
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>.

Given the small number of new EMDR citations to be indexed in the online databases this quarter, here are some notes and additional citations prompted by the new case series by Kelley & Selim (2007) on the application of EMDR to the treatment of psychogenic, non-epileptic seizures. EMDR trained clinicians are often confused on the issue of the safety of EMDR for seizure patients. There has been little new in the EMDR literature on this point since the brief mention of seizure disorders by Howard Lipke (1995, page 382) in Appendix D of the first edition of Shapiro's text. Dr. Lipke concluded: "These findings suggest EMDR is not contraindicated for seizure patients; however, caution should be exercised." A recent single case report by Schneider, Nabavi, & Heuft in 2005 suggested that EMDR could be applied with co-morbid PTSD and epilepsy. It is clear that that far more than just a handful of patients with epilepsy and non-epileptic conversion seizures have been treated with EMDR in the last ten years. To develop further evidence of safety and efficacy we are dependent on the few clinicians who report their cases in the literature to eventually encourage controlled studies.

Kelley & Selim (2007) provide additional case evidence from three patients to supplement the previous single case report by Chemali & Meadows, (2004) that patients suffering from non-epileptic seizures can be effectively treated with EMDR. While EMDR is certainly "not contraindicated for seizure patients" caution should be exercised when applying EMDR with non-epileptic, conversion seizures due to the complications that arise when treating patients who meet criteria for Dissociative Identity Disorder and Dissociative Disorder Not Otherwise Specified. Guidelines for the treatment of patients with Dissociative Disorders (Fine, Paulsen, Rouanzoin, Luber, Puk, & Young, 2001; International Society for the Study of Dissociation, 2005) should be reviewed when approaching the treatment of these patients. For more on issues of seizure disorders, dissociation and conversion two articles by Bowman (2006) and Bowman & Coons (2000) may be helpful in providing a broader perspective.

References

Bowman, E. S. (2006). Why conversion seizures should be classified as a dissociative disorder. *Psychiatric Clinics of North America*, 29(1), 185-211.

Bowman, E. S., & Coons, P. M. (2000). The differential diagnosis of epilepsy, pseudoseizures, dissociative identity disorder, and dissociative disorder not otherwise specified. *Bulletin of the Menninger Clinic*, 64(2), 164-180.

Chemali, Z., & Meadows, M. E. (2004). The use of eye movement desensitization and reprocessing in the treatment of psychogenic seizures. *Epilepsy & Behavior*, 5(5), 784-787.

Fine, C. G., Paulsen, S., Rouanzoin, C., Luber, M., Puk, G., & Young, W. (2001). EMDR Dissociative Disorders Task Force Recommended Guidelines: A General Guide to EMDR's Use in the Dissociative Disorders. In F. Shapiro (Ed.), *Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures*. (2nd ed., pp. 441-445). New York: The Guilford Press.

International Society for the Study of Dissociation. (2005). [Chu, J.A., Loewenstein, R., Dell, P.F., Barach, P.M., Somer, E., Kluft, R.P., Gelinas, D.J., Van der Hart, O., Dalenberg, C.J., Nijenhuis, E.R.S., Bowman, E.S., Boon, S., Goodwin, J., Jacobson, M., Ross, C.A., Sar, V, Fine, C.G., Frankel, A.S., Coons, P.M., Courtois, C.A., Gold, S.N., & Howell, E.]. Guidelines for treating dissociative identity disorder in adults. *Journal of Trauma and Dissociation*, 6(4), 69-149. [Also available from: <http://www.isst-d.org/education/treatmentguidelines-index.htm>]

Lipke, H. (1995). EMDR Clinician Survey. In F. Shapiro (Ed.), *Eye Movement Desensitization and Reprocessing, Basic Principles, Protocols and Procedures* (1st ed., pp. 376-386). New York: The Guilford Press.

Schneider, G., Nabavi, D., & Heuft, G. (2005). Eye movement desensitization and reprocessing in the treatment of posttraumatic stress disorder in a patient with comorbid epilepsy. *Epilepsy & Behavior*, 7(4), 715-718.

Recent Articles

Johannesson, K. B. (2007). "[Traumatic memories can be effectively treated with EMDR]." *Lakartidningen* 104(10): 782-3.

Correspondence: Kerstin Bergh Johannesson, Kunskapscentrum för katastrofpsykiatri, Box 25017, SE-750 17 Uppsala, Sweden. <kerstin.bergh.johannesson@akademiska.se>

❖ *Abstract* ❖ Eye Movement Desensitization and Reprocessing (EMDR) is nowadays an evidence based and internationally accepted psychotherapeutic method for treatment of traumatic memories and PTSD. Compared to CBT method it has shown to be equally effective. It is not yet sufficiently explained why the method works. Recent research aims at mapping the importance of the eye movements for activating memory functions and impact of the central nervous system.

Kelley, S. D. M., & Selim, B. (2007). Eye movement desensitization and reprocessing in the psychological treatment of trauma-based psychogenic non-epileptic seizures. *Clinical Psychology and Psychotherapy*, 14(2), 135.

Susan D. M. Kelley, Department of Rehabilitation and Mental Health, University of South Florida, CAS SOC107, Tampa, FL 33620, USA. <skelley@cas.usf.edu>

❖ *Abstract* ❖ Little is known about the types of mental health treatment that are most effective for psychogenic non-epileptic seizure (PNES) patients who have high rates of comorbid post-traumatic stress disorder (PTSD) and dissociation. Eye movement desensitization and reprocessing (EMDR) has proved to be effective in the treatment of PTSD, anxiety states, dissociative symptoms and somatoform disorders. This study, which utilized a non-controlled qualitative multiple revelatory case design, integrates EMDR into the psychological treatment of PNES patients with confirmed trauma experiences. With EMDR targeting trauma and dissociative symptoms in three patients, PNES were extinguished in two. Those patients have remained seizure-free for 12-18 months.

Zimmermann, P., Biesold, K. H., Barre, K., & Lanczik, M. (2007). Long-term course of post-traumatic stress disorder (PTSD) in German soldiers: Effects of inpatient eye movement desensitization and reprocessing therapy and specific trauma characteristics in patients with non-combat-related PTSD. *Military medicine*, 172(5), 456-460.

Medical Corps, German Armed Forces, Department of Psychiatry and Psychotherapy, Army Hospital Berlin, Scharnhorststrasse 13, D-10825 Berlin, Germany.

❖ *Abstract* ❖ **OBJECTIVE:** In this study, we retrospectively evaluated a patient population of 89 German soldiers who received inpatient treatment for post-traumatic stress disorder at the German Armed Forces Hospital in Hamburg from 1998 to 2003. **METHODS:** Patients were nonrandomly assigned to a treatment group who received eye movement desensitization and reprocessing and a comparison group with general hospital treatment and relaxation training. Follow-up information was obtained 29 months post-treatment. Trauma-related symptoms were assessed using the Impact of Event Scale and the Post-Traumatic Stress Scale (PTSS-10) as parameters of improvement. **RESULTS:** The Impact of Event Scale showed that inpatient trauma therapy with eye movement desensitization and reprocessing significantly improved the course of post-traumatic stress disorder. In addition, the Impact of Event Scale indicated a significantly poorer long-term outcome for patients who had been confronted with death during their traumatic experience. Other factors tested were of no significant influence. **CONCLUSIONS:** These results may influence further treatment strategies for traumatized German soldiers.