

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>.

Abel, N. J., & O'Brien, J. M. (2010). EMDR treatment of comorbid PTSD and alcohol dependence: A case example. *Journal of EMDR Practice and Research*, 4(2), 50-59.

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ABSTRACT Eye movement desensitization and reprocessing (EMDR) is a therapy that has been demonstrated to be effective in the treatment of posttraumatic stress disorder (PTSD). A relatively small but growing body of literature indicates that EMDR may be an effective adjunctive treatment for substance abuse. This article reviews the various protocols that have been developed for that purpose, including protocols by Vogelmann-Sine et al., Omaha, Popky, and Hase. A case study that incorporates the use of some of these interventions is presented to illustrate successful EMDR treatment of a woman who had long-standing comorbid alcohol abuse and PTSD. Two-year follow-up after EMDR showed that the woman was successfully maintaining sobriety and that the PTSD continued in full remission. After a discussion of the important aspects of this case, the authors explore future directions for research.



de Roos, C., Veenstra, A. C., de Jongh, A., den Hollander-Gijsman, M., van der Wee, N. J., Zitman, F. G., et al. (2010). Treatment of chronic phantom limb pain using a trauma-focused psychological approach. *Pain Res Manag*, 15(2), 65-71.

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ABSTRACT BACKGROUND: Chronic phantom limb pain (PLP) is a disabling chronic pain syndrome for which regular pain treatment is seldom effective. Pain memories resulting from long-lasting preamputation pain or pain flashbacks, which are part of a traumatic memory, are reported to be powerful elicitors of PLP. OBJECTIVE: To investigate whether a psychological treatment directed at processing the emotional and somatosensory memories associated with amputation reduces PLP. METHODS: Ten consecutive participants (six men and four women) with chronic PLP after leg amputation were treated with eye movement desensitization and reprocessing (EMDR). Pain intensity was assessed during a two-week period before and after treatment (mean number of sessions = 5.9), and at short- (three months) and long-term (mean

2.8 years) follow-up. RESULTS: Multivariate ANOVA for repeated measures revealed an overall time effect ($F[2, 8]=6.7$; $P<0.02$) for pain intensity. Pairwise comparison showed a significant decrease in mean pain score before and after treatment ($P=0.00$), which was maintained three months later. All but two participants improved and four were considered to be completely pain free at three months follow-up. Of the six participants available at long-term follow-up (mean 2.8 years), three were pain free and two had reduced pain intensity. CONCLUSIONS: These preliminary results suggest that, following a psychological intervention focused on trauma or pain-related memories, substantial long-term reduction of chronic PLP can be achieved. However, larger outcome studies are required.



Gerardi, M., Rothbaum, B. O., Astin, M. C., & Kelley, M. (2010). Cortisol response following exposure treatment for PTSD in rape victims. *J Aggress Maltreat Trauma*, 19(4), 349-356.

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ABSTRACT This study examined changes in salivary cortisol levels pre-to-post-treatment in adult female rape victims diagnosed with post traumatic stress disorder (PTSD) randomly assigned to be treated with either Prolonged Exposure Therapy or Eye Movement Desensitization and Reprocessing. Salivary cortisol was collected at baseline, session 3, and session 9. A significant decrease in salivary cortisol levels was observed in individuals classified as treatment responders in both treatment conditions. Findings suggest that successful exposure-based treatments for PTSD which result in trauma-related and depressive symptom reduction may impact the action of the hypothalamic-pituitary-adrenal axis as measured by changes in level of salivary cortisol from pre-to-post-treatment.



Harford, P. M. (2010). The integrative use of EMDR and clinical hypnosis in the treatment of adults abused as children. *Journal of EMDR Practice and Research*, 4(2), 60-75.

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ABSTRACT The potential benefits of the use of a permissive style of clinical hypnosis as a therapeutic medium to enhance eye movement desensitization and reprocessing (EMDR) trauma treatment are explored. A comparative review of hypnosis and EMDR is provided, including putative psychophysiological mechanisms for both. A rationale for integrating clinical hypnosis with EMDR treatment is presented. It is suggested that hypnosis primarily enhances the accessibility of traumatic information while EMDR primarily enhances the reprocessing of traumatic information and that accessibility and reprocessing are reciprocal features. The relative and combined merits of hypnosis and EMDR for resource development are discussed. The author proposes that clinical hypnosis may be incorporated into EMDR without necessarily modifying the eight-stage EMDR protocol apart from modifications that are indicated for special conditions. Three case vignettes are used to illustrate the integrative use of clinical hypnosis and EMDR in the treatment of adults who experienced childhood abuse.



Hout, M. A. V. D., Engelhard, I. M., Smeets, M. A. M., Hornsveld, H., Hoogeveen, E., de Heer, E., et al. (2010). Counting during recall: Taxing of working memory and reduced vividness and emotionality of negative memories. *Applied Cognitive Psychology*, 24(3), 303-311.

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ABSTRACT While initially subject to debate, meta-analyses have shown that eye movement desensitization and reprocessing (EMDR) is effective in the treatment of posttraumatic stress disorder (PTSD). Earlier studies showed that eye movements during retrieval of emotional memories reduce their vividness and emotionality, which may be due to both tasks competing for limited working memory (WM) resources. This study examined whether another secondary task that taxes WM has beneficial effects, and whether the stronger the taxing, the stronger the reductions in vividness/adversity. A reaction time (RT) paradigm showed that counting backwards requires WM resources, and that more complex counting is more demanding than simple counting. Relative to a retrieval-only condition, counting during retrieval of emotional memories reduced vividness and emotionality during later recall of these memories. However, the counting conditions did not differ in the magnitude of this reduction, and did not show the predicted dose-response relationship. Implications for a working-memory explanation of EMDR and for clinical practice are discussed.



Kapoula, Z., Yang, Q., Bonnet, A., Bourtoire, P., & Sandretto, J. (2010). EMDR effects on pursuit eye movements. *Plos ONE*, 5(5), e10762.

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Full text available at: <http://www.ncbi.nlm.nih.gov/pubmed/20505828>

ABSTRACT This study aimed to objectivize the quality of smooth pursuit eye movements in a standard laboratory task before and after an Eye Movement Desensitization and Reprocessing (EMDR)

session run on seven healthy volunteers. EMDR was applied on autobiographic worries causing moderate distress. The EMDR session was complete in 5 out of the 7 cases; distress measured by SUDS (Subjective Units of Discomfort Scale) decreased to a near zero value. Smooth pursuit eye movements were recorded by an Eyelink II video system before and after EMDR. For the five complete sessions, pursuit eye movement improved after their EMDR session. Notably, the number of saccade intrusions-catch-up saccades (CUS)-decreased and, reciprocally, there was an increase in the smooth components of the pursuit. Such an increase in the smoothness of the pursuit presumably reflects an improvement in the use of visual attention needed to follow the target accurately. Perhaps EMDR reduces distress thereby activating a cholinergic effect known to improve ocular pursuit.



Kröger, C., Kliem, S., Sarmadi, N. B., & Kosfelder, J. (2010). Versorgungsrealität bei der Behandlung der posttraumatischen Belastungsstörung: Eine Umfrage unter psychotraumatologisch erfahrenen psychologischen Psychotherapeuten. [Psychotherapeutic care for posttraumatic stress disorder as it really is. A survey of licensed psychotherapists which are experienced in psychotraumatology.]. *Zeitschrift Für Klinische Psychologie Und Psychotherapie: Forschung Und Praxis*, 39(2), 116-127.

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ABSTRACT Background: Several stabilizing and trauma-focused treatment methods for post-traumatic stress disorder (PTSD) are currently recommended by expert guidelines. Objective: How widely are these methods used in clinical practice? Do trauma-focused interventions predict symptom improvement as rated by practitioners? Method: This naturalistic survey included self-reports from licensed psychotherapists (N = 126) and data from one case treated within the last 24 months. Using linear regression analyses, improvement regarding PTSD symptoms, dissociation, and general symptoms at post-treatment was predicted by trauma-focused interventions and patient characteristics. Results: More than one-third of the therapists included in this study applied imaginative techniques in order to stabilize patients and allow them to distance themselves from the trauma. Interventions from dialectical-behavioral therapy (DBT) were hardly used. Practitioners preferred dosed exposure via on screen or observer techniques over exposure in sensu. From their point of view, improvement was predicted by trauma-focused interventions based on cognitive-behavioral therapy (TF-CBT) and, with some reservations, eye movement desensitization and reprocessing. However, interventions from psychodynamic imaginative trauma therapy (PITT) were negatively associated with therapists' improvement ratings on avoidance and dissociation. Conclusion: Future research should examine the efficacy of PITT compared with DBT and TF-CBT in randomized controlled trials.



Lu, D. P. (2010). Using alternating bilateral stimulation of eye movement desensitization for treatment of fearful patients. *Gen Dent*, 58(3), e140-7.

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ABSTRACT Since the mid-1990s, eye movement desensitization (EMD) has been used in the realm of clinical psychology and psychiatry as a nonpharmacotherapeutic modality for the treatment of phobias, post-traumatic symptoms, and various psychotrauma cases. EMD can also be incorporated into the use of hypnosis, although the two are not the same thing. This study examined various clinical applications of the eye movement component of EMD (known as alternating bilateral stimulation (ABS)) on fearful dental patients who had a history of traumatic dental experiences. Findings were based on the clinical impressions and assessments of both the patients and the operating team. Results show that ABS, while effective for enabling patients to undergo non-invasive dental procedures such as clinical examinations and simple prophylaxis, has only limited beneficial effect for extremely fearful patients who must undergo invasive procedures such as extraction, drilling, and injections. Nevertheless, ABS is effective for mild to moderate patient phobia and anxiety. Although EMD is more effective than ABS, ABS is simple and easy for patients and clinicians to perform during treatment and can be performed readily in the dental office.



Nowill, J. (2010). A critical review of the controversy surrounding eye movement desensitisation and reprocessing. *Counselling Psychology Review*, 25(1), 63-70.

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ABSTRACT The treatment eye movement, desensitization and reprocessing (EMDR) continues to court controversy despite its adoption by the National Institute for Health and Clinical Excellence (2005) as a preferred treatment for post-traumatic stress disorder. This article critically reviews the two issues at the heart of the controversy. First, is EMDR effective for unique reasons or is it a disguised treatment such as exposure therapy? Second, is evidence-based practice an appropriate framework within which to assess psychological therapies or are its criteria too narrow and inflexible? The article proposes practice-based evidence as a potential way forward in EMDR research and describes an appropriate model within an EMDR treatment framework.



Powers, M. B., Halpern, J. M., Ferenschak, M. P., Gillihan, S. J., & Foa, E. B. (2010). A meta-analytic review of prolonged exposure for posttraumatic stress disorder. *Clin Psychol Rev*, 30(6), 635-41.

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Two decades of research demonstrate the efficacy of exposure therapy for posttraumatic stress disorder (PTSD). The efficacy of prolonged exposure (PE), a specific exposure therapy program for PTSD that has been disseminated throughout the world, has been established in many controlled studies using different trauma populations. However, a meta-analysis of the effectiveness of PE for PTSD has not been conducted to date. The purpose of the current paper is to estimate the overall efficacy of PE for PTSD relative to adequate controls. We included all

published randomized controlled trials of PE vs. control (wait-list or psychological placebo) for the treatment of PTSD in adolescents or adults. Treatments were classified as PE if they included multiple sessions of imaginal and in vivo exposure and were based on the manualized treatment developed by Foa, Rothbaum, Riggs, and Murdock (1991). Thirteen studies with a total sample size of 675 participants met the final inclusion criteria. The primary analyses showed a large effect for PE versus control on both primary (Hedges's $g=1.08$) and secondary (Hedges's $g=0.77$) outcome measures. Analyses also revealed medium to large effect sizes for PE at follow-up, both for primary (Hedges's $g=0.68$) and secondary (Hedges's $g=0.41$) outcome measures. There was no significant difference between PE and other active treatments (CPT, EMDR, CT, and SIT). Effect sizes were not moderated by time since trauma, publication year, dose, study quality, or type of trauma. The average PE-treated patient fared better than 86% of patients in control conditions at post-treatment on PTSD measures. PE is a highly effective treatment for PTSD, resulting in substantial treatment gains that are maintained over time.



Riberto, S., Fernandez, I., Furlani, F., & Vigorelli, M. (2010). L'alleanza terapeutica nel trattamento cognitivo-costruttivista e nell' eye movement desensitization and reprocessing (EMDR). [Therapeutic alliance in cognitive-constructivist treatment and in eye movement desensitization and reprocessing (EMDR)]. *Psicoterapia Cognitiva E Comportamentale*, 16(1), 85-101.

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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.



Roman, M. W. (2010). Treatment of post traumatic stress disorders: Part II: Non-Pharmacological treatments. *Issues in Mental Health Nursing*, 31(5), 370-372.

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ABSTRACT A rich compendium of evidence supports the use of non-pharmacologic treatments for anxiety disorders in general, and posttraumatic stress disorder (PTSD), specifically. Of the PTSD treatments referred to as psychological, Cognitive Behavioral Treatment (CBT) and Eye Movement Desensitization and Reprocessing (EMDR) have been shown to repeatedly perform better than placebo or waiting group conditions. Psychological treatments for preventing the development of PTSD have not fared so well. This intervention is no longer recommended for mass usage. The most recent review states that no psychological intervention can be recommended for routine use following traumatic events and that multiple session or single session interventions may have an adverse effect on some individuals. In summary there are effective evidence-based treatments for PTSD. Practice guidelines have been published for treatment and certifications for traumatic stress treatment have been recommended to assure that providers in the field remain current and competent in an era of burgeoning research and numerous natural and man-made traumatic events.



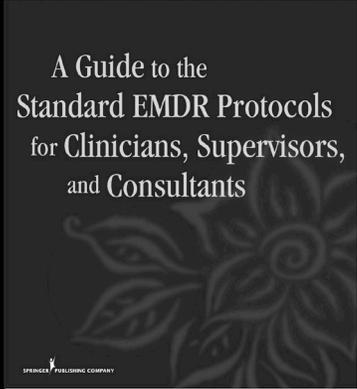
van der Hart, O., Nijenhuis, E. R. S., & Solomon, R. (2010). Dissociation of the personality in complex trauma-related disorders and EMDR: Theoretical considerations. *Journal of EMDR Practice and Research*, 4(2), 76-92.

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ABSTRACT As eye movement desensitization and reprocessing (EMDR) has been increasingly applied in complex trauma-related disorders, including complex dissociative disorders, and trauma-related borderline personality disorder, EMDR practice may benefit from theories developed to account for the dissociative nature of these disorders, such as the theory of structural dissociation of the personality (TSDP). TSDP postulates that the personality of traumatized individuals is unduly divided in two basic types of dissociative subsystems or parts. One type involves dissociative parts primarily mediated by daily life action systems or motivational systems. The other type involves dissociative parts, fixated in traumatic memories, primarily mediated by the defense action system. The more severe and chronic the traumatization, the more dissociative parts can be expected to exist. This article presents the basics of TSDP, and a second article will provide guidelines for the treatment of complex trauma-related disorders based on this theory.



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