

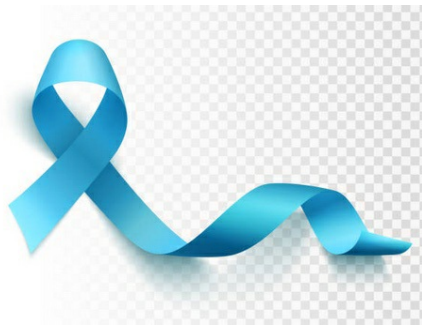


EMDR Therapy with Cancer Survivors

World Cancer Day is February 4th

The diagnosis and treatment of cancer is a life altering experience; with psychological effects continuing long after becoming cancer free. For over 10 years, research studies have found EMDR therapy reduces anxiety, depression, and post-traumatic stress symptoms in cancer patients; these promising results have led to the **EMDR Research Foundation prioritizing studies of EMDR treatment for cancer survivors**. The following articles offer the most recent research findings, theory, neurobiological foundations, and protocols for individual and group EMDR therapy with cancer patients. Many of the articles are available full text at no charge.

The EMDR Research Foundation changes lives by increasing empirical evidence in the effectiveness of EMDR therapy in more populations and conditions. The Foundation was able to provide financial support for the Roberts study (below) and to a promising study by M. Pagani entitled: "Neurobiological features and response to EMDR treatment of PTSD in breast cancer patients". Your donations help to support this quality research, thereby enhancing the lives of those experiencing the impacts of cancer. **Thank you for your generosity!**



EMDR STUDY

Farretta, E., Borsato, T., Civilotti, C., Fernandez, I., & Pagani, M. (2016). [EMDR and CBT: A comparative clinical study with oncological patients](#). *Journal of EMDR Practice and Research*, 10(3), 215-227. doi:10.1891/1933-3196.10.3.215

ABSTRACT:

Research in clinical psycho-oncology is becoming an area of key importance in investigating the effects of the interventions of support and/or psychotherapy with patients. This study was conducted with the aim of evaluating the effectiveness of the eye movement desensitization and reprocessing (EMDR) approach compared to a non-trauma-focused cognitive behavioral therapy (CBT) intervention. There were 11 male and 46 female participants, with mixed cancer diagnoses. Thirty-one subjects received EMDR therapy, and 26 received CBT for 12 sessions of 60 minutes each. The Symptom Checklist-90-R (SCL-90-R), COPE inventory, and Davidson Trauma Scale (DTS) were administered at three different times (To, before intervention; T₁, after the sixth session; and T₂, after the 12th session); the Karnofsky Performance Status was administered at To only. In the EMDR group, a significant improvement was reported for the following 11 of the 17 dependent variables: COPE subscales, Avoidance Strategies and Positive Attitude; all three DTS subscales, Intrusion, Avoidance, and Hyperarousal; and 6 SCL-90-R subscales. In the CBT group, a significant improvement was reported for the following 4 of the 17 dependent variables: COPE subscales Positive Attitude and Transcendent Orientation; two DTS subscales, Intrusion, and Avoidance, with no improvement on any of the SCL-90-R subscales. This innovative study shows the value of trauma-focused treatment for patients with cancer and allows important preliminary suggestions on the usefulness of applying EMDR therapy in an oncological setting, although further research in this context is still needed.

EMDR STUDY

Jarero, I., Givaudan, M., & Osorio, A. (2018). [Randomized controlled trial on the provision of the EMDR integrative group treatment protocol adapted for ongoing traumatic stress to female patients with cancer-related posttraumatic stress disorder symptoms](#). *Journal of EMDR Practice and Research*, 12(3), 94-104. doi:10.1891/1933-3196.12.3.94



ABSTRACT:

This randomized controlled trial extended the investigation previously conducted by Jarero et al. (2015) which found that the eye movement desensitization and reprocessing Integrative Group Treatment Protocol adapted for ongoing traumatic stress (EMDR-IGTP-OTS) was effective in reducing posttraumatic stress disorder (PTSD) symptoms related to the diagnosis and treatment of different types of cancer in adult women. The current study sought to determine if the results could be replicated and if the treatment would also be effective in reducing symptoms of anxiety and depression.

Participants in treatment (N = 35) and no-treatment control (N = 30) groups completed pre, post, and follow-up measurements using the Posttraumatic Stress Disorder Checklist for the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) (PCL-5) and the Hospital Anxiety and Depression Scale (HADS). Data analysis by repeated measures analysis of variance (ANOVA) showed that the EMDR-IGTP-OTS was effective in significantly reducing symptoms of PTSD, anxiety, and depression, with symptoms maintained at 90-day follow-up and with large effect sizes (e.g., $d = 1.80$). A comparison of the treatment and no-treatment control groups showed significantly greater decreases for the treatment group on symptoms of PTSD, anxiety, and depression. No significant correlation was found when exploring the relationship between scores on the Adverse Life Experiences scale and scores indicating pretreatment severity of PTSD, anxiety, and depression. This study suggests that EMDR-IGTP-OTS may be an efficient and effective way to address cancer-related posttraumatic, depressive, and anxious symptoms.



EMDR STUDY

Roberts, A. K. P. (2018). [The effects of the EMDR group traumatic episode protocol with cancer survivors](#). *Journal of EMDR Practice and Research*, 12(3), 105-117. doi:10.1891/1933-3196.12.3.105

ABSTRACT:

The purpose of this pre-experimental case study was to explore the efficacy and safety of the Eye Movement Desensitization and Reprocessing (EMDR) Group Traumatic Episode Protocol (G-TEP) in the psychological treatment of cancer survivors and its potential effects on posttraumatic stress, anxiety, and depressive symptoms. Participants (N = 35) were patients with various types of cancer, in different stages, initial or recurring, with diagnosis or oncology treatment received within the past year. Following an individual psychoeducational intake session, participants received two 90-minute EMDR G-TEP sessions, administered on consecutive days. They were randomly assigned to a treatment group or a delayed treatment group. Assessments were administered at pre, post, and follow-up using the Short PostTraumatic Stress Disorder Interview (SPRINT), State-Trait Anxiety Inventory (STAI), and Beck Depression Inventory (BDI-II). Repeated measures comparisons of PTSD symptoms, anxiety, and depression revealed significant differences between pretest and posttest, with most results maintained at follow-up. Pre-follow-up effect sizes showed medium effects. These promising results suggest the value in providing a lengthier course of treatment. They support the need for research with large sample, randomized clinical trials to examine the viability of providing EMDR G-TEP in the psychological treatment of cancer survivors. No serious adverse effects were reported and we conclude that the EMDR G-TEP may be effective and safe in the psychological treatment of an oncology population.

EMDR STUDY

Szpringer, M., Oledzka, M., & Amann, B. L. (2018). [A non-randomized controlled trial of EMDR on affective symptoms in patients with glioblastoma multiforme](#). *Frontiers in Psychology*. doi:10.3389/fpsyg.2018.00785



ABSTRACT:

Glioblastoma multiforme (GBM) is a highly aggressive brain cancer and its survival after diagnosis is less

than 2 years. Therefore, GBM patients are especially prone to co-occurring psychological conditions such as anxiety and depressive disorders. Furthermore, aggressive medical therapies influence patients' lives, undermining their sense of meaning and coherence. The main aim of this study was to determine the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) therapy on anxiety, depression and sense of coherence in patients with GBM. Thirty-seven GBM-diagnosed women were included in this trial and received standard medical care. Of those, 18 patients were treated during 4 months with 10-12 individual EMDR sessions (60-90 minutes each). Nineteen GBM patients were used as a non-randomized control group as they consented to psychological evaluations but not a psychotherapeutic intervention. The groups were homogeneous in terms of gender, age, educational level and treatment but not in anxiety and depressive levels at baseline. All patients were evaluated at baseline, after treatment (4 months) and at follow-up (further 4 months) by the Hospital Anxiety and Depression Scale (HADS-M) and the Sense of Coherence Scale (SOC-29). Caregivers in both groups were interviewed using the Patient Caregiver Questionnaire after 4 months follow-up. Statistical analyses were conducted using ANOVA statistics, correlation and regression analyses showing a statistically significant decrease in the EMDR group in anxiety, depression and anger, when compared to the experimental group. EMDR therapy had also a positive impact upon the level of coherence in the experimental group, whereas in the control group this declined. Finally, the caregivers observed beneficial outcomes of the EMDR therapy with less anxiety- and anger-related behaviors in patients in the experimental group compared to the control group. This study is the first to show beneficial effects of EMDR therapy in alleviating affective symptoms and improving coherence in a severe medically ill population with GBM.

For those interested in theoretical and neurobiological articles on EMDR and cancer, please see:



STUDIES

Farretta, E., & Civilotti, C. (2016). [EMDR therapy in psycho-oncology: A bridge between mind and body](#). *Journal of EMDR Practice and Research*, 10(3), 138-152. doi:10.1891/1933-3196.10.3.138

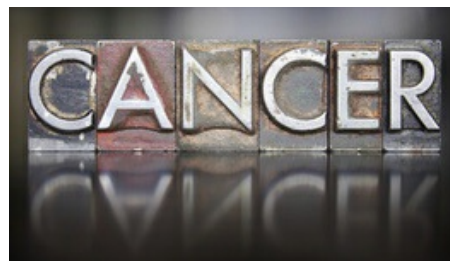
Carletto, S., & Pagani, M. (2016). [Neurobiological impact of EMDR in cancer](#). *Journal of EMDR*

Practice and Research, 10(3), 153-161. doi:10.1891/1933-3196.10.3.153

For those interested in specialized protocols adapted to focus on specific concerns and memories for patients with cancer, please see:

STUDY

Farretta, E., & Borsato, T. (2016). [EMDR therapy protocol for oncological patients](#). *Journal of EMDR Practice and Research*, 10(3), 162-175. doi:10.1891/1933-3196.10.3.162



What's New?



NEW for Clinicians, Consultants, and Researchers!

EMDR Fidelity Rating Scale (Version 2)

**Deborah L. Korn, Psy.D.
Louise Maxfield, Ph.D.
Robert Stickgold, Ph.D. Medi
Nancy J. Smyth, Ph.D.**

[See the new EMDR Fidelity Rating Scale](#)

Newly Released International Society for Traumatic Stress Studies' PTSD guidelines. EMDR therapy was given a strong recommendation for the treatment of PTSD in adults and children.



The new International Society for Traumatic Stress Studies' guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD), and position papers on complex PTSD, have recently been published. An international committee of experts was established in 2015 to update guidelines published in 2009 by reviewing the latest evidence from clinical research trials. The guidelines and position papers are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, developing PTSD and Complex PTSD. Professor Julian Ford, ISTSS President, said, "The excellent work of the ISTSS Treatment Guidelines Committee will make a real difference to people affected by traumatic events" The new guidelines and position papers are available to download from the ISTSS website.

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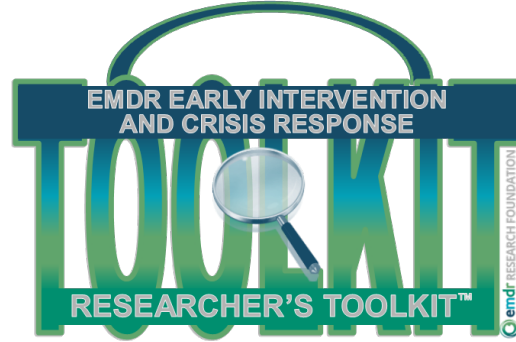
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