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.

Amano, T., Seiyama, A., & Toichi, M. (2013). Brain activity measured with near-infrared spectroscopy during EMDR treatment of phantom limb pain. *Journal of EMDR Practice and Research*, 7(3), 144-153. doi:10.1891/1933-3196.7.3.144

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ABSTRACT

This report describes a female client with phantom limb pain (PLP), who was successfully treated by eye movement desensitization and reprocessing (EMDR) using a PLP protocol, as well as her cerebral activities, measured by near-infrared spectroscopy (NIRS), throughout the therapeutic session. She suffered from paralysis in the left lower limb because of sciatic nerve damage caused by a surgical accident, in which she awoke temporarily from anesthesia during surgery and felt intense fear. When recalling this experience, the superior temporal sulcus was activated. However, at the end of the session, her PLP was almost eliminated, with a generalized decrease in cerebral blood flow. This case suggests the possibility of involvement of a posttraumatic stress disorder (PTSD)-like mechanism in the pathogenesis of PLP, as well as the possible efficacy of EMDR for this type of PLP.

Capezzani, L., Ostacoli, L., Cavallo, M., Carletto, S., Fernandez, I., Solomon, R., . . . Cantelmi, T. (2013). EMDR and CBT for cancer patients: Comparative study of effects on PTSD, anxiety, and depression. *Journal of EMDR Practice and Research*, 7(3), 134-143. doi:10.1891/1933-3196.7.3.134

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ABSTRACT

This pilot study examined the efficacy of eye movement desensitization and reprocessing (EMDR) treatment compared with cognitive behavioral therapy (CBT) in treating posttraumatic stress disorder (PTSD) in oncology patients in the follow-up phase of the disease. The secondary aim of this study was to assess whether EMDR treatment has a different impact on PTSD in the active treatment or during the follow-up stages of disease. Twenty-one patients in follow-up care were randomly assigned to EMDR or CBT groups, and 10 patients in the active treatment phase were assigned to EMDR group. The Impact of Event Scale—Revised (IES-R) and Clinician-Administered PTSD Scale (CAPS) were used to assess PTSD at pretreatment and 1 month posttreatment. Anxiety, depression, and psychophysiological symptoms were also evaluated. For cancer patients in the follow-up stage, the absence of PTSD after the treatment was associated with a significantly higher likelihood of receiving EMDR rather than CBT. EMDR was significantly more effective than CBT in reducing scores on the IES-R and the CAPS intrusive symptom subscale, whereas anxiety and depression improved equally in both treatment groups. Furthermore, EMDR showed the same efficacy both in the active cancer treatment and during the follow-up of the disease.

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de Bont, P. A., van Minnen, A., & de Jongh, A. (2013). Treating PTSD in patients with psychosis: A within-group controlled feasibility study examining the efficacy and safety of evidence-based PE and EMDR protocols. *Behavior Therapy,* 44(4), 717-730. doi:10.1016/j.beth.2013.07.002

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ABSTRACT

The present study uses a within-group controlled design to examine the efficacy and safety of two psychological approaches to posttraumatic stress disorder (PTSD) in 10 patients with a concurrent psychotic disorder. Patients were randomly assigned either to prolonged exposure (PE; N=5) or eye movement desensitization and reprocessing (EMDR; N=5). Before, during, and after treatment, a total of 20 weekly assessments of PTSD symptoms, hallucinations, and delusion

were carried out. Twelve weekly assessments of adverse events took place during the treatment phase. PTSD diagnosis, level of social functioning, psychosis-prone thinking, and general psychopathology were assessed pretreatment, posttreatment, and at three-month follow-up. Throughout the treatment, adverse events were monitored at each session. An intention-to-treat analysis of the 10 patients starting treatment showed that the PTSD treatment protocols of PE and EMDR significantly reduced PTSD symptom severity; PE and EMDR were equally effective and safe. Eight of the 10 patients completed the full intervention period. Seven of the 10 patients (70%) no longer met the diagnostic criteria for PTSD at follow-up. No serious adverse events occurred, nor did patients show any worsening of hallucinations, delusions, psychosis proneness, general psychopathology, or social functioning. The results of this feasibility trial suggest that PTSD patients with comorbid psychotic disorders benefit from trauma-focused treatment approaches such as PE and EMDR.

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de Jongh, A., Ernst, R., Marques, L., & Hornsveld, H. (2013). The impact of eye movements and tones on disturbing memories involving PTSD and other mental disorders. *Journal of Behavior Therapy and Experimental Psychiatry*, 44(4), 477-483. doi:10.1016/j.jbtep.2013.07.002

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ABSTRACT

BACKGROUND: A wide array of experimental studies are supportive of a working memory explanation for the effects of eye movements in EMDR therapy. The working memory account predicts that, as a consequence of competition in working memory, traumatic memories lose their emotional charge.

METHOD: This study was aimed at investigating (1) the effects of taxing the working memory, as applied in EMDR, during recall of negative memories in 32 patients with posttraumatic stress disorder (PTSD), and 32 patients with other mental disorders, and (2) whether the results would differ between both groups. In a therapeutic session patients were asked to recollect a crucial upsetting memory while, in counterbalanced order (a) performing eye movements, (b) listening to tones and (c) watching a blank wall ('recall only'), each episode lasting 6 min.

RESULTS: Eye movements were found to be more effective in diminishing the emotionality of the memory than 'recall only'. There was a trend showing that tones were less effective than eye movements, but more effective than 'recall only'. The majority of patients (64%) preferred tones to continue with. The effects of taxing working memory on disturbing memories did not differ between PTSD patients and those diagnosed with other conditions.

CONCLUSIONS: The findings provide further evidence for the value of employing eye movements in EMDR treatments. The results also support the notion that EMDR is a suitable option for resolving disturbing memories underlying a broader range of mental health problems than PTSD alone.

Dijkstra, A., & van Asten, R. (2013). The eye movement desensitization and reprocessing procedure prevents defensive processing in health persuasion. *Health Communication*. doi:10.1080/10410236.2013.779558

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ABSTRACT

In the present study, the method of eye movement desensitization and reprocessing (EMDR) is studied to understand and prevent defensive reactions with regard to a negatively framed message advocating fruit and vegetable consumption. EMDR has been shown to tax the working memory. Participants from a university sample (n = 124) listened to the persuasive message in a randomized laboratory experiment. In the EMDR condition, they were also instructed to follow with their eyes a dot on the computer screen. The dot constantly moved from one side of the screen to the other in 2 seconds. In addition, a self-affirmation procedure was applied in half of the participants. EMDR led to a significant increase in persuasion, only in recipients in whom the persuasive message could be expected to activate defensive self-regulation (in participants with a moderate health value and in participants with low self-esteem). In those with a moderate health value, EMDR increased persuasion, but only when recipients were not affirmed. In addition, EMDR increased persuasion only in recipients with low self-esteem, not in those with high self-esteem. These results showed that EMDR influenced persuasion and in some way lowered defensive reactions. The similarities and differences in effects of EMDR and self-affirmation further increased our insight into the psychology of defensiveness.

Dijkstra, A., & van Asten, R. (2013). The eye movement desensitization and reprocessing procedure prevents defensive processing in health persuasion. *Health Communication*. doi:10.1080/10410236.2013.779558

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to the persuasive message in a randomized laboratory experiment. In the EMDR condition, they were also instructed to follow with their eyes a dot on the computer screen. The dot constantly moved from one side of the screen to the other in 2 seconds. In addition, a self-affirmation procedure was applied in half of the participants. EMDR led to a significant increase in persuasion, only in recipients in whom the persuasive message could be expected to activate defensive self-regulation (in participants with a moderate health value and in participants with low self-esteem). In those with a moderate health value, EMDR increased persuasion, but only when recipients were not affirmed. In addition, EMDR increased persuasion only in recipients with low self-esteem, not in those with high self-esteem. These results showed that EMDR influenced persuasion and in some way lowered defensive reactions. The similarities and differences in effects of EMDR and self-affirmation further increased our insight into the psychology of defensiveness.

Doering, S., Ohlmeier, M. -C., de Jongh, A., Hofmann, A., & Bisping, V. (2013). Efficacy of a trauma-focused treatment approach for dental phobia: A randomized clinical trial. *European Journal of Oral Sciences*, 1-10. doi:10.1111/eos.12090

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ABSTRACT

It has been hypothesized that treatment specifically focused on resolving memories of negative dental events might be efficacious for the alleviation of anxiety in patients with dental phobia. Thirty-one medication-free patients who met the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) criteria of dental phobia were randomly assigned to either Eye Movement Desensitization and Reprocessing (EMDR) or a waitlist control condition. Dental anxiety was assessed using the Dental Anxiety Questionnaire (DAS), the Dental Fear Survey (DFS), a behavior test, and dental attendance at 1-yr of follow up. Eye Movement Desensitization and Reprocessing was associated with significant reductions of dental anxiety and avoidance behavior as well as in symptoms of post-traumatic stress disorder (PTSD). The effect sizes for the primary outcome measures were d = 2.52 (DAS) and d = 1.87 (DFS). These effects were still significant 3 months (d = 3.28 and d = 2.28, respectively) and 12 months (d = 3.75 and d = 1.79, respectively) after treatment. After 1 yr, 83.3% of the patients were in regular dental treatment (d = 3.20). The findings suggest that therapy aimed at processing memories of past dental events can be helpful for patients with dental phobia.

Faretta, E. (2013). EMDR and cognitive behavioral therapy in the treatment of panic disorder: A comparison. *Journal of EMDR Practice and Research*, 7(3), 121-133. doi:10.1891/1933-3196.7.3.121

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A pilot comparison was made between two treatments for panic disorder, eye movement desensitization and reprocessing (EMDR) and cognitive behavioral therapy (CBT). Treatment was provided in the private practice settings of 7 credentialed therapists, whose treatment fidelity was monitored throughout the study. Five outcome measures were administered at pretreatment, posttreatment, and 1-year follow-up. There was significant improvement for participants in both groups (N = 19) after 12 sessions of treatment. No significant differences in outcome were seen between the 2 therapies, except for lower frequency of panic attacks reported by those in the EMDR group. The current study reanalyzed the data previously reported in Faretta (2012). Further research in this area is suggested.

Gauvry, S. B., Lesta, P., Alonso, A. L., & Pallia, R. (2013). Complex regional pain syndrome (CRPS), Sudeck's dystrophy: EMDR reprocessing therapy applied to the psychotherapeutic strategy. *Journal of EMDR Practice and Research*, 7(3), 167-172. doi:10.1891/1933-3196.7.3.167

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ABSTRACT

Complex regional pain syndrome (CRPS) Type 1, formerly termed Sudeck's dystrophy, is a disproportionate pain condition after a minor injury in a limb, with sensory, autonomic, motor dysfunction, and muscular atrophy without a demonstrated peripheral nerve injury. In children, its course can be self limiting or evolve chronically and be accompanied with psychological distress and deterioration in life quality. CRPS may occur in association with posttraumatic stress disorder (PTSD) and may benefit from multidisciplinary treatment. The eye movement desensitization and reprocessing (EMDR) approach, with demonstrated efficacy in PTSD, has also been reported to be helpful with chronic pain. The application of EMDR in a case of uncontrolled pain during an adolescent's hospitalization for CRPS is presented and its potential benefits are discussed.

Gillies, D., Taylor, F., Gray, C., O'Brien, L., & D'Abrew, N. (2013). Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents (review). *Evidence-based Child Health : A Cochrane Review Journal*, 8(3), 1004-116. doi:10.1002/ebch.1916

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ABSTRACT

BACKGROUND: Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. Although a wide range of psychological therapies have been used in the treatment of PTSD there are no systematic reviews of these therapies in children and adolescents.

OBJECTIVES: To examine the effectiveness of psychological therapies in treating children and adolescents who have been diagnosed with PTSD.

SEARCH METHODS: We searched the Cochrane Depression, Anxiety and Neurosis Review Group's Specialised Register (CCDANCTR) to December 2011. The CCDANCTR includes relevant randomised controlled trials from the following bibliographic databases: CENTRAL (the Cochrane Central Register of Controlled Trials) (all years), EMBASE (1974 -), MEDLINE (1950 -) and PsycINFO (1967 -). We also checked reference lists of relevant studies and reviews. We applied no date or language restrictions.

SELECTION CRITERIA: All randomised controlled trials of psychological therapies compared to a control, pharmacological therapy or other treatments in children or adolescents exposed to a traumatic event or diagnosed with PTSD.

DATA COLLECTION AND ANALYSIS: Two members of the review group independently extracted data. If differences were identified, they were resolved by consensus, or referral to the review team. We calculated the odds ratio (OR) for binary outcomes, the standardised mean difference (SMD) for continuous outcomes, and 95% confidence intervals (CI) for both, using a fixed-effect model. If heterogeneity was found we used a random-effects model.

MAIN RESULTS: Fourteen studies including 758 participants were included in this review. The types of trauma participants had been exposed to included sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in these studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most compared a psychological therapy to a control group. No study compared psychological therapies to pharmacological therapies alone or as an adjunct to a psychological therapy. Across all psychological therapies, improvement was significantly better (three studies, n = 80, OR 4.21, 95% CI 1.12 to 15.85) and symptoms of PTSD (seven studies, n = 271, SMD -0.90, 95% CI -1.24 to -0.42), anxiety (three studies, n = 91, SMD -0.57, 95% CI -1.00 to -0.13) and depression (five studies, n = 156, SMD -0.74, 95% CI -1.11 to -0.36) were significantly lower within a month of completing psychological therapy compared to a control group. The psychological therapy for which there was the best evidence of effectiveness was CBT. Improvement was significantly better for up to a year following treatment (up to one month: two studies, n = 49, OR 8.64, 95% CI 2.01 to 37.14; up

to one year: one study, n = 25, OR 8.00, 95% CI 1.21 to 52.69). PTSD symptom scores were also significantly lower for up to one year (up to one month: three studies, n = 98, SMD -1.34, 95% CI -1.79 to -0.89; up to one year: one study, n = 36, SMD -0.73, 95% CI -1.44 to -0.01), and depression scores were lower for up to a month (three studies, n = 98, SMD -0.80, 95% CI -1.47 to -0.13) in the CBT group compared to a control. No adverse effects were identified. No study was rated as a high risk for selection or detection bias but a minority were rated as a high risk for attrition, reporting and other bias. Most included studies were rated as an unclear risk for selection, detection and attrition bias.

AUTHORS' CONCLUSIONS: There is evidence for the effectiveness of psychological therapies, particularly CBT, for treating PTSD in children and adolescents for up to a month following treatment. At this stage, there is no clear evidence for the effectiveness of one psychological therapy compared to others. There is also not enough evidence to conclude that children and adolescents with particular types of trauma are more or less likely to respond to psychological therapies than others. The findings of this review are limited by the potential for methodological biases, and the small number and generally small size of identified studies. In addition, there was evidence of substantial heterogeneity in some analyses which could not be explained by subgroup or sensitivity analyses. More evidence is required for the effectiveness of all psychological therapies more than one month after treatment. Much more evidence is needed to demonstrate the relative effectiveness of different psychological therapies or the effectiveness of psychological therapies compared to other treatments. More details are required in future trials in regards to the types of trauma that preceded the diagnosis of PTSD and whether the traumas are single event or ongoing. Future studies should also aim to identify the most valid and reliable measures of PTSD symptoms and ensure that all scores, total and sub-scores, are consistently reported.

PLAIN LANGUAGE SUMMARY: Psychological therapies for the treatment of post-traumatic stress disorder in children and adolescents Post-traumatic stress disorder (PTSD) is highly prevalent in children and adolescents who have experienced trauma and has high personal and health costs. The aim of this review was to examine the effectiveness of all psychological therapies for the treatment of PTSD in children and adolescents. We searched for all randomised controlled trials comparing psychological therapies to a control, other psychological therapies or other therapies for the treatment of PTSD in children and adolescents aged 3 to 18 years. We identified 14 studies with a total of 758 participants. The types of trauma related to the PTSD were sexual abuse, civil violence, natural disaster, domestic violence and motor vehicle accidents. Most participants were clients of a trauma-related support service. The psychological therapies used in the included studies were cognitive behavioural therapy (CBT), exposure-based, psychodynamic, narrative, supportive counselling, and eye movement desensitisation and reprocessing (EMDR). Most included studies compared a psychological therapy to a control group. No study compared psychological therapies to medications or medications in combination with a psychological therapy. There was fair evidence for the effectiveness of psychological therapies, particularly CBT, for the treatment of PTSD in children and adolescents for up to a month following treatment. More evidence is required for the effectiveness of psychological therapies in the longer term and to be able to compare the effectiveness of one psychological therapy to another. The findings of this review are limited by the potential for bias in the included studies, possible differences between studies which could not be identified, the small number of identified studies and the low number of participants in most studies.

Hašto, J., & Vojtová, H. (2013). Posttraumatic stress disorder: Bio-psycho-social aspects, eye movement desensitization and reprocessing and autogenic training in persistent stress: Case study, part 1. *European Journal of Mental Health*, 8(1), 81-101.

Full text available at: http://www.ejmh.eu/melle-kletek/2013_1_81_Hasto_Vojtova.pdf

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ABSTRACT

The inclusion of the diagnostic category Posttraumatic Stress Disorder (PTSD) in both the American and the international diagnostic systems, and the definition of the 'exceptional stressor' has probably contributed to the recent boom in psychotraumatology research. The bio-psycho-social model seems to be the most adequate account with regard to the multiple layers of the problem. The authors provide an overview of recent research findings. Numerous scientific studies have focused on finding effective treatment methods for trauma-related disorders. Both pharmacological and psychotherapeutic approaches have been found effective. Nowadays, the authors consider psychotherapy to be more essential in the treatment approach for traumatogenic disorders.

Konitzer, M., & Jaeger, B. (2013). Stellt shapiros EMDR einen paradigmenwechsel in der psychotherapie dar? Versuch einer konzeptionellen analyse. [Does Shapiro's EMDR make a paradigm shift in psychotherapy? Trying to assess EMDR by conceptual analysis.]. *Psyche: Zeitschrift Für Psychoanalyse Und Ihre Anwendungen*, 67(5), 458-482.

ABSTRACT

Despite of Francine Shapiro's self-explanation EMDR is no paradigm shift in psychotherapy but an eclecticism of Freudian thought, behaviorism, mesmerism and esoterics. The particular metaphorical blend of mechanics and optics is an offspring from early modern times' memorial arts. While this ancient "ars memorativa" tried to enhance memory by mechanical techniques its modern second coming tries to erase

traumatic memory by mechanical means. Such an "ars oblivationis" is lesser based scientifically but in cultural tradition. Moreover Shapiro's concept shows cultural signs of an "Imitatio Freudi" (Bloom), confirming instead of abolishing the old paradigm.

Novo Navarro, P., Maiche Marini, A., Scott, J., Landin-Romero, R., & Amann, B. L. (2013). No effects of eye movements on the encoding of the visuospatial sketchpad and the phonological loop in healthy participants: Possible implications for eye movement desensitization and reprocessing therapy. *Personality and Individual Differences*, 55(8), 983-988. doi:10.1016/j.paid.2013.08.005

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ABSTRACT

Horizontal eye movement is an essential component of the psychological intervention "eye movement desensitization and reprocessing" (EMDR) used in posttraumatic stress disorder. A hypothesized mechanism of action is an overload of the visuospatial sketchpad and/or the phonological loop of the working memory. The aim is to explore how eye movements affect the information encoding of the visuospatial sketchpad and the phonological loop. Fifty healthy young adults performed two immediate recall tasks from the Wechsler Memory Scale: "Corsi Cubes" and "Digits". Using a within-participants design, up to 16 repetitions of eight seconds of eye-movement and an eye-rest condition were performed. There were no statistically significant differences between the eye movement and eye rest conditions for either recall task. In our sample of healthy participants, eye movements did not improve the immediate auditory and visual consolidation memory, undermining this hypothesized mechanism of action of EMDR. However, these findings might also be explained by our exclusion of tests that would stimulate autobiographical memory and our use of a non-clinical sample.

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ten Hoor, N. M. (2013). Treating cognitive distortions with EMDR: A case study of a sex offender. *The International Journal of Forensic Mental Health*, 12(2), 139-148. doi:10.1080/14999013.2013.791350

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ABSTRACT

This single-case study illustrates how eye movement desensitization and reprocessing (EMDR) can be of use in the treatment of cognitive distortions in sex offenders who themselves have been victimized in their childhood. A 56-year-old man did not perceive his childhood sexual experiences as negative. As a consequence, he could not see any harm in his own offending in later life. He spent one year in cognitive-behavioral group therapy barely making any progress. After nine EMDR sessions, most cognitive distortions appeared to be resolved. He was able to attend his group sessions in a more open and involved manner.

Tesarz, J., Gerhardt, A., Leisner, S., Janke, S., Hartmann, M., Seidler, G. H., & Eich, W. (2013). Effects of eye movement desensitization and reprocessing (EMDR) on non-specific chronic back pain: A randomized controlled trial with additional exploration of the underlying mechanisms. *BMC Musculoskeletal Disorders*, 14(1), 256. doi:10.1186/1471-2474-14-256

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ABSTRACT

BACKGROUND: Non-specific chronic back pain (CBP) is often accompanied by psychological trauma, but treatment for this associated condition is often insufficient. Nevertheless, despite the common co-occurrence of pain and psychological trauma, a specific trauma-focused approach for treating CBP has been neglected to date. Accordingly, eye movement desensitization and reprocessing (EMDR), originally developed as a treatment approach for posttraumatic stress disorders, is a promising approach for treating CBP in patients who have experienced psychological trauma. Thus, the aim of this study is to determine whether a standardized, short-term EMDR intervention added to treatment as usual (TAU) reduces pain intensity in CBP patients with psychological trauma vs. TAU alone.

METHODS/DESIGN: The study will recruit 40 non-specific CBP patients who have experienced psychological trauma. After a baseline assessment, the patients will be randomized to either an intervention group (n = 20) or a control group (n = 20). Individuals in the EMDR group will receive ten 90-minute sessions of EMDR fortnightly in addition to TAU. The control group will receive TAU alone. The post-treatment assessments will take place two weeks after the last EMDR session and six months later. The primary outcome will be the change in the intensity of CBP within the last four weeks (numeric rating scale 0--10) from the pre-treatment assessment to the post-treatment assessment two weeks after the copletion of treatment. In addition, the patients will undergo a thorough assessment of the change in the experience of pain, disability, trauma-associated distress, mental co-morbidities, resilience, and quality of life to explore distinct treatment effects. To explore the mechanisms of action that are involved, changes in pain perception and pain processing (quantitative sensory testing, conditioned pain

modulation) will also be assessed. The statistical analysis of the primary outcome will be performed on an intention-to-treat basis. The secondary outcomes will be analyzed in an explorative, descriptive manner.

DISCUSSION: This study adapts the standard EMDR treatment for traumatized patients to patients with CBP who have experienced psychological trauma. This specific, mechanism-based approach might benefit patients. Trial registration: This trial has been registered with ClinicalTrials.gov (NCT01850875)

Verstrael, S., Wurff, P. V. D., & Vermetten, C. E. (2013). Eye movement desensitisation and reprocessing (EMDR) as treatment for combat-related PTSD: A meta-analysis. Accepted author version posted online: 01 Aug 2013. doi:10.1080/21635781.2013.827088

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ABSTRACT

INTRODUCTION: Although the symptom presentation of PTSD in the general and military population is very similar, combat-related PTSD is typically thought to be more severe due to the repeated and prolonged exposure of traumatic events. One of the treatments of choice, Eye-Movement Desensitisation and Reprocessing (EMDR) has however not been validated for the military population.

METHOD: A meta-analysis was carried out on literature ranging back to 1987.

RESULTS: The analysis thus far resulted in a failure to support the effectiveness of EMDR in treating PTSD in the military population. Several possible explanations are given, of which the limited amount of well-designed RCTs seems to be the most important one.

CONCLUSION: Until more research is done, EMDR as first treatment of choice for combat-related PTSD should only be used if other treatment protocols have proven unsuccessful.

Zaccagnino, M., & Cussino, M. (2013). EMDR and parenting: A clinical case. *Journal of EMDR Practice and Research*, 7(3), 154-166. doi:10.1891/1933-3196.7.3.154

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ABSTRACT

The theory of attachment underlines how traumatic experiences from the parent's past—when stored in a dysfunctional way—can be reactivated in the parent caregiving system, emerging from an internal working model (IWM) of attachment that holds the memory traces of such traumatic events. This article presents a clinical case report of a mother who was referred to treatment because she presented strong depressive symptoms. Forty sessions were provided, consisting of eye movement desensitization and reprocessing (EMDR) to address maternal trauma issues and cognitive behavioral therapy (CBT) for parenting skill development, debriefing, cognitive restructuring, and psychoeducation. The positive treatment results included distinct evidence of changes in the mother's relationship with her child, and her mental representation of her caregiving system as measured with the Parent Development Interview (Slade et al., 1993).

Zarghi, A., Zali, A., & Tehranidost, M. (2013). Methodological aspects of cognitive rehabilitation with eye movement desensitization and reprocessing (EMDR). *Basic and Clinical Neuroscience,* 4(1), 97-103.

ABSTRACT

A variety of nervous system components such as medulla, pons, midbrain, cerebellum, basal ganglia, parietal, frontal and occipital lobes have role in Eye Movement Desensitization and Reprocessing (EMDR) processes. The eye movement is done simultaneously for attracting client's attention to an external stimulus while concentrating on a certain internal subject. Eye movement guided by therapist is the most common attention stimulus. The role of eye movement has been documented previously in relation with cognitive processing mechanisms. A series of systemic experiments have shown that the eyes' spontaneous movement is associated with emotional and cognitive changes and results in decreased excitement, flexibility in attention, memory processing, and enhanced semantic recalling. Eye movement also decreases the memory's image clarity and the accompanying excitement. By using EMDR, we can reach some parts of memory which were inaccessible before and also emotionally intolerable. Various researches emphasize on the effectiveness of EMDR in treating and curing phobias, pains, and dependent personality disorders. Consequently, due to the involvement of multiple neural system components, this palliative method of treatment can also help to rehabilitate the neuro-cognitive system. ❖