomfort anticipated with exposure. Treatments involving new technologies, EMDR and psychodynamic psychotherapy received the lowest Endorsement and preference. There was a modest influence of prior knowledge of a treatment.

