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.


Suzanne Borstein, 935 Park Av, Cranston, RI 02910-2722 <ssb@drborstein.com>

ABSTRACT Question: How can I provide brief adjunctive EMDR as a consultation service to other therapists’ clients?

● ● ●


Ad de Jongh, Department of Behavioral Sciences, Academic Centre for Dentistry Amsterdam, Louwesweg 1, 1066 EA Amsterdam, The Netherlands.

ABSTRACT Based on the assumptions of Shapiro’s adaptive information-processing model, it could be argued that a large proportion of people suffering from an anxiety disorder would benefit from eye movement desensitization and reprocessing (EMDR). This article provides an overview of the current empirical evidence on the application of EMDR for the anxiety disorders spectrum other than posttraumatic stress disorder (PTSD). Reviewing the existing literature, it is disappointing to find that 20 years after its introduction, support for the efficacy of EMDR for other conditions than PTSD is still scarce. Randomized outcome research is limited to panic disorder with agoraphobia and spider phobia. The results suggest that EMDR is generally more effective than no-treatment control conditions or non-specific interventions but less effective than existing evidence-based (i.e., exposure-based) interventions. However, since these studies were based on incomplete protocols and limited treatment courses, questions about the relative efficacy of EMDR for the treatment of anxiety disorders remain largely unanswered.

● ● ●


Paola Castelli Gattinara, Viale Liegi 52, 00198 Roma, Italy. <paola.castelligattinara@fastwebnet.it>

ABSTRACT This article examines the use of EMDR in a rehabilitation center to deal with traumatic experiences associated with serious incapacitating disease. Through clinical examples, the author describes the utility and function of EMDR treatment in helping both patients and their families overcome the frightening events related to the worsening of the illness and in helping them cope with feelings of loss and separation. The usefulness of attachment theory for a better comprehension of the dysfunctional interpersonal patterns that can arise between family members is discussed. In addition, the importance of eye movement desensitization and reprocessing (EMDR) is explored in helping to facilitate secure attachment relationships between patients and their caregivers, allowing the families to grow closer and more supportive. EMDR appears to offer specific advantages in treating this especially difficult population, affording patients who live with a chronic condition of extreme physical vulnerability a sense of greater control over their own bodies and therefore over their own lives.

● ● ●


Raymond W. Gunter, Department of Psychology, Foothills Medical Centre, 1403 29th Street NW, Calgary, AB T2N 2T9, Canada. <raymond.gunter@albertahealthservices.ca>

ABSTRACT Eye movement desensitization and reprocessing (EMDR) is a highly scrutinized but efficacious psychotherapy commonly used in the treatment of posttraumatic stress disorder. Despite much theorizing and speculation, EMDR’s mechanism of action remains unspecified. This article reviews several accounts of how EMDR works to reduce symptoms and/or aid memory reprocessing, including disruption of a traumatic recollection
in working memory, increased psychological distance from the trauma, enhanced communication between brain hemispheres, and psychophysiological changes associated with relaxation or evocation of a rapid-eye-movement–like brain state. Several gaps in knowledge are also identified: The working memory account has received considerable support but has yet to be evaluated using clinical samples. How psychological distancing translates into symptomatic improvement is unclear. Psychophysiological effects of EMDR are well demonstrated but leave open the question of whether they constitute a treatment mechanism or an outcome of memory processing. Multiple mechanisms may work to produce treatment gains in EMDR; hence, an integrative model may be necessary to capture its myriad effects.


Melvin L. Harper, Center for Psychotherapy, LLC, <khatung@yahoo.com>

ABSTRACT Eye movement desensitization and reprocessing (EMDR) therapy has been shown by empirical studies to be effective in relief from psychological traumas including posttraumatic stress disorder (PTSD). Several logical concepts regarding the origin of the EMDR effect have been presented, but no detailed neural explanation is available. This lack of a widely accepted scientific explanation for the EMDR effect has led to skepticism about the therapy by many therapists and potential clients. The authors present evidence based primarily on quantitative electroencephalogram studies that the neural basis for the EMDR effect is depotentiation of fear memory synapses in the amygdala during an evoked brain state similar to that of slow wave sleep. These studies suggest that brain stimulation during EMDR significantly increases the power of a naturally occurring low-frequency rhythm in memory areas of the brain, binding these areas together and causing receptors on the synapses of fear memory traces to be disabled. This mechanical change in the memory trace enables it to be incorporated into the normal memory system without the extreme emotions previously associated with it. EMDR is a medical procedure because it changes the physical structure of the brain to modify problematically stored memories.


Andrew M. Leeds, 1049 Fourth Street, Suite G, Santa Rosa, CA 95404-4345. <aleeds@theleeds.net>

ABSTRACT The present review examines how resources have been used in trauma-focused psychotherapy with an emphasis on their use in eye movement desensitization and reprocessing (EMDR). Current practices of EMDR-trained clinicians are presented in a historical context and considering a range of contemporary approaches to ego strengthening. This article describes the use of resources as presented in the EMDR literature along with research findings. The review concludes with a call for controlled research on widely used resource-focused procedures and practice guidelines for their use in clinical applications of EMDR.


Gail Ironson, University of Miami, 5665 Ponce de Leon Boulevard, Coral Gables, FL 33146. <gironson@aol.com>

ABSTRACT This case study describes the use of eye movement desensitization and reprocessing (EMDR) for a woman who met criteria for posttraumatic stress disorder (PTSD) related to past domestic violence. Outcome measures were used to assess the client’s symptoms at intake, after the third and sixth active EMDR sessions, and at 1- and 3-month follow-ups. In addition to the use of outcome measures, at 3-month follow-up the client was evaluated by a therapist who was blind to the type of treatment the client had received. Results indicated that after nine active sessions of EMDR, the client no longer met criteria for PTSD and no longer endorsed symptoms of depression or intrusive thoughts. Thus, EMDR was successful in treating PTSD symptoms associated with past domestic violence, and effects were maintained at 3-month follow-up.


Toshiyuki Otani, Department of Neuropsychiatry, Graduate School of Medicine, University of Tokyo, 7-3-1, Hongo, Bunkyo-ku, Tokyo 113-8655, Japan. <otani-tky@umin.ac.jp>

ABSTRACT Eye movement desensitization and reprocessing (EMDR) is an effective psychological intervention for posttraumatic stress disorder (PTSD). Trauma-related recall (Recall) with eye movements (EMs) is thought to reduce distress. However, the neural mechanisms underlying this process remain unknown. Thirteen patients with PTSD received EMDR treatment over the course of 2 to 10 weeks. We assessed the change in hemoglobin concentration in the lateral prefrontal cortex (PFC) during Recall with and without EM using multi-channel near-infrared spectroscopy (NIRS). Clinical diagnosis and improvement were evaluated using the Clinician-Administered PTSD Scale. Recall with EM was associated with a significant decrease in oxygenated hemoglobin concentration ([oxy-Hb]) in the lateral PFC as compared with Recall without EM. Longitudinally, [oxy-Hb] during Recall significantly decreased and the amount of decrease was significantly correlated with clinical improvement when the post-treatment data was compared with that of the pre-treatment. Our results suggest that performing EM during Recall reduces the over-activity of the lateral PFC, which may be part of the biological basis for the efficacy of EMDR in PTSD. NIRS may be a useful tool for objective assessment of psychological intervention in PTSD.
ABSTRACT The efficacy of eye movement desensitization and reprocessing (EMDR) in children with post-traumatic stress symptoms was meta-analytically examined from the perspective of incremental efficacy. Overall post-treatment effect size for EMDR was medium and significant (d=0.56). Results indicate efficacy of EMDR when effect sizes are based on comparisons between the EMDR and the non-established trauma treatment or the no-treatment control groups, and the incremental efficacy when effect sizes are based on comparisons between the EMDR and the established (CBT) trauma treatment. The discussion focuses on the future replication of EMDR findings and further research on post-traumatic stress in children.

---

ABSTRACT Intellectual disability is a comorbid condition in epilepsy. People with epilepsy and intellectual disability are at high risk of developing behavioral problems. Among the many contributors to behavioral problems in people with epilepsy and intellectual disability are those of traumatic experiences. As such, behavioral problems can be seen as a reflection of these traumatic experiences. Among established trauma therapies, eye movement desensitization and reprocessing (EMDR) is an emerging treatment that is effective in adults and also seems to be effective in children. This article is a case report of EMDR in an adolescent with epilepsy and mild intellectual disability, in whom the EMDR children’s protocol was used. The aim was to assess whether clinical trauma status significantly diminished to nonclinical status posttreatment. Change in trauma symptoms was evaluated with the Reliable Change Index (RCI). Results showed a significant decrease in trauma symptoms toward nonclinical status from pretreatment to posttreatment. EMDR consequences for epilepsy and intellectual disability are discussed.

---

ABSTRACT This article provides an overview of selective issues relating to adult posttraumatic stress disorder (PTSD) and its treatment with eye movement desensitization and reprocessing (EMDR). The article begins by providing a historical overview of PTSD, and debates about the etiology and definition of PTSD are discussed. The most predominant theories of PTSD are summarized by highlighting how they have evolved from traditional behavioral accounts based on the assumption that PTSD is an anxiety disorder to theories that now incorporate information-processing models. This article then examines the development of EMDR and the corresponding body of research that clearly demonstrates its efficacy for the treatment for adult PTSD. The underlying mechanisms of EMDR are discussed, with a focus on the importance of the eye movement component and how the therapeutic processes in EMDR differ from those of traditional exposure therapy. Finally, the adaptive information-processing (AIP) model that underlies EMDR is outlined, and evidence for the model is summarized. The article concludes by suggesting future research based on questions raised about PTSD and its treatment with EMDR when the AIP model is compared to other information-based theories of PTSD.

---

ABSTRACT Although eye movement desensitization and reprocessing (EMDR) has demonstrated efficacy in treating chronic posttraumatic stress disorder and old trauma memories, EMDR treatment of recent traumatic events has not received adequate attention from EMDR researchers or clinicians. This article presents current thinking and findings about early psychological intervention following recent traumatic events and examines the status of early EMDR intervention (EEI) concepts and research. It is contended that this area has not developed sufficient awareness and definition among EMDR clinicians. Francine Shapiro’s theoretical adaptive information-processing model predicts that dysfunctionally stored trauma memories underlie many current psychological disorders. Consequently, the assumption that memories of a recent traumatic event and its sequelae are not fully consolidated offers a unique role for EEI not only in reducing acute distress but also in preventing the sensitization and accumulation of trauma memories. A call is made for a more comprehensive approach to the field of EEI to promote interest and awareness among EMDR practitioners and to generate research.

---

ABSTRACT Refugees have often been exposed to torture in their countries of origin. A core issue is the resulting multifaceted presentation of somatic, psychological and social problems in the same individual, leading to severe activity limitations and participation restrictions. An international conference, “Rehabilitating Torture Survivors”, was organized by the Rehabilitation and Research Centre for Torture Victims (a rehabilitation clinic and global knowledge and research centre with government support) in collaboration with the Centre for Transcultural Psychiatry at...
ABSTRACT Three case studies illustrate pre- and post–eye movement desensitization and reprocessing (EMDR) adult attachment status as measured by the Adult Attachment Interview (AAI). Two adult males and one adult female presented for outpatient therapy; all of them were categorized with an insecure or disorganized attachment status at pretreatment. All presented with symptoms of depression and anxiety and complaints regarding problems in their current marital and family relationships. The three patients received 10 to 15 EMDR sessions over the course of approximately 1 year, interspersed with talk therapy sessions for the purpose of debriefing and psychoeducation. The EMDR approach utilized all eight phases of treatment within the three-pronged approach. Following EMDR therapy, all three patients made positive changes in attachment status as measured by the AAI, and all three reported positive changes in emotions and relationships. This article provides an overview of the literature related to adult attachment categories and summarizes the effect of adult attachment status on emotional and social functioning. The rationale and scoring procedures for the AAI are explained.


Debra Wesselmann, The Attachment and Trauma Center of Nebraska, 12822 Augusta Avenue, Omaha, NE 68144. <deb@atcnebraska>