RECENT ARTICLES ON EMDR

BY ANDREW 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, 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.

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://emdr.nku.edu/

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://www.emdria.org/displaycommon.cfm?an=1&subarticlenbr=43


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ABSTRACT

The purpose of this study was to evaluate the effectiveness of the eye movement desensitization and reprocessing (EMDR) protocol for recent traumatic events in the treatment of acute stress disorder. Within weeks of being exposed to an isolated traumatic event, 7 adults diagnosed with acute stress disorder were provided with multiple sessions of the EMDR protocol for recent traumatic events, an extended version of the EMDR therapy standard protocol. In each case, an individual’s subjective distress caused by the traumatic events was measured using the Impact of Events Scale-Revised and the goal of alleviating symptoms was accomplished. The positive results suggest the EMDR protocol for recent traumatic events may be an effective means of providing early treatment to victims of trauma, potentially preventing the development of the more severe symptoms of posttraumatic stress disorder.


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ABSTRACT

Purpose: The purpose of this paper is to explore the effectiveness of Eye Movement Desensitisation and Reprocessing (EMDR) therapy in an individual with mild intellectual disabilities currently compulsorily detained in secure care.

Design/methodology/approach: The intervention utilised the EMDR eight-phase protocolised psychotherapeutic approach. Sessions utilised symbol cards to explore the impact of the client’s experiences in relation to his thoughts, emotional feelings, physical feelings and behaviour. Drawings were also utilised to assist the client to develop a picture of the traumatic incident. A “safe place visualisation technique” was also utilised at the end of every session to manage any distress. The Posttraumatic Stress Diagnostic Scale (PDS) with some minor adaptations for use with people with intellectual disabilities was utilised as a pre- and post-measure.

Findings: The study identified reductions in symptoms in all three core clinical subgroups of the PDS: re-experiencing, avoidance and arousal, with outcomes being maintained at one-month and six-month follow-up. Reduction in the strength of ratings was most evident in the avoidance domain.

Originality/value: There are limited studies exploring the effectiveness of EMDR with individuals with intellectual disabilities.

Current research reveals that trauma often cannot be resolved solely through interventions that utilize left-brain functions, such as those used in traditional talk therapy. Because trauma is actually something that happens deep in the core of the brain and the body, the most effective treatment approaches integrate traditional therapy modalities with those that focus on calming the nervous system such as yoga, mindfulness, imagery, expressive arts, and eye movement desensitization and reprocessing. This paper will focus on synthesizing current information on traumatic stress, the neurobiology of trauma, and evidence-based, body-integrative interventions provided within the framework of the Collaborative Change Model (CCM) (Barrett in The systemic treatment of incest. Taylor & Francis, Bristol, 1989; Treating complex trauma: a relational blueprint for collaboration and change. Rutledge, New York, 2014). Through the framework of the CCM, this paper will provide clinicians with an understanding of how and when to engage clients in body–mind approaches, how to help clients learn to recognize when they are in fight, flight, or freeze response patterns, and how to develop skills for managing emotional dysregulation. A detailed case study will be provided to illustrate this integrative approach in the treatment of trauma.


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Full text available at: http://www.aerzteblatt.de/int/archive/article?id=153214

ABSTRACT

Background: In Germany, the one-month prevalence of post-traumatic stress disorder (PTSD) is in the range of 1% to 3%. Soldiers, persons injured in accidents, and victims of domestic violence increasingly seek medical help for symptoms of...
emotional stress. Days lost from work and monetary compensation for emotional disturbances are markedly on the rise. The term “PTSD” is commonly used uncritically and imprecisely, with too little regard for the existing diagnostic criteria. It is at risk of turning into a nonspecific collective term for emotional stress of any kind.

Method: We selectively reviewed the literature in the PubMed database and pertinent journals, with additional consideration of the recommendations and guidelines of medical societies from Germany and abroad.

Results: The characteristic types of reactions seen in PTSD are nightmares and an intense, repetitive, intrusive “reliving” of the traumatic event(s). Emotional traumatization manifests itself not only as PTSD but also through major effects on other mental and somatic diseases. An early, trauma-focused behavioral therapeutic intervention involving several sessions, generally on an outpatient basis, can prevent the development of PTSD. The most important components of effective treatment are a focus on the particular trauma experienced and confrontation with the patient’s memories of the trauma. The best existing evidence is for cognitive therapy, behavioral therapy according to the exposure paradigm of Foa, and eye movement desensitization and reprocessing therapy. The most recent meta-analysis reveals effect strengths of $g = 1.14$ for all types of psychotherapy and $g = 0.42$ for all types of pharmacotherapy taken together (with considerable differences among psychotherapeutic methods and among drugs). The efficacy of psychodynamic therapy, systemic therapy, body-oriented therapy, and hypnotherapy has not been adequately documented in randomized controlled trials.

Conclusion: PTSD can be precisely diagnosed and effectively treated when the diagnostic criteria and guideline recommendations are taken into account. Referral for trauma-focused psychotherapy should be considered if the acute symptoms persist for several weeks.


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**ABSTRACT**

Many patients with a functional psychosis are likely to have a history of trauma and symptoms of post-traumatic stress disorder (PTSD); some may be traumatized by their psychotic symptoms. We present a series of vignettes to describe eye movement desensitization and reprocessing (EMDR) treatment of 4 patients suffering from a functional psychotic illness who had a significant history of trauma. After receiving EMDR, each patient showed an improvement in their PTSD symptoms and reported an improvement in the quality of their lives. Follow-up at 3-6 years indicated that the treatment effects were maintained, with changes evident in elimination of trauma-related delusions, reduction in anxiety and depression, fewer hospital admissions, and overall improved quality of life. Because a history of trauma and PTSD symptoms are more frequent in patients with a psychosis, and trauma may be an etiological component of psychosis, EMDR treatment needs to be researched and explored as a treatment opportunity.


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**ABSTRACT**

This article introduces the “Flashforward procedure,” which is a specific application of eye movement desensitization and reprocessing (EMDR). It is used for the treatment of irrational fears, for example, when a persisting fear continues after the core memories of past events have been fully processed. A theoretical
background is presented, and the procedure is explained, together with 2 illustrative case studies. We describe psychological conditions and mental health problems for which the use of EMDR aimed at client's flashforward might be appropriate, as well as indicating which stage in the therapeutic process is most applicable for the use of this procedure. Furthermore, the Flashforward procedure is compared with other EMDR applications and similar procedures in other therapies. Some implications are discussed.


Full text online: http://www.journalsih.com/Research%20Articles/Vol%202/Issue%208/Comparison%20of%20the%20influence%20of%20eye%20movement%20desensitization%20therapy%20and%20reprocessing.pdf

**ABSTRACT**

**Introduction:** The present research tries to compare the effectiveness of two therapy methods of EMDR and CBT in PTSD. Statistical population included 400 people of 8-year Iran-Iraq war injured who referred to military clinics. 45 people were picked as sample size by means of cluster random sampling. They were put into two groups: experiment group and control group. The present research is an experimental study which involves intervention. Research design is of pretest-posttest type and has a control group. Instruments which were used for data collection include military post-traumatic stress disorder questionnaire (pcl), 8-session CBT package and 8-session EMDR package. Covariance method was used for data analysis.

**Materials and methods:** statistical population of the present research included all of The Injured of 8-year War imposed on Iran by Iraq. Sample size was 200 people and sampling method was random cluster sampling. 45 people were randomly selected from among 80 respondents who received an acceptable quota from Checklist questionnaire (pcl). They were put into 3 groups: 2 experiment groups and 1 control group. Respondents received 8 sessions of cognitive-behavioral training and 8 sessions of eye movement treatment and reprocessing. Then, the respondents received posttest. Data was analyzed by ANCOVA analysis and using SPSS.

**Results:** results showed that there is a significant difference between post-traumatic stress disorder mean in eye movement therapy group and cognitive-behavioral therapy group. Results also showed that there is a significant difference between post-traumatic stress disorder mean in the control group and eye movement therapy group. There is also a significant difference between post-traumatic stress disorder in control group and cognitive-behavioral therapy (CBT) group.
Conclusion: Results showed that desensitization therapy methods through eye movement therapy and reprocessing and CBT method influence on reducing post-traumatic stress disorder and eye movement therapy method are more effective than CBT method.


Full text available online at: http://online.liebertpub.com/doi/pdf/10.1089/cap.2013.0061

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**ABSTRACT**

**Objective:** The purpose of this review is to describe interventions used with children who are exposed to disasters and terrorism and to present information about the potential benefits of these interventions.

**Methods:** A literature search conducted in January 2013 using relevant databases and literature known to the authors that was not generated by the search yielded a total of 85 studies appropriate for review.

**Results:** Intervention approaches used with children exposed to disasters and terrorism included preparedness interventions, psychological first aid, psychological debriefing, psychoeducation, cognitive behavioral techniques, exposure and narrative techniques, eye movement desensitization and reprocessing, and traumatic grief interventions. The investigation of these interventions is complex, and studies varied in methodological rigor (e.g., sample size, the use of control groups, outcomes measured).

**Conclusions:** Given the limitations in the currently available empirical information, this review integrates the literature, draws tentative conclusions about the current state of knowledge, and suggests future directions for study.

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**Background:** The main aim of this pilot study was to investigate an advanced version of eye movement desensitization and reprocessing (EMDR) for reducing anxiety.

**Methods:** Fifty participants were asked at two times of measurement (T1 and T2 with a rest of 4 weeks) to generate anxiety via the recall of autobiographical memories according to their anxiety. Furthermore, the participants were randomly assigned to an experimental group and a control group, and the experimental group received an intervention of 1–2 h with the advanced version of EMDR in order to their anxiety 2 weeks after T1. At T1 as well as T2, we measured the intensity of participants’ anxiety with a Likert scale (LS) and collected participants’ state (temporary) and trait (chronic) anxiety with the State-Trait Anxiety Inventory (STAI). In addition, we measured participants’ physical performance in a test for the finger musculature under the induction of their anxiety.
Results: The results showed that participant's ratings of their perceived intensity of anxiety (measured by a 9-point LS) and the state and trait anxiety decreased significantly in the experimental group but not in the control group from T1 to T2. Moreover, the physical performance under the induction of participants’ anxiety increased significantly in the experimental group from T1 to T2 and there were no significant changes in the control group.

Conclusions: The study could show that the advanced version of EMDR is an appropriate method to reduce anxiety.


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**ABSTRACT**

The aim of this article is to offer an integrative approach in the treatment of adult survivors of sexual abuse. The treatment orientation is psychodynamic and intersubjective and will draw on three conceptual models: (a) a developmental model based on current attachment research, (b) current neuroscience findings concerning traumatic memory that emphasize sensory, affective, and implicit knowing in the understanding and treatment of trauma, and (c) eye movement desensitization and reprocessing as an adjunctive technique to help access traumatic memories. The author will summarize each theoretical perspective and will provide a case illustration to demonstrate a treatment approach that incorporates all three modalities.


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**ABSTRACT**

The 7 July 2005 bombings in London caused heightened levels of distress among some in the general community. This distress was most notable in Muslims and members of ethnic minority groups. These effects were transient for most. An estimated 30% of those who were more affected by the attacks, including victims and witnesses, developed psychiatric disorders as a result. An outreach program was set up to screen those who were exposed to potentially traumatic events and to offer them evidence-based treatment. This article discusses what lessons might be learned from studies of the general community and the screen-and-treat approach.


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Full text available online: http://www.thepermanentejournal.org/issues/2014/winter/5626-emdr.html

**ABSTRACT**

**Background:** A substantial body of research shows that adverse life experiences contribute to both psychological and biomedical pathology. Eye movement desensitization and reprocessing (EMDR) therapy is an empirically validated treatment for trauma, including such negative life experiences as commonly present in medical practice. The positive therapeutic outcomes rapidly achieved without homework or detailed description of the disturbing event offer the medical community an efficient treatment approach with a wide range of applications.

**Methods:** All randomized studies and significant clinical reports related to EMDR therapy for treating the experiential basis of both psychological and somatic disorders are reviewed. Also reviewed are the recent studies evaluating the eye movement component of the therapy, which has been posited to contribute to the rapid improvement attributable to EMDR treatment.

**Results:** Twenty-four randomized controlled trials support the positive effects of EMDR therapy in the treatment of emotional trauma and other adverse life experiences relevant to clinical practice. Seven of 10 studies reported EMDR therapy to be more rapid and/or more effective than trauma-focused cognitive behavioral therapy. Twelve randomized studies of the eye movement component noted rapid decreases in negative emotions and/or vividness of disturbing images, with an additional 8 reporting a variety of other memory effects. Numerous other evaluations document that EMDR therapy provides relief from a variety of somatic complaints.

**Conclusion:** EMDR therapy provides physicians and other clinicians with an efficient approach to address psychological and physiologic symptoms stemming from adverse life experiences. Clinicians should therefore evaluate patients for experiential contributors to clinical manifestations.


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ABSTRACT
Eye movement desensitization and reprocessing (EMDR) psychotherapy can play a major role in phase-oriented treatment of complex trauma-related disorders. In terms of the theory of structural dissociation of the personality and its related psychology of action, a previous article described Phase 1 treatment—Stabilization, Symptom Reduction, and Skills Training—emphasizing the use of EMDR procedures in this phase. Phase 2 treatment mainly involves applications of EMDR processing in overcoming the phobia of traumatic memories and their subsequent integration. Phase 3 treatment focuses on further integration of the personality, which includes overcoming various phobias pertaining to adaptive functioning in daily life. This article emphasizes treatment approaches that assist therapists in incorporating EMDR protocols in Phases 2 and 3 of phase-oriented treatment without exceeding clients’ integrative capacity or window of tolerance.

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6 EyeScan models to choose from

EyeScan Feature Table

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3 Tac/AudioScan models to choose from

Tac/AudioScan Feature Table

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