
RECENT ARTICLES ON EMDR

Andrew M. Leeds, Ph.D.

This regular column appears in each quarterly issue of the EMDRIA 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 listing of all published 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>

RECENT ARTICLES

Ahmad, A., & Sundelin-Wahlsten, V. (2008). Applying EMDR on children with PTSD. *European Child & Adolescent Psychiatry*, 17(3), 127.

Abdulbaghi Ahmad, Department of Child and Adolescent Psychiatry, Uppsala University Hospital, Uppsala, Sweden, 751 85, <abdulbaghi.ahmad@bupinst.uu.se>.

❖ *Abstract* ❖ **OBJECTIVE:** To find out child-adjusted protocol for eye movement desensitization and reprocessing (EMDR). **METHODS:** Child-adjusted modifications were made in the original adult-based protocol, and within-session measurements, when EMDR was used in a randomized controlled trial (RCT) on thirty-three 6-16-year-old children with post-traumatic stress disorder (PTSD). **RESULTS:** EMDR was applicable after certain modifications adjusted to the age and developmental level of the child. The average treatment effect size was largest on re-experiencing, and smallest on hyperarousal scale. The age of the child yielded no significant effects on the dependent variables in the study. **CONCLUSION:** A child-adjusted protocol for EMDR is suggested after being applied in a RCT for PTSD among traumatized and psychosocially exposed children.

.....

Carbone, D. J. (2008). Treatment of gay men for post-traumatic stress disorder resulting from social ostracism and ridicule: cognitive behavior therapy and eye movement desensitization and reprocessing approaches. *Arch Sex Behav*, 37(2), 305-316.

Dominic Carbone, Department of Social Sciences, The State University of New York-FIT, Seventh Avenue at 27th Street, B634, New York, NY 10001, USA. <Dominic_Carbone@fitnyc.edu>

❖ *Abstract* ❖ This report describes the clinical treatment of a sample of four gay men suffering from Post-Traumatic Stress Disorder (PTSD) attributed to their repeated experiences with peer

ridicule and ostracism throughout childhood and adolescence, caused by their gender variant appearance and behavior. All of the men in the sample shared the following features: (1) a childhood history of ridicule and ostracism from both peers and adults focused on their gender variant presentation designed to elicit gender norm compliance; (2) a lack of social support networks to assist them in coping with the stress; (3) self-destructive coping responses that began in childhood and continued into adulthood in an attempt to lessen the experience of shame; and (4) symptoms of PTSD. A treatment model utilizing cognitive-behavioral therapy and eye movement desensitization and reprocessing was discussed.

.....

Colelli, G., & Patterson, B. (2008). Three Case Reports Illustrating the Use of the Protocol for Recent Traumatic Events Following the World Trade Center Terrorist Attack. *Journal of EMDR Practice and Research*, 2(2), 114-123.

Gina Colelli, 210 West 101st Street, Apt. #10D, New York, NY 10025. E-mail: <Ginacolelli@aol.com>

❖ *Abstract* ❖ Following the attacks on the New York World Trade Center on September 11, 2001, the EMDR Humanitarian Assistance Program initiated a response establishing the New York City Disaster Mental Health Recovery Network. The network provided coordination and assistance to local psychotherapists who volunteered to provide treatment to individuals directly affected by the tragedy. The psychotherapists utilized both the EMDR standard protocol and the EMDR Recent Events protocol during the initial aftermath and ongoing recovery at the World Trade Center site. The development of the network is reviewed, and detailed descriptions are provided regarding three cases to illustrate the use of the EMDR Recent Events protocol. The research findings reported by Silver, Rogers, Knipe, & Colelli (2005) that demonstrated support for EMDR as a post-disaster treatment are summarized. Further research is recommended.

.....

Elofsson, U. O., von Scheele, B., Theorell, T., & Sondergaard, H. P. (2008). Physiological correlates of eye movement desensitization and reprocessing. *J Anxiety Disord*, 22(4), 622-634.

Ulf O.E. Elofsson, National Institute for Psychosocial Factors and Health (IPM) & Karolinska Institutet, Stockholm, Sweden. <ulf.elofsson@pbmstressmedicine.com>

❖ *Abstract* ❖ Eye movement desensitization and reprocessing (EMDR) is an established treatment for post-traumatic stress disorder (PTSD). However, its working mechanism remains unclear. This study explored physiological correlates of eye movements during EMDR in relation to current hypotheses; distraction, conditioning, orienting response activation, and REM-like mechanisms. During EMDR therapy, fingertip temperature, heart rate, skin conductance, expiratory carbon dioxide level, and blood pulse oximeter oxygen saturation, were measured in male subjects with PTSD. The ratio between the low and high frequency components of the heart rate power spectrum (LF/HF) were computed as measures of autonomic balance. Respiratory rate was calculated from the carbon dioxide trace. Stimulation shifted the autonomic balance as indicated by decreases in heart rate, skin conductance and LF/HF-ratio, and an increased finger temperature. The breathing frequency and end-tidal carbon dioxide increased; oxygen saturation decreased during eye movements. In conclusion, eye movements during EMDR activate cholinergic and inhibit sympathetic systems. The reactivity has similarities with the pattern during REM-sleep.

Errebo, N., Knipe, J., Forte, K., Karlin, V., & Altayli, B. (2008). EMDR-HAP Training in Sri Lanka Following the 2004 Tsunami. *Journal of EMDR Practice and Research*, 2(2), 124-139.

Nancy Errebo, 300 W. Broadway, Suite 2A, Missoula, MT 59802. E-mail: <nerrebo@montana.com>

❖ *Abstract* ❖ On December 26, 2004, an earthquake in the Indian Ocean triggered a catastrophic tsunami. In Sri Lanka, 35,000 people died, 21,000 were injured, and more than half a million were displaced. An EMDR training program was conducted as a joint project of three organizations: EMDR Humanitarian Assistance Programs (HAP), International Relief Teams (IRT), and the Sri Lankan National Counselors Association (SRILNAC). Between March and December 2005, 30 Sri Lankan counselors were trained in EMDR. These counselors demonstrated competence in EMDR on several measures, treated more than 1,000 children and more than 350 adult tsunami victims with EMDR in 2005, provided narrative reports and outcome measures for most of their clients, and formed the Sri Lanka EMDR Association (SEA). The crucial steps in establishing and implementing this training program are explained, with a summary of the subjective impressions and learning experiences most valued by the training team, including an excerpt from a trainer's journal. This information may be useful to future cross-cultural humanitarian efforts following large-scale disasters.

.....
Fernandez, I. (2008). EMDR After a Critical Incident: Treatment of a Tsunami Survivor With Acute Posttraumatic Stress Disorder. *Journal of EMDR Practice and Research*, 2(2), 156-159.

Isabel Fernandez, Via Vitruvio 43, 20124 Milan, Italy. E-mail: <isabelf@tin.it>

❖ *Abstract* ❖ Research indicates that EMDR is effective for the treatment of posttraumatic stress disorder (PTSD), with numerous studies showing a high percentage of symptom remission after 3 sessions. The case of a tsunami survivor with acute PTSD is presented. Treatment for overt trauma symptoms was completed within 3 sessions, including all 8 phases and the 3-pronged protocol (i.e., past, present, future targets). One EMDR session was sufficient to process the trauma and alleviate the related symptoms, while another session was necessary for re-evaluation and processing present triggers and future templates. Resource installation was particularly helpful to prepare him for those future situations that had been generating anxiety as a result of his traumatization.

.....
Gelbach, R. A. (2008). Trauma, Research, and EMDR: A Disaster Responder's Wish List. *Journal of EMDR Practice and Research*, 2(2), 146-155.

Robert A. Gelbach, 64 Hall Street, Hamden, CT 06517. E-mail: <rgelbach@emdrhap.org>

❖ *Abstract* ❖ Disasters, both natural and "man-made," affect a large portion of the Earth's population and can be expected to increase in intensity over the coming decades. The impact of disasters on mental health of affected populations is substantial and likely to be insufficiently addressed in the overall context of disaster response. While successful mental health intervention has been demonstrated in a variety of cases, including through the use of EMDR treatment, this problem needs more attention. Effective mental health response will be greatly supported by increased research on questions related to the incidence, form, and prognosis of disaster-generated traumatic stress, as these are affected by type of disaster, culture of affected population, sociological conditions, and neuropsychological factors, and the interactions among these. A brief summary of desirable research is presented that could help responders meet these challenges.

Gunter, R. W., & Bodner, G. E. (in press). How eye movements affect unpleasant memories: Support for a working-memory account. *Behav Res Ther.* doi:10.1016/j.brat.2008.04.006

Raymond W. Gunter and Glen E. Bodner, Department of Psychology, University of Calgary, 2500 University Drive NW, Administration Building, Room A275, Calgary, AB, Canada T2N 1N4. <bodner@ucalgary.ca>

❖ *Abstract* ❖ Eye movement desensitization and reprocessing can reduce ratings of the vividness and emotionality of unpleasant memories-hence it is commonly used to treat posttraumatic stress disorder. The present experiments compared three accounts of how eye movements produce these benefits. Participants rated unpleasant autobiographical memories before and after eye movements or an eyes stationary control condition. In Experiment 1, eye movements produced benefits only when memories were held in mind during the movements, and eye movements increased arousal, contrary to an investigatory-reflex account. In Experiment 2, horizontal and vertical eye movements produced equivalent benefits, contrary to an interhemispheric-communication account. In Experiment 3, two other distractor tasks (auditory shadowing, drawing) produced benefits that were negatively correlated with working-memory capacity. These findings support a working-memory account of the eye movement benefits in which the central executive is taxed when a person performs a distractor task while attempting to hold a memory in mind.

Jarero, I., Artigas, L., & Lena, M. M. y. L. (2008). The EMDR Integrative Group Treatment Protocol: Application With Child Victims of a Mass Disaster. *Journal of EMDR Practice and Research*, 2(2), 97-105.

Ignacio Jarero, Boulevard de la Luz 777, Jardines de Pedregal, México City, 01900. E-mail: <informes@emdrmexico.org>

❖ *Abstract* ❖ The EMDR Integrative Group Treatment protocol (EMDR-IGTP) has been used in different parts of the world since 1998 with both adults and children after natural or man-made disasters. This protocol combines the eight standard EMDR treatment phases with a group therapy model, thus providing more extensive reach than the individual application of EMDR. In this study the EMDR-IGTP was used with 16 bereaved children after a human provoked disaster in the Mexican State of Coahuila in 2006. Results showed a significant decrease in scores on the Child's Reaction to Traumatic Events Scale that was maintained at 3-month follow-up. Although controlled research is needed to establish the efficacy of this intervention, preliminary results suggest that EMDR-IGTP may be an effective means of providing treatment to large groups of people impacted by large-scale critical incidents (e.g., human-provoked disasters, terrorism, natural disasters).

Jayatunge, R. M. (2008). Combating Tsunami Disaster Through EMDR. *Journal of EMDR Practice and Research*, 2(2), 140-145.

Ruwan M. Jayatunge, No 11/5 Havelock Rd., Colombo 5, Sri Lanka. E-mail: <rumj@sltnet.lk>

❖ *Abstract* ❖ After the 2004 tsunami devastation in Sri Lanka, many citizens experienced severe psychological reactions. The effectiveness of EMDR is illustrated in the treatment of seven of these individuals: 3 children and 2 adults with posttraumatic stress disorder (PTSD) symptoms and 2 adults with depressive symptoms. After 3–8 sessions of EMDR the symptoms were eradicated and these clients were free from their depressive feelings, anxieties, intrusions, and nightmares, were able to function normally, and were able to lead productive lives. These outcomes replicate those in the research literature demonstrating that EMDR is an efficacious treatment for PTSD in general, with specific utility for disaster-related PTSD. It is recommended that future controlled studies be conducted to evaluate the effectiveness of EMDR in the immediate aftermath of disasters and to assess its effectiveness with major depressive disorder.

Schottenbauer, M. A., Glass, C. R., Arnkoff, D. B., Tendick, V., & Gray, S. H. (2008). Nonresponse and Dropout Rates in Outcome Studies on PTSD: Review and Methodological Considerations. *Psychiatry*, 71(2), 134-168.

Michele A. Schottenbauer, P.O. Box 70724, Bethesda MD 20813. E-mail: <ms713249@gmail.com>

❖ *Abstract* ❖ Post-traumatic stress disorder (PTSD) represents a frequent consequence of a variety of extreme psychological stressors. Lists of empirically supported treatments for PTSD usually include cognitive behavioral therapy (CBT) and eye movement desensitization and reprocessing (EMDR), but nonresponse and dropout rates in these treatments often are high. We review the treatment dropout and nonresponse rates in 55 studies of empirically supported treatments for PTSD, review the literature for predictors of dropout and nonresponse, discuss methodological inconsistencies in the literature that make comparisons across studies difficult, and outline future directions for research. Dropout rates ranged widely and may have depended, at least in part, on the nature of the study population. It was not uncommon to find nonresponse rates as high as 50%. Standard methods of reporting dropout and nonresponse rates are needed for reporting outcomes. We suggest guidelines for collecting data to help identify characteristics and predictors of dropouts and nonresponders.

Shapiro, E., & Laub, B. (2008). Early EMDR Intervention (EEI): A Summary, a Theoretical Model, and the Recent Traumatic Episode Protocol (R-TEP). *Journal of EMDR Practice and Research*, 2(2), 79-96.

Elan Shapiro, POB 187, Ramat Yishay, 30095, Israel. E-mail: <eland@netvision.net.il>, or Brurit Laub, 12 Hadar St., Rehovot, 76466, Israel. E-mail: <brurit@zahav.net.il>

❖ *Abstract* ❖ This article examines existing early EMDR intervention (EEI) procedures, presents a conceptual model, and proposes a new comprehensive protocol: the Recent-Traumatic Episode protocol (R-TEP). A review of research and important professional issues regarding application and parameters are presented. The commonly used EEI protocols and procedures are summarized, with the inclusion of descriptive case examples from the Lebanon war and a review of related research. Then a theoretical model is presented in which traumatic information processing is conceptualized as expanding from a narrow focus on the sensory image (perceptual level) to a wider focus on the event/episode (experiential level) and finally to a broad focus on the theme/identity (meaning level). The relationship of this model to the Recent-Traumatic Episode protocol is articulated and case examples are presented. Theoretical speculations are discussed relating to attention regulation and the Adaptive Information Processing (AIP) model. Further research is encouraged.

Zaghrou-Hodali, M., Alissa, F., & Dodgson, P. W. (2008). Building Resilience and Dismantling Fear: EMDR Group Protocol With Children in an Area of Ongoing Trauma. *Journal of EMDR Practice and Research*, 2(2), 106-113.

Philip W. Dodgson, Sussex Education Centre, Sussex Partnership NHS Trust, Nevill Avenue, Hove BN3 7HY, United Kingdom. E-mail: <philip.dodgson@sussexpartnership.nhs.uk>

❖ *Abstract* ❖ A number of studies indicate that EMDR (eye movement desensitization and reprocessing) may be efficacious in treatment of children and young people with symptoms of posttraumatic stress. However, reports are limited in the use of the EMDR psychotherapy approach in situations of ongoing violence and trauma. This case study describes work with seven children in an area of ongoing violence who were subject to repeat traumas during the course of an EMDR psychotherapy intervention, using a group protocol. Results indicate that the EMDR approach can be effective in a group setting, and in an acute situation, both in reducing symptoms of posttraumatic and peritraumatic stress and in “inoculation” or building resilience in a setting of ongoing conflict and trauma. Given the need for such applications, further research is recommended regarding EMDR’s ability to increase personal resources in such settings.

STANDARDS & TRAINING COMMITTEE REPORT

Jocelyn Barrett, MSW, LICSW
Susan Curry, MS, MFT
Co-Chairs

The Standards & Training Committee is hard at work reviewing both EMDRIA Credit Programs and Basic Training curricula. We recently revised the Policies and Procedures Manual for EMDRIA Credit Programs (published on the EMDRIA website).

We invite you, as an EMDRIA member, to join our group of dedicated volunteers on the Standards & Training Committee. Applicants should be EMDRIA Certified to apply. If you are interested, please email Laura Hoye, our new Education & Training Coordinator, at lhoye@emdria.org. (Welcome, Laura!)

REGIONAL COORDINATING COMMITTEE REPORT

Karen Forte, DCSW, LCSW
Chair

(Sing the song below to the tune of the Beverly Hillbillies theme song. “R.C.” is the abbreviation for Regional Coordinator. Regional Coordinators introduce EMDR to therapists in local regions. If you don’t have a Regional Coordinator, please consider becoming one.)

Come and listen to a story about a region no one led.
Their poor Regional group, barely EMDR fed.
Then a great R.C. showed up and AIP was cued,
Up through the brain came a bubblin’ rescue.

Health that is, PC, VOC.

Well the first thing you know the R.C. is aware,
Members start joining the region there.
Said EMDR is the place you ought to be,
So they loaded up their fingers and waved with great glee.

Skills, that is.
Discussions, Seminars.

Well now it’s time to say good-bye as the members grin.
The RC’d like to thank you folks for kindly droppin in.
You’re all invited back again to this locality,
To have a healthy helping of this hospitality.
EMDR that is. Set a spell. Take your shoes off. Y’all come back now, y’hear?

Thanks to all EMDRIA Regional Coordinators!!!!!!!!!!

(Now for those of you who don’t know the words or tune to Beverly Hillbillies, please give yourselves some butterfly hugs if you feel left out. :))