EMDR RESEARCH FOUNDATION

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EMDR And The Military In Action

A monthly newsletter to keep you informed.

This is a monthly e-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing Therapy (EMDR) who work with military, veterans, and their families. The purpose of **EMDR And The Military In Action** is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

In This Issue

NOTE: No pilot studies or RCT's to date have compared EMDR to Cognitive Processing Therapy (CPT)

Citations of the Month- Comparison of EMDR, Cognitive Behavioral Therapy, and Exposure Therapies

EMDR versus CBT

Nijdam, M. J., Gersons, B. P. R., Reitsma, J. B., de Jongh, A., & Olff, M. (2012, March). **Brief eclectic psychotherapy v. eye movement desensitisation and reprocessing therapy for post-traumatic stress disorder: Randomised controlled trial.**

British Journal of Psychiatry, 200(3), 224-231. doi:10.1192/bjp.bp.111.099234.

Background: Trauma-focused cognitive-behavioural therapy (CBT) and eye movement desensitisation and reprocessing therapy (EMDR) are efficacious treatments for post-traumatic stress disorder (PTSD), but few studies have directly compared them using well-powered designs and few have investigated response patterns. Aims: To compare the efficacy and response pattern of a trauma-focused CBT modality, brief eclectic psychotherapy for PTSD, with EMDR (trial registration: ISRCTN64872147). Method: Out-patients with PTSD were randomly assigned to brief eclectic psychotherapy (n = 70) or EMDR (n = 70) and assessed at all sessions on self-reported PTSD (Impact of Event Scale - Revised). Other outcomes were clinician-rated PTSD, anxiety and depression. Results: Both treatments were equally effective in reducing PTSD symptom severity, but the response pattern indicated that EMDR led to a significantly

sharper decline in PTSD symptoms than brief eclectic psychotherapy, with similar drop-out rates (EMDR: n = 20 (29%), brief eclectic psychotherapy: n = 25 (36%)). Other outcome measures confirmed this pattern of results. Conclusions: Although both treatments are effective, EMDR results in a faster recovery compared with the more gradual improvement with brief eclectic psychotherapy.

EMDR versus Exposure and Cognitive Restructuring

Power, K., McGoldrick, T., Brown, K., Buchanan, R., Sharp, D., Swanson, V., & Karatzias, A. (2002, August). **A controlled comparison of eye movement desensitization and reprocessing versus exposure plus cognitive restructuring, versus waiting list in the treatment of post traumatic stress disorder**. Journal of Clinical Psychology and Psychotherapy, 9(5), 299-318. doi:10.1002/cpp.341.

A total of 105 patients with PTSD were randomly allocated to eye-movement desensitization and reprocessing (EMDR) (n = 39) versus exposure plus cognitive restructuring (E + CR) (n = 37) versus waiting list (WL) (n = 29) in a primary care setting. EMDR and E + CR patients received a maximum of 10 treatment sessions over a 10-week period. All patients were assessed by blind raters prior to randomization and at end of the 10-week treatment or waiting list period. EMDR and E + CR patients were also assessed by therapists at the mid-point of the 10- week treatment period and on average at 15 months follow-up. Patients were assessed on a variety of assessor-rated and self-report measures of PTSD symptomatology including the Clinician Administered PTSD Scale (CAPS), the Impact of Events Scale (IOE) and a self-report version of the SI-PTSD Checklist. Measures of anxiety and depression included the Montgomery Asberg Depression Rating Scale (MADRS), the Hamilton Anxiety Scale (HAM-A), and the Hospital Anxiety and Depression Scale (HADS). A measure of social function, the Sheehan Disability Scale, was also used. Drop-out rates between the three groups were 12 EMDR, 16 E + CR, and 5 WL. Treatment end-point analyses were conducted on the remaining 72 patients. Repeated measures analysis of variance of treatment outcome at 10 weeks revealed significant time, interaction, and group effects for all the above measures. In general there were significant and substantial pre-post reductions for EMDR and E + CR groups but no change for the WL patients. Both treatments were effective over WL. The only indication of superiority of either active treatment, in relation to measures of clinically significant change, was a greater reduction in patient self-reported depression ratings and improved social functioning for EMDR in comparison to E + CR at the end of the treatment period and for fewer number of treatment sessions for EMDR (mean 4.2) than E + CR (mean 6.4) patients. At 15 months follow-up treatment gains were generally well-maintained with the only difference, in favour of EMDR over E + CR, occurring in relation to assessor-rated levels of clinically significant change in depression. However, exclusion of patients who had subsequent treatment during the follow-up period diminished the proportion of patients achieving long-term clinically significant change. In summary, at end of treatment and at follow-up, both EMDR and E + CR are effective in the treatment of PTSD with only a slight advantage in favour of EMDR.

EMDR versus Imaginal Exposure and Cognitive Restructuring

Karatzias, A., Power, K., McGoldrick, T., Brown, K., Buchanan, R., Sharp, D., & Swanson, V. (2007, February). **Predicting treatment outcome on three measures for post-traumatic stress disorder**. European Archives of

Psychiatry and Clinical Neuroscience, 257(1), 40-46. doi:10.1007/s00406-006-0682-2.

The aim of the present study was to investigate predictors of treatment outcome for Post-traumatic Stress Disorder (PTSD) after treatment completion and at 15-months follow-up (*n* = 48), in a trial of Eye Movement Desensitisation and Reprocessing (EMDR) versus Imaginal Exposure and Cognitive Restructuring (E+CR). Factors associated with treatment outcome were investigated using regression analyses with the mean change scores in three assessor and self-rated PTSD symptomatology measures, including the Clinician-Administered PTSD Scale (CAPS), the Impact of Events Scale (IES) and the PTSD Symptom Checklist (PCL) from pre- to post-treatment and pre-treatment to follow-up as the dependent variables and demographics, trauma, clinical and personality measures as independent variables. Irrespective to outcome measures and assessment points it was found that four variables were able to predict significantly treatment outcome.These included baseline PTSD symptomatology, number of sessions, gender and therapy type. Overall, our results showed that it is difficult to use pre-treatment variables as a powerful and reliable tool for predicting treatment outcome, as significant predictors were found to be sample-specific and outcome measure-specific. Clinical relevance of the present results and directions for future research are discussed.

EMDR versus Stress Inoculation Training with Prolonged Exposure

Lee, C. W., Gavriel, H., Drummond, P., Richards, J., & Greenwald, R. (2002, September). **Treatment of PTSD: Stress inoculation training with prolonged exposure compared to EMDR.** Journal of Clinical Psychology, 58(9), 1071-1089. doi:10.1002/jclp.10039.

The effectiveness of Stress Inoculation Training with Prolonged Exposure (SITPE) was compared to Eye Movement Desensitization and Reprocessing (EMDR). 24 participants who had a diagnosis of PTSD were randomly assigned to one of the treatment conditions. Participants were also their own wait-list control. Outcome measures included self-report and observer-rated measures of PTSD, and self-report measures of depression. On global PTSD measures, there were no significant differences between the treatments at the end of therapy. However on the subscale measures of the degree of intrusion symptoms, EMDR did significantly better than SITPE. At follow-up EMDR was found to lead to greater gains, on all measures.

EMDR versus Imaginal Exposure

Arabia, E., Manca, M. L., & Solomon, R. M. (2011). **EMDR for survivors of life-threatening cardiac events: Results of a pilot study.** Journal of EMDR Practice and Research, 5(1), 2-13. doi:10.1891/1933-3196.5.1.2.

This pilot study evaluated the effectiveness of eye movement desensitization and reprocessing (EMDR) in treating posttraumatic stress disorder (PTSD) symptoms and concomitant depressive and anxiety symptoms in survivors of life-threatening cardiac events. Forty-two patients undergoing cardiac rehabilitation who (a) qualified for the PTSD criterion "A" in relation to a cardiac event and (b) presented clinically significant PTSD symptoms were randomized to a 4-week treatment of EMDR or imaginal exposure (IE). Data were gathered on PTSD, anxiety, and depressive symptoms at pretreatment, posttreatment, and 6-month follow-up. EMDR was effective in reducing PTSD, depressive, and anxiety

symptoms and performed significantly better than IE for all variables. These findings provide preliminary support for EMDR as an effective treatment for the symptoms of PTSD, depression, and anxiety that can follow a life-threatening cardiac event.

EMDR versus Prolonged Exposure

Ironson, G., Freund, B., Strauss, J., & Williams, J. (2002, January). **Comparison of two treatments for traumatic stress: A community-based study of EMDR and prolonged exposure.** Journal of Clinical Psychology, 58(1), 113-128. doi:10.1002/jclp.1132.

This pilot study compared the efficacy of two treatments for PTSD: Eye Movement Desensitization and Reprocessing (EMDR) and Prolonged Exposure (PE). Data were analyzed for 22 patients from a university-based clinic serving the outside community (predominantly rape and crime victims) who completed at least one active session of treatment after three preparatory sessions. Results showed both approaches produced a significant reduction in PTSD and depression symptoms, which were maintained at three-month follow-up. Successful treatment was faster with EMDR as a larger number of people (7 of 10) had a 70% reduction in PTSD symptoms after three active sessions compared to 2 of 12 with PE. EMDR appeared to be better tolerated as the dropout rate was significantly lower in those randomized to EMDR versus PE (0 of 10 vs. 3 of 10). However all patients who remained in treatment with PE had a reduction in PTSD scores. Finally, Subjective Units of Distress (SUDS) ratings decreased significantly during the initial session of EMDR, but changed little during PE. Postsession SUDS were significantly lower for EMDR than for PE. Suggestions for future research are discussed.

Taylor, S., Thordarson, D., Maxfield, L., Fedoroff, I., Lovell, K., & Ogrodniczuk, J. (2003, April). **Comparative efficacy, speed, and adverse effects of three PTSD treatments: Exposure therapy, EMDR, and relaxation training.** Journal of Consulting & Clinical Psychology, 71(2), 330-338. doi:10.1037/0022-006X.71.2.330.

The authors examined the efficacy, speed, and incidence of symptom worsening for 3 treatments of PTSD: prolonged exposure, relaxation training, or eye movement desensitization and reprocessing (EMDR; N = 60). Treatments did not differ in attrition, in the incidence of symptom worsening, or in their effects on numbing and hyperarousal symptoms. Compared with EMDR and relaxation training, exposure therapy (a) produced significantly larger reductions in avoidance and reexperiencing symptoms, (b) tended to be faster at reducing avoidance, and (c) tended to yield a greater proportion of participants who no longer met criteria for PTSD after treatment. EMDR and relaxation did not differ from one another in speed or efficacy (Pilots).

Rothbaum, B. O., Astin, M. C., & Marsteller, F. (2005, December). **Prolonged exposure versus eye movement desensitization and reprocessing (EMDR) for PTSD rape victims.** Journal of Traumatic Stress, 18(6), 607-616. doi:10.1002/jts.20069.

This controlled study evaluated the relative efficacy of Prolonged Exposure (PE)

and Eye Movement Desensitization and Reprocessing (EMDR) compared to a no-treatment waitlist control (WAIT) in the treatment of PTSD in adult female rape victims (n = 74). Improvement in PTSD as assessed by blind independent assessors, depression, dissociation, and state anxiety was significantly greater in both the PE and EMDR group than the WAIT group (n = 20 completers per group). PE and EMDR did not differ significantly for change from baseline to either posttreatment or 6-month follow-up measurement for any quantitative scale.

EMDR versus Cognitive Processing Therapy (CPT)

Graca, J. J., Palmer, G. A., & Occhietti, K. E. (2014). **Psychotherapeutic interventions for symptom reduction in veterans With PTSD: An observational study in a residential clinical setting.** Journal of Loss and Trauma, 19(6), 558-567.

Cognitive processing therapy (CPT) and eye movement desensitization and reprocessing (EMDR) therapy were compared for veterans in a posttraumatic stress disorder (PTSD) residential program (N = 51) who received individual EMDR and group CPT, individual CPT and group CPT, or trauma group exposure (TGE) therapy. Analyses revealed an overall significant difference on posttest measures of the PTSD Checklist for individual EMDR/group CPT and individual CPT/group CPT when compared to TGE, with no significant difference found between EMDR and CPT. Depression scores were significantly decreased between pre- and posttest for patients who received individual EMDR/group CPT. Results support EMDR and CPT as clinically effective and complementary treatments in residential PTSD treatment programs.

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