

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. 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>.

Adúriz, M. E., Bluthgen, C., & Knopfler, C. (2009). Helping child flood victims using group EMDR intervention in argentina: Treatment outcome and gender differences. *International Journal of Stress Management*, 16(2), 138-153.

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ABSTRACT A comprehensive group intervention with 124 children who disaster-related trauma during a massive flood in Santa Fe, Argentina, in 2003 is illustrated, utilizing a one-session group eye movement desensitization and reprocessing (EMDR) protocol. A posttreatment session was done 3 months after the treatment intervention to evaluate results. Results of this one-session treatment procedure, utilizing the EMDR-Integrative Group Treatment Protocol, showed statistically significant reduction of symptoms immediately after the intervention. These statistically significant differences were sustained at posttreatment evaluation 3 months later, as measured by psychometric scales, and by clinical and behavioral observation. Data analysis also revealed significant gender differences. Despite methodological limitations, this study supports the efficacy of EMDR group treatment in the amelioration and prevention of posttraumatic stress disorder symptoms, providing an efficient, simple, and economic (in terms of time and resources) tool for disaster-related trauma.



Arendt, M., & Rosenberg, R. (2009). [Psychological debriefing]. *Ugeskrift for Laeger*, 171(8), 607-10.

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ABSTRACT Diagnostic criteria for stress reactions and adjustment disorders are summarized. Existing psychological treatments are outlined with a focus on evidence-based methods, and recommendations for treatment are described. The conclusion is that there is no evidence for the effect of psychological debriefing or other professional treatment in the immediate aftermath of traumatic events. On the other hand, cognitive behavioural therapy, EMDR and similar methods with focus on exposure can be recommended, both as a preventive strategy and for patients with post-traumatic stress disorder.



Bronner, M. B., Beer, R., Jozine van Zelm van Eldik, M., Grootenhuis, M. A., & Last, B. F. (2009). Reducing acute stress in a 16-year old using trauma-focused cognitive behaviour therapy and eye movement desensitization and reprocessing.. *Developmental Neurorehabilitation*, 12(3), 170-4.

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ABSTRACT OBJECTIVE: To assess the effects of trauma-focused cognitive behaviour therapy (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) for the treatment of acute stress in an adolescent. METHODS: A combination of TF-CBT and EMDR was provided to a 16-year-old girl with distressing memories, anxiety and flashbacks. For measurement of the efficacy of the treatment package, the Children's Revised Impact of Event Scale (CRIES-13) was used. RESULTS: Acute stress reactions decreased considerably after treatment and remained stable. CRIES-13 scores showed substantial reduction in stress scores. The girl reported no more flashbacks of the injury, sleeping difficulties or recurrent and distressing memories. CONCLUSION: This case study illustrates the potential efficacy of a combination of TF-CBT and EMDR for patients with acute stress reactions. Future studies should examine the efficacy of this treatment package in a large sample of children.



Marich, J. (2009). EMDR in the addiction continuing care process case study of a cross-addicted female's treatment and recovery. *Journal of EMDR Practice and Research*, 3(2), 98-106.

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ABSTRACT There have been suggestions in the literature since 1994 that eye movement desensitization and reprocessing (EMDR) may serve as an effective adjunct to the addiction treatment process; however, follow-up research in this area has been limited. This case study of a cross-addicted female includes a case review illustrating how EMDR was used in the continuing care process and a semistructured phenomenological interview

conducted at 6-month follow-up. Prior to this course of treatment, the participant was treated 12 times with traditional approaches but was unable to achieve more than 4 months of sobriety at any given time. Following EMDR, the participant reported 18 months of sobriety and important changes in functional life domains. The phenomenological interview revealed six critical themes about the addiction and recovery process that can offer insight to clinicians treating co-occurring addiction and trauma.



Mazzola, A., Calcagno, M. L., Goicochea, M. T., Pueyrredon, H., Leston, J., & Salvat, F. (2009). EMDR in the treatment of chronic pain. *Journal of EMDR Practice and Research*, 3(2), 66-79.

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ABSTRACT BChronic pain can significantly diminish life quality, causing depression, anxiety, and sleep disturbances, and may lead to neuroplastic processes that influence pain modulation. The current study investigated eye movement desensitization and reprocessing (EMDR) treatment of 38 patients suffering from chronic pain with 12 weekly 90-minute sessions. A battery of self-reported questionnaires assessing quality of life, pain intensity, and depression level were administered pre- and posttreatment for objective outcome evaluation. The Structured Clinical Interview for DSM was administered at pretreatment to identify participants' personality traits that may influence pain perception. Patients showed statistically significant improvement relative to baseline after 12 weeks of EMDR treatment. Our findings suggest that EMDR is an effective tool in the psychological treatment of chronic pain, resulting in decrease pain sensations, pain-related negative affect, and anxiety and depression levels. We examine possible theories about the mechanisms by which EMDR achieves these effects. Results were consistent with the underlying EMDR premise that posits the important effect of emotions on pain perception.



Miller, N., Lazignac, C., Jecker, F., Zürcher, M., & Damsa, C. (2009). [In process citation]. *Bulletin De La Société Des Sciences Médicales Du Grand-Duché De Luxembourg*, (1), 67-78.

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ABSTRACT Posttraumatic stress disorder (PTSD) is a prevalent and disabling condition. The patients suffering from PTSD often consult primary care clinician for non-specific symptoms. The aim of this work is to find out useful clinical guidelines for diagnosis and therapy in primary care, starting from a literature review (1981-2009) and a preliminary observational study. 20 patients with PTSD had a specific trauma-focused psychotherapy, called "Trauma and Reintegration Psychotherapy (TRP)". This is a psychodynamic eclectic treatment combining Ericksonian Hypnosis and EMDR techniques. The results show a more important decrease of PTSD symptoms in patient's benefiting of the TRP, than the average of the usual clinical studies. This could be linked to an early diagnosis made by the primary care general practitioners.



Poel, Y. H. M., Swinkels, P., & de Vries, J. I. P. (2009). Psychological treatment of women with psychological complaints after pre-eclampsia.. *Journal of Psychosomatic Obstetrics & Gynecology*, 30(1), 65-72.

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ABSTRACT Aim. Pre-eclampsia (PE), eclampsia (E) and/or hemolysis, elevated liver enzymes and low platelets (HELLP) syndrome cause major perinatal and maternal morbidity, mortality and have extensive psychosocial impact. The aim of this study is to describe psychological consequences, interventions and outcomes in a population of women from a tertiary centre. Methods. From February 2004 through April 2007, 25/141 (18%) women with a history of PE, E and/or HELLP syndrome were referred to the medical psychologist. Obstetrical history, reason for referral to medical psychologist, medical psychological conclusion after intake, treatment and outcome were evaluated. Results. Twenty-four women were reached for informed consent. Their referral was mainly for dysfunctional coping. A fifth (5/24) had posttraumatic stress disorder. Most women were Caucasian primiparous who delivered preterm by cesarean section of growth-restricted infants. Twenty-two women received therapy, one was referred to a medical social worker, one did not need therapy. The main interventions were psycho-education (n = 18), supportive techniques (n = 10), increasing autonomy techniques (n = 8) and eye movement desensitisation and reprocessing (n = 7). Duration between PE and consultation of medical psychologist was significantly related to the number of sessions (p < 0.01, Pearson correlation = 0.609). Conclusion. Psychological treatment in cases of psychological complaints increases coping possibilities in women after exposure to PE and timely recognition reduces the treatment duration.



Rost, C., Hofmann, A., & Wheeler, K. (2009). EMDR treatment of workplace trauma A case series. *Journal of EMDR Practice and Research*, 3(2), 80-90.

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ABSTRACT Violence and aggression in the workplace is an increasing international concern. No studies have yet determined the most efficacious psychotherapeutic strategies to alleviate the consequences of workplace violence, and none have identified interventions that might fortify workers who are repeatedly exposed to danger. This case series describes the eye movement desensitization and reprocessing (EMDR) treatment of seven bank employees and one transportation worker who suffered repeated acute traumatization. The Impact of Events Scale, the Post-Traumatic Stress Syndrome 10-Questions Inventory, and the Beck Depression Inventory were used to measure changes in symptom severity. Results showed that EMDR effectively reduced symptoms and may provide a possible protective buffer in situations of ongoing workplace violence.



Vickerman, K. A., & Margolin, G. (2009). Rape treatment outcome research: Empirical findings and state of the literature.. *Clinical Psychology Review*, 29(5), 431-48.

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ABSTRACT This article reviews empirical support for treatments targeting women sexually assaulted during adolescence or adulthood. Thirty-two articles were located using data from 20 separate samples. Of the 20 samples, 12 targeted victims with chronic symptoms, three focused on the acute period post-assault, two included women with chronic and acute symptoms, and three were secondary prevention programs. The majority of studies focus on posttraumatic stress disorder (PTSD), depression, and/or anxiety as treatment targets. Cognitive Processing Therapy and Prolonged Exposure have garnered the most support with this population. Stress Inoculation Training and Eye Movement Desensitization and Reprocessing also show some efficacy. Of the four studies that compared active treatments, few differences were found. Overall, cognitive behavioral interventions lead to better PTSD outcomes than supportive counseling does. However, even in the strongest treatments more than one-third of women retain a PTSD diagnosis at post-treatment or drop out of treatment. Discussion highlights the paucity of research in this area, methodological limitations of examined studies, generalizability of findings, and important directions for future research at various stages of trauma recovery.



Weber, S. (2009). Treatment of trauma- and abuse-related dissociative symptom disorders in children and adolescents.. *Journal of Child and Adolescent Psychiatric Nursing : Official Publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 22(1), 2-6.

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ABSTRACT TOPIC: Dissociation is believed to be one of the most common underlying psychological processes among children and adolescents receiving mental health treatment, but most of the dissemination of information about dissociation has occurred among psychiatrists and psychologists. PURPOSE: Modes of treatment for dissociation as it affects children and adolescents are described. SOURCES USED: Current research and practice scholarly articles on treatment of children and adolescents for dissociation and dissociative symptom disorders were accessed and critically reviewed. CONCLUSIONS: Prognosis in children and adolescents can vary widely among patients and between the specific types of dissociation disorder; however, expert clinicians and researchers agree that early, intense treatment offers the greatest possibility of full recovery.



Wesson, M., & Gould, M. (2009). Intervening early with EMDR on military operations A case study. *Journal of EMDR Practice and Research*, 3(2), 91-97.

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ABSTRACT The U.K. armed forces are currently involved in a number of military operations throughout the world. Offering structured psychological interventions such as eye movement desensitization and reprocessing (EMDR) in theater has a number of potential advantages. This single-case study describes how the EMDR recent event protocol (Shapiro, 1995) was used in theater with a 27-year-old active-duty U.K. soldier who was experiencing an acute stress reaction after treating a land mine casualty. The intervention took place 2 weeks posttrauma with four sessions conducted on consecutive days, resulting in a positive outcome, with the soldier able to return immediately to frontline duties. Treatment response was assessed with administration of four standardized measures at pretreatment, posttreatment, and 18-month follow-up. Treatment effects remained at 18-month follow-up. The challenges of conducting EMDR in operational theaters and clinical implications are explored.



Regional Coordinating Committee Report

Recently, the Regional Coordinating Committee bid a fond farewell to its outgoing Chairperson, Karen Forte, who had served in this position since 2006. It is with great appreciation that Karen's accomplishments will continue to be of benefit for all the Regional Coordinators. Specifically, during her tenure a RC Mentoring Program was initiated to assist new RCs in their efforts to produce Regional Meetings. This was supplemented by the creation of a dedicated RC Listserv which has proven to be a valuable forum for collecting and disseminating ideas, experiences, and tips from other RCs as to how they conduct their meetings. Another development was the video library of approved presentations from former Regional Meetings and from selected EMDRIA Conference workshops. Finally, by the completion of her term, all but one state had RC representation. For all of Karen's efforts and good will we on the committee are most grateful.

Stepping into the Chair position is Larry Nieters from the Kansas City area. Serving on the RC Committee since 2004, Larry has also been very active locally sponsoring EMDR trainings and workshops, as well as establishing a mentoring program for newly trained EMDR clinicians in his area. He is planning to continue the ongoing initiatives to assist RCs in producing quality Regional Meetings. He is also open to hearing and discussing existing concerns, difficulties, and suggestions for supporting the efforts by RCs in their regions.

New Regional Coordinator
Chicago, IL
Peter Newman, Ph.D.