



*Promoting the health and growth of human beings through the support of quality research, evidence-based practice and compassionate, well-informed clinicians.*

**A monthly newsletter keeping you informed.**

**Volume 2, Issue 4**

**In This Issue**

- ~ EMDR and Obsessive-Compulsive Disorder: Some Promising Studies
- ~ Ways to Support ERF
- ~ Research and Grant Awards
- ~ Write a TRIP Article
- ~ Celebrating 25 Years of EMDR Research

*This is a monthly e-newsletter created primarily for EMDR researchers and trained clinicians. The purpose of it is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with a variety of populations.*

*As the EMDR Research Foundation Board of Directors works to create more research opportunities for our community, we hope you join in on the conversation and find this content helpful in your profession.*

*Sincerely,*

*Wendy Freitag, Ph.D.  
EMDR Research Foundation*

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**[EMDR and Obsessive-Compulsive Disorder: Some Promising Studies](#)**

According to the National Institute of Mental Health, "people with obsessive-compulsive disorder (OCD) feel the need to check things repeatedly, or have certain thoughts or perform routines and rituals over and over. The thoughts and rituals associated with OCD cause distress and get in the way of daily life.



The frequent upsetting thoughts are called obsessions. To try to control them, a person will feel an overwhelming urge to repeat certain rituals or behaviors called compulsions. People with OCD can't control these obsessions and compulsions. Most of the time, the rituals end up controlling them." <http://www.nimh.nih.gov/health/topics/obsessive-compulsive-disorder-ocd/index.shtml>

Thoughts about the potential origins of OCD appear to be varied and include such things as environmental causes, biological causes, and/or stressful or traumatic experiences.

The primary treatments to date have been psychotherapy (especially Exposure and Response Prevention) and/or ) the use of medication with particular emphasis on antidepressants.

In the Mayo Clinic description of OCD <http://www.mayoclinic.org/diseases-conditions/ocd/basics/treatment/con-20027827>, it is suggested that although there may not be a cure (for OCD), treatment with medication and/or Exposure and Response Prevention may help the individual manage the symptoms. Also mentioned in this reference above, is the fact that these treatments include ongoing exposure to triggers as well as the necessity for homework, neither of which is required in EMDR therapy.

Researchers have begun to explore the usefulness of EMDR with this disorder. The three studies below each use different research models. Study # 1 compares two adaptations of Shapiro's (2001) phobia protocol; study # 2 utilizes EMDR therapy alone on OCD symptoms compared to the use of medication alone; and, study # 3 uses EMDR therapy along with Exposure and Response therapies in addition to the use of medication.

More research, especially research using Randomized Clinical Trials, is necessary to establish the efficacy of EMDR with this disorder.

**Marr, J. "EMDR Treatment of Obsessive-Compulsive Disorder" Journal of**

## **EMDR Practice and Research, Volume 6, Number 1, 2012**

FULL TEXT/FREE: <http://dx.doi.org/10.1891/1933-3196.6.1.2>

### **Abstract:**

This article reports the results of two experiments, each investigating a different eye movement desensitization and reprocessing (EMDR) protocol for obsessive-compulsive disorder (OCD) and each with two young adult male participants with long-standing unremitting OCD. Two adaptations of Shapiro's (2001) phobia protocol were developed, based on the theoretical view that OCD is a self-perpetuating disorder, with OCD compulsions and obsessions and current triggers reinforcing and maintaining the disorder. Both adaptations begin by addressing current obsessions and compulsions, instead of working on past memories; one strategy delays the cognitive installation phase; the other uses mental video playback in the desensitization of triggers. The four participants received 14-16 one-hour sessions, with no assigned homework. They were assessed with the Yale-Brown Obsessive Compulsive Scale (Y-BOCS), with scores at pretreatment in the extreme range (mean = 35.3). Symptom improvement was reported by participants after 2 or 3 sessions. Scores at posttreatment were in the subclinical/mild range for all participants (mean = 8.5). Follow-up assessments were conducted at 4-6 months, indicating maintenance of treatment effects (mean = 7.5). Symptom reduction was 70.4% at posttreatment and 76.1% at follow-up for the Adapted EMDR Phobia Protocol and 81.4% at posttreatment and at follow-up for the Adapted EMDR Phobia Protocol with Video Playback. Theoretical implications are discussed, and future research is recommended.

**Nazari, H., Momeni, N., Jariani, M., & Tarrahi, M. J. (2011, November). Comparison of eye movement desensitization and reprocessing with citalopram in treatment of obsessive-compulsive disorder. *International Journal of Psychiatry in Clinical Practice*, 15(4), 270-274. doi:10.3109/13651501.2011.590210**

### **Abstract:**

**Objective:** Obsessive-compulsive disorder (OCD) is one of the chronic anxiety disorders that interfere with routine individual life, occupational and social functions. There is controversy about the first choice of treatment for OCD between medication and psychotherapy. The aim was to investigate the efficacy of eye movement desensitization and reprocessing (EMDR) compared with medication by citalopram in treatment of OCD. **Methods.** This randomized controlled trial was carried out on 90 OCD patients that randomly were assigned into two groups. They either received therapeutic sessions of EMDR or citalopram during 12 weeks. Both groups blindly were evaluated by the Yale-Brown scale before and after the trial period. **Results.** Pretreatment average Yale-Brown score of citalopram group was about 25.26 as well as 24.83 in EMDR group. The after treatment scores were 19.06 and 13.6, respectively. There was significant difference between the mean Yale-Brown scores

of the two groups after treatment and EMDR was more effective than citalopram in improvement of OCD signs. Conclusion. It is concluded that although both therapeutic methods (EMDR and Citalopram) had significant effect in improving obsessive signs but it seems that in short term has better effect in improvement of final outcome of OCD.

Read More: (includes information on purchasing the article OR contact information to request a copy of the article from the author.) <http://informahealthcare.com/doi/abs/10.3109/13651501.2011.590210>

**Nijdam, M., Pol, M. V. D., Dekens, R., Olf, M., & Denys, D. (2013). Treatment of sexual trauma dissolves contamination fear. European Journal of Psychotraumatology, 3(0). doi:10.3402/ejpt.v4i0.19157**

**Abstract:**

**Background:** In patients with co-morbid obsessive-compulsive disorder (OCD) and posttraumatic stress disorder (PTSD), repetitive behavior patterns, rituals, and compulsions may ward off anxiety and often function as a coping strategy to control reminders of traumatic events. Therefore, addressing the traumatic event may be crucial for successful treatment of these symptoms.

**Objective:** In this case report, we describe a patient with comorbid OCD and PTSD who underwent pharmacotherapy and psychotherapy.

**Methods:** Case Report. A 49-year-old Dutch man was treated for severe PTSD and moderately severe OCD resulting from anal rape in his youth by an unknown adult man.

**Results:** The patient was treated with paroxetine (60 mg), followed by nine psychotherapy sessions in which eye movement desensitization and reprocessing (EMDR) and exposure and response prevention (ERP) techniques were applied. During psychotherapy, remission of the PTSD symptoms preceded remission of the OCD symptoms. Conclusions: This study supports the idea of a functional connection between PTSD and OCD. Successfully processing the trauma results in diminished anxiety associated with trauma reminders and subsequently decreases the need for obsessive-compulsive symptoms.

Read More: (includes information on purchasing the article OR author contact information to request a copy of the article from the author.) <http://dx.doi.org/10.3402/ejpt.v4i0.19157>

FULL TEXT/FREE: [http://www.ejpt.net/index.php/ejpt/article/download/19157/pdf\\_1](http://www.ejpt.net/index.php/ejpt/article/download/19157/pdf_1)

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## Ways To Support EMDR Research Foundation

Your support is more critical than ever. Thanks for working together with us in our shared vision of a world where people are transformed to wellness and vibrancy by

effective, compassionate mental health treatment that is driven by quality research.

***The EMDR Research Foundation is the only funding source dedicated solely to supporting EMDR research worldwide.***

You can support EMDR Research Foundation a variety of ways;

- Become a Visionary Alliance monthly donor.
- Make a single donation.
- Make a tribute gift that enables you to meaningfully honor or remember someone while supporting EMDR research.

**With your support, we can learn more about the benefits of EMDR therapy.** To join the Visionary Alliance or make a single donation, visit [emdrresearchfoundation.org](http://emdrresearchfoundation.org). If you are a current member of our Visionary Alliance and your credit card changes or expires, please get in touch with us at (512) 992-1241.

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## Research and Grant Awards - Awards, Deadlines and New Opportunities

***EMDR Europe has announced that their Research Proposal for Funding applications is now open***

Clinical and basic research projects have been extremely important for the development and recognition of EMDR therapy. In order to contribute to the development of these projects, the EMDR Europe Association has set up grant applications for European investigators. You will find the funding application form at the following link [Funding application form](#).

### ***ERF's New Award Category*** **Research Dissemination Travel Awards**

A new *Travel Award* has been developed that supports dissemination of well designed EMDR research to the scientific and clinical communities. It provides travel support of up to \$1,000 for clinicians, post-doctoral students, or university faculty presenting their research at professional (non EMDR) meetings. This travel award must be applied for and awarded prior to the meeting. Distribution of the awarded



funds will be made after the meeting upon submission of the required documentation. For more information about the award or to review the application requirements, please visit the "Research Dissemination Awards" link on the ERF website. <http://emdrresearchfoundation.org/research-grants/research-dissemination-travel-award/>

To learn more about all of the awards offered by the EMDR Research Foundation and how to apply, visit [www.emdrresearchfoundation.org](http://www.emdrresearchfoundation.org).

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## Write a TRIP Article for the Journal of EMDR Practice and Research

Translating Research Into Practice (TRIP) articles bring research alive and make research findings relevant in a therapist's day-to-day practice. It also supports researchers in disseminating their findings and provides a critical link between research and practice.

- **Clinicians** - If you have read a research article that stimulated your thinking, inspired your work, or made a difference in your work with a client, please share this by writing a brief case description that elucidates or is inspired by the findings of a research article.
- **Researchers** - If you have been involved in a research study and would like to share clinical examples that elucidate your findings, we invite you to share them with your clinical colleagues by writing your case example and how it relates to your research.
- **Clinical consultants and trainers** - If you have found a research article that has proven helpful to a consultee or to trainees in their understanding of or application of EMDR, please share your experiences. We can support researchers in disseminating their findings and provide the critical link between research and practice. To learn more about TRIP, visit our website.

### The Translating Research Into Practice (TRIP)

[EMDR With Recurrent "Flash-Forwards": Reflections on Engelhard et al.'s 2011 Study.](#)

*Journal of EMDR Practice and Research*, 7(2), 106-111.

<http://dx.doi.org/10.1891/1933-3196.7.2.106>

In a recent issue of the *Journal of EMDR Practice and Research*, 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."

If you think you might want to contribute to the column and want more information, email Katy Murray at [katymurraymsw@comcast.net](mailto:katymurraymsw@comcast.net).

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## Stay Connected to the EMDR Research Foundation

**Don't forget to like us on Facebook or follow us on Twitter!** It is just one more way to support ERF. It is free and quick! We provide updates to research grants, outcomes from funded programs, and resources for those suffering who want to learn more about how EMDR may be able to help them.

**Sign up for EMDR And The Military In Action.** ERF sponsors a monthly newsletter that focuses on our colleagues who have been specifically trained to treat military personnel, veterans, and their families. *EMDR And The Military In Action* is designed to promote continued interest and education in EMDR and show our support for those clinicians who deal daily with this growing population of traumatized individuals.

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