

Recent Articles on EMDR

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, non-English articles unless the abstract is in English, dissertations, and conference presentations, as well as books, book chapters, tapes, CDs, and videos. Please send submissions and corrections to: aleeds@theLeeds.net.

Bellecci-St. Romain, L. (2013). EMDR with recurrent flash-forwards: Reflections on Engelhard et al.'s 2011 study. *Journal of EMDR Practice and Research*, 7(2), 106-111. doi:10.1891/1933-3196.7.2.106

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ABSTRACT

“Translating Research Into Practice” is a new regular journal feature in which clinicians share clinical case examples that support, elaborate, or illustrate the results of a specific research study. Each column begins with the abstract of the study, followed by the clinician’s description of their own application of standard eye movement desensitization and reprocessing (EMDR) procedures with the population or problem treated in the study. The column is edited by the *EMDR Research Foundation* with the goal of providing a link between research and practice and making research findings relevant in therapists’ day-to-day practices. In this issue’s column, Lisa Bellecci-St. Romain references Engelhard et al.’s (2011) study examining the impact of eye movements on recurrent, intrusive visual images about potential future catastrophes—“flash-forwards.” Illustrating the findings by Engelhard et al., Bellecci-St. Romain describes the successful use of the EMDR standard protocol in two cases—a woman fearful of returning to work even after past memories are cleared and a young man in early sobriety whose reprocessing of the past is interrupted by concerns of an imminent court appearance. The case examples are followed with a discussion of the importance of recognizing and targeting flash-forwards as present triggers in the three-pronged EMDR standard protocol.

Blore, D. C., Holmshaw, E. M., Swift, A., Standart, S., & Fish, D. M. (2013). The development and uses of the blind to therapist EMDR protocol. *Journal of EMDR Practice and Research*, 7(2), 95-105. doi:10.1891/1933-3196.7.2.95

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ABSTRACT

The blind to therapist (B2T) protocol (Blore & Holmshaw, 2009a, 2009b) was devised to circumvent client unwillingness to describe traumatic memory content during eye movement desensitization and reprocessing (EMDR). It has been used with at least six clinical presentations:

- Reassertion of control among “executive decision makers”
- Shame and embarrassment
- Minimizing potential for vicarious traumatization
- Cultural issues: avoiding distress being witnessed by a fellow countryman
- Need for the presence of a translator versus prevention of information “leakage”
- Reducing potential stalling in processing: client with severe stammer

This article details the history, development, and current status of the protocol, and provides case vignettes to illustrate each use. Clinical issues encountered when using the protocol and “dovetailing” the B2T protocol back into the standard protocol are also addressed.

Brennstuhl, M. J., Tarquinio, C., Strub, L., Montel, S., Rydberg, J. A., & Kapoula, Z. (2013). Benefits of immediate EMDR vs. Eclectic therapy intervention for victims of physical violence and accidents at the workplace: A pilot study. *Issues in Mental Health Nursing*, 34(6), 425-34. doi:10.3109/01612840.2012.759633

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ABSTRACT

This study focuses on 34 victims of aggression at the workplace, less than 48 hours following the incident of aggression. We compared victims who received an EMDR emergency protocol (URG-EMDR; n = 19) that we developed with those who received a method of intervention called eclectic therapy (n = 15). The results show that URG-EMDR therapy, provided within 48 hours, resulted

in a greater decrease in perceived stress and a lower PCL-S score than eclectic therapy did. The scores were lower in both groups after 24 hours, and after 3 months, the drop was significantly greater among the victims treated with the URG-EMDR protocol; none of the EMDR-treated patients exhibited symptoms of posttraumatic stress.

de Bont, P. A., van den Berg, D. P., van der Vleugel, B. M., de Roos, C., Mulder, C. L., Becker, E. S., . . . van Minnen, A. (2013). A multi-site single blind clinical study to compare the effects of prolonged exposure, eye movement desensitization and reprocessing and waiting list on patients with a current diagnosis of psychosis and co morbid post traumatic stress disorder: Study protocol for the randomized controlled trial treating trauma in psychosis. *Trials*, 14, 151. doi:10.1186/1745-6215-14-151

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ABSTRACT

BACKGROUND: Trauma contributes to psychosis and in psychotic disorders post-traumatic stress disorder (PTSD) is often a comorbid disorder. A problem is that PTSD is underdiagnosed and undertreated in people with psychotic disorders. This study's primary goal is to examine the efficacy and safety of prolonged exposure and eye movement desensitization and reprocessing (EMDR) for PTSD in patients with both psychotic disorders and PTSD, as compared to a waiting list. Secondly, the effects of both treatments are determined on (a) symptoms of psychosis, in particular verbal hallucinations, (b) depression and social performance, and (c) economic costs. Thirdly, goals concern links between trauma exposure and psychotic symptomatology and the prevalence of exposure to traumatic events, and of PTSD. Fourthly predictors, moderators, and mediators for treatment success will be explored. These include cognitions and experiences concerning treatment harm, credibility and burden in both participants and therapists.

METHODS/DESIGN: A short PTSD-screener assesses the possible presence of PTSD in adult patients (21- to 65- years old) with psychotic disorders, while the Clinician Administered PTSD Scale interview will be used for the diagnosis of current PTSD. The M.I.N.I. Plus interview will be used for diagnosing lifetime psychotic disorders and mood disorders with psychotic features. The purpose is to include consenting participants (N = 240) in a multi-site single blind randomized clinical trial. Patients will be allocated to one of three treatment conditions (N = 80 each): prolonged exposure or EMDR (both consisting of eight weekly sessions of 90 minutes each) or a six-month waiting list. All participants are subjected to blind assessments at pre-treatment, twomonths post treatment, and six monthspost

treatment. In addition, participants in the experimental conditions will have assessments at mid treatment and at 12 months follow-up.

DISCUSSION: The results from the post treatment measurement can be considered strong empirical indicators of the safety and effectiveness of prolonged exposure and EMDR. The six-month and twelve-month follow-up data have the potential of reliably providing documentation of the long-term effects of both treatments on the various outcome variables. Data from pre-treatment and midtreatment can be used to reveal possible pathways of change.

TRIAL REGISTRATION: Trial registration: ISRCTN79584912

Jonas DE, Cusack K, Forneris CA, Wilkins TM, Sonis J, Middleton JC, Feltner C, Meredith D, Cavanaugh J, Brownley KA, Olmsted KR, Greenblatt A, Weil A, Gaynes BN. (2013) Psychological and Pharmacological Treatments for Adults With Posttraumatic Stress Disorder (PTSD). Comparative Effectiveness Review No. 92. (Prepared by the RTI International-University of North Carolina Evidence-based



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Practice Center under Contract No. 290-2007-10056-I.) AHRQ Publication No. 13-EHC011-EF. Rockville, MD: Agency for Healthcare Research and Quality; April 2013.

Free full text available: <http://www.ncbi.nlm.nih.gov/books/n/cer92/pdf/>

ABSTRACT

Objectives. To assess efficacy, comparative effectiveness, and harms of psychological and pharmacological treatments for adults with posttraumatic stress disorder (PTSD).

Data sources. MEDLINE®, Cochrane Library, PILOTS, International Pharmaceutical Abstracts, CINAHL®, PsycINFO®, Web of Science, Embase, U.S. Food and Drug Administration Web site, and reference lists of published literature (January 1980-May 2012).

Review methods. Two investigators independently selected, extracted data from, and rated risk of bias of relevant trials. We conducted quantitative analyses using random-effects models to estimate pooled effects. To estimate medications' comparative effectiveness, we conducted a network meta-analysis using Bayesian methods. We graded strength of evidence (SOE) based on established guidance.

Results. We included 92 trials of patients, generally with severe PTSD and mean age of 30s to 40s. High SOE supports efficacy of exposure therapy for improving PTSD symptoms (Cohen's d -1.27; 95% confidence interval, -1.54 to -1.00); number needed to treat (NNT) to achieve loss of diagnosis was 2 (moderate SOE). Evidence also supports efficacy of cognitive processing therapy (CPT), cognitive therapy (CT), cognitive behavioral therapy (CBT)-mixed therapies, eye movement desensitization and reprocessing (EMDR), and narrative exposure therapy for improving PTSD symptoms and/or achieving loss of diagnosis (moderate SOE). Effect sizes for reducing PTSD symptoms were large (e.g., 28.9- to 32.2-point reduction in Clinician-Administered PTSD Scale [CAPS]; Cohen's d ~ -1.0 or more compared with controls); NNTs were ≤ 4 to achieve loss of diagnosis for CPT, CT, CBT-mixed, and EMDR.

Evidence supports the efficacy of fluoxetine, paroxetine, sertraline, topiramate, and venlafaxine for improving PTSD symptoms (moderate SOE); effect sizes were small or medium (e.g., 4.9- to 15.5-point reduction in CAPS compared with placebo). Evidence for paroxetine and venlafaxine also supports their efficacy for inducing remission (NNTs ~8; moderate SOE). Evidence supports paroxetine's efficacy for improving depression symptoms and functional impairment (moderate SOE) and venlafaxine's efficacy for improving depression symptoms, quality of life, and functional impairment (moderate SOE). Risperidone may help PTSD symptoms (low SOE). Network meta-analysis of 28 trials (4,817 subjects) found paroxetine and topiramate to be more effective than most medications for reducing PTSD symptoms, but analysis was based largely on indirect evidence and limited to one outcome measure (low SOE).

We found insufficient head-to-head evidence comparing efficacious treatments; insufficient evidence to verify whether any treatment approaches were more effective for victims of particular trauma types or to determine comparative risks of adverse effects.

Jarero, I., Amaya, C., Givaudan, M., & Miranda, A. (2013). EMDR individual protocol for paraprofessional use: A randomized controlled trial with first responders. *Journal of EMDR Practice and Research*, 7(2), 55-64. doi:10.1891/1933-3196.7.2.55

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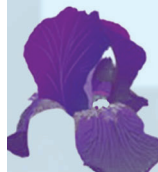
ABSTRACT

The eye movement desensitization and reprocessing (EMDR) individual protocol for paraprofessional use in acute trauma situations (EMDR-PROPARGA) is part of a project developed at the initiative of Dr. Francine Shapiro. This randomized clinical trial examined the effectiveness of the protocol administered by experienced EMDR therapists. There were 39 traumatized first

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responders on active duty randomly assigned to receive two 90-min sessions of either EMDR-PROPARGA or of supportive counseling. Participants in the EMDR-PROPARGA group showed benefits immediately after treatment, with their scores on the Short PTSD Rating Interview (SPRINT) showing further decreases at 3-month follow-up. In comparison, supportive counseling participants experienced a nonsignificant decrease after treatment and an increase in the SPRINT scores at the second follow-up. The significant difference between the two treatments provides preliminary support for EMDR-PROPARGA's effectiveness in reducing severity of posttraumatic symptoms and subjective global improvement. More controlled research is recommended to evaluate further the efficacy of this intervention.

Lobenstine, F., & Courtney, D. (2013). A case study: The integration of intensive EMDR and ego state therapy to treat comorbid posttraumatic stress disorder, depression, and anxiety. *Journal of EMDR Practice and Research*, 7(2), 65-80. doi:201310.1891/1933-3196.7.2.65

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ABSTRACT

This study used a quantitative, single-case study design to examine the effectiveness of the integration of intensive eye movement desensitization and reprocessing (EMDR) and ego state therapy for the treatment of an individual diagnosed with comorbid posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and generalized anxiety disorder (GAD). The participant received 25.5 hr of treatment in a 3-week period, followed with 12 hr of primarily supportive therapy over the next 6-week period. Clinical symptoms decreased as evidenced by reduction in scores from baseline to 6-week follow-up on the following scales: Beck Depression Inventory (BDI) from 46 (severe depression) to 15 (mild mood disorder), Beck Anxiety Inventory (BAI) from 37 (severe anxiety) to 25 (moderate anxiety), and Impact of Events Scale from 50 (severe PTSD symptoms) to 12 (below PTSD cutoff). Scores showed further reductions at 6-month follow-up. Results show the apparent effectiveness of the integration of intensive EMDR and ego state work.

van der Hart, O., Groenendijk, M., Gonzalez, A., Mosquera, D., & Solomon, R. (2013). Dissociation of the personality and EMDR therapy in complex trauma-related disorders: Applications in the stabilization phase. *Journal of EMDR Practice and Research*, 7(2), 81-94. doi:10.1891/1933-3196.7.2.81

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ABSTRACT

As proposed in a previous article in this journal, eye movement desensitization and reprocessing (EMDR) clinicians treating clients with complex trauma-related disorders may benefit from knowing and applying the theory of structural dissociation of the personality (TSDP) and its accompanying psychology of action. TSDP postulates that dissociation of the personality is the main feature of traumatization and a wide range of trauma-related disorders from simple posttraumatic stress disorder (PTSD) to dissociative identity disorder (DID). The theory may help EMDR therapists to develop a comprehensive map for understanding the problems of clients with complex trauma-related disorders and to formulate and carry out a treatment plan. The expert consensus



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model in complex trauma is phase-oriented treatment in which a stabilization and preparation phase precedes the treatment of traumatic memories. This article focuses on the initial stabilization and preparatory phase, which is very important to safely and effectively use EMDR in treating complex trauma. Central themes are (a) working with maladaptive beliefs, (b) overcoming dissociative phobias, and (c) an extended application of resourcing.

Vermetten, E., Meijer, L., van der Wurff, P., & Mert, A. (2013). The effect of military motion-assisted memory desensitization and reprocessing treatment on the symptoms of combat-related post traumatic stress disorder: First preliminary results. *Studies in Health Technology and Informatics*, 191, 125-7.

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ABSTRACT

Although the symptoms of Post-Traumatic Stress Disorder (PTSD) in the general and military population seem very similar, combat-related PTSD (cr-PTSD) is typically thought to be more severe due to the repeated and prolonged exposure of traumatic events. Therapeutic adherence is reported a problem in military populations compromising treatment efficacy. Therefore, a new potential supplementary treatment is specially designed for patients with cr-PTSD. This intervention is called Military Motion Memory Desensitization and Reprocessing (3MDR). The treatment incorporates key elements of successful treatments as Virtual Reality Exposure (VRE) and Eye Movement Desensitization Reprocessing (EMDR) and adds motion to the condition. We aimed at designing a treatment procedure that preserved dual task processing principle, yet introduced new engagement by performing the desensitization during motion by to walking on a treadmill. Moreover, we aimed at exposure to real high-affect pictures of deployment setting. Subjects walk a repetitive cycle while walking and viewing high affect pictures of deployment scenes. Dual task processing was maintained by an oscillating ball. Aspects of presence are adhered to, to maximize possible positive outcome.

METHOD: Two veterans with chronic PTSD, received four weekly sessions of 3MDR therapy. The indicator of effectiveness was difference in CAPS (Clinical Adminstrated PTSD Scale)-score. The treatment was designed on the Computer Assisted Rehabilitation Environment (CAREN) facility.

RESULTS: The 3MDR treatment did further decrease PTSD symptoms. Patients were highly satisfied about the treatment and had no intention to drop out.

CONCLUSION: The results of the two cases suggest that the 3MDR treatment is a successful, more additional treatment that goes further into the patients affect where other treatment may

stagnate. The presence was highly appreciated. Further research with more patients needs to be performed to obtain more reliable results.

Watts, B. V., Schnurr, P. P., Mayo, L., Young-Xu, Y., Weeks, W. B., & Friedman, M. J. (2013). Meta-analysis of the efficacy of treatments for posttraumatic stress disorder. *The Journal of Clinical Psychiatry*, 74(6), e541-50. doi:10.4088/JCP.12r08225

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ABSTRACT

OBJECTIVE: Posttraumatic stress disorder (PTSD) is an important mental health issue in terms of the number of people affected and the morbidity and functional impairment associated with the disorder. The purpose of this study was to examine the efficacy of all treatments for PTSD.

DATA SOURCES: PubMed, MEDLINE, PILOTS, and PsycINFO databases were searched for randomized controlled clinical trials of any treatment for PTSD in adults published between January 1, 1980, and April 1, 2012, and written in the English language. The following search terms were used: post-traumatic stress disorders, posttraumatic stress disorder, PTSD, combat disorders, and stress disorders, post-traumatic.

STUDY SELECTION: Articles selected were those in which all subjects were adults with a diagnosis of PTSD based on DSM criteria and a valid PTSD symptom measure was reported. Other study characteristics were systematically collected. The sample consisted of 137 treatment comparisons drawn from 112 studies.

RESULTS: Effective psychotherapies included cognitive therapy, exposure therapy, and eye movement desensitization and reprocessing ($g = 1.63, 1.08, \text{ and } 1.01$, respectively). Effective pharmacotherapies included paroxetine, sertraline, fluoxetine, risperidone, topiramate, and venlafaxine ($g = 0.74, 0.41, 0.43, 0.41, 1.20, \text{ and } 0.48$, respectively). For both psychotherapy and medication, studies with more women had larger effects and studies with more veterans had smaller effects. Psychotherapy studies with wait-list controls had larger effects than studies with active control comparisons.

CONCLUSIONS: Our findings suggest that patients and providers have a variety of options for choosing an effective treatment for PTSD. Substantial differences in study design and study participant characteristics make identification of a single best treatment difficult. Not all medications or psychotherapies are effective. ❖