



INTENSIVE EMDR THERAPY Promising Research

The Effects of PTSD on Everyday Life

It is well known both through common wisdom and research that PTSD has a significant negative effect on the individual who suffers from it, the family who lives with him or her, the community in which they reside. In his summary article [The Effects of PTSD on Everyday Life](#) Matthew Tull (2018) cites the toll that PTSD has on all aspects of an individual's life, both mental and physical, professional, and personal. These consequences are noted in many resources including the [National Center for PTSD](#).

We've reviewed in previous newsletters some of the EMDR research focusing on PTSD that the data demonstrates that EMDR therapy is successful in treating PTSD.

[EMDR-Newsletter Vol-5 Issue-4 EMDR-Therapy PTSD.pdf](#)

[EMDR-Newsletter 2014_01 Vol2 1 PTSD.pdf](#)

What if it can be done faster, both for complex PTSD as well as more acute PTSD symptoms?
The research is just beginning but the implications are exciting.

Studies



EMDR STUDY

In 2017, in the Journal of EMDR Practice and Research, the following article was published. Bongaerts, H., Minnen, V., & de Jongh, A. (2017). [Intensive EMDR to treat patients with complex posttraumatic stress disorder: A case series.](#) Journal of EMDR Practice and Research, 11(2), 84-95.

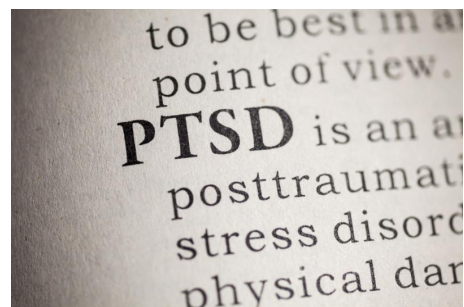
ABSTRACT:

Frequency of Treatment:

There is mounting evidence suggesting that by increasing the frequency of treatment sessions, posttraumatic stress disorder (PTSD) treatment outcomes significantly improve. As part of an ongoing research project, this study examined the safety and effectiveness of intensive eye movement desensitization and reprocessing (EMDR) therapy in a group of seven (four female) patients suffering from complex PTSD and multiple comorbidities resulting from childhood sexual abuse, physical abuse, or work and combat-related trauma. Treatment was not preceded by a preparation phase and consisted of 2 x 4 consecutive days of EMDR therapy administered in morning and afternoon sessions of 90 minutes each, interspersed with intensive physical activity and psychoeducation. Outcome measures were the Clinician-Administered PTSD Scale (CAPS) and the PTSD Symptom Scale Self-report questionnaire (PSS-SR). During treatment, neither personal adverse events nor dropout occurred. CAPS scores decreased significantly from pre- to post-treatment, and four of the seven patients lost their PTSD diagnosis as established with the CAPS. The results were maintained at 3-month follow-up. Effect sizes (Cohen's d) on the CAPS and PSS-SR were large: 3.2, 1.7 (pre-post) and 2.3, 2.1 (monitoring), respectively. The results of this case series suggest that an intensive program using EMDR therapy is a potentially safe and effective treatment alternative for complex PTSD. The application of massed, consecutive days of treatments using EMDR therapy for patients suffering from PTSD, particularly those with multiple comorbidities, merits more clinical and research attention.

EMDR STUDY

Another study by Mayaris Zepeda Méndez, Mirjam J. Nijdam, F. Jackie June ter Heide, Niels van der Aa, and Miranda Olff [A Five Day Inpatient EMDR Treatment for PTSD: A Pilot Study](#) was published in the European Journal of Psychotraumatology.



ABSTRACT:

Background:

Trauma-focused psychotherapies for posttraumatic stress disorder (PTSD) have been demonstrated to be efficacious, but also have considerable non-response and dropout rates. Intensive treatment may lead to faster symptom reduction, which may contribute to treatment motivation and thereby to reduction of dropout.

Objective:

The aim of the current study was to investigate the feasibility and preliminary effectiveness of an intensive five-day inpatient treatment with Eye Movement Desensitization and Reprocessing (EMDR) and trauma-informed yoga for patients with PTSD.

Method:

A non-controlled pilot study with 12 adult patients with PTSD was conducted. At baseline the PTSD diagnosis was assessed with the Clinician-Administered PTSD Scale (CAPS-5) and comorbid disorders with the Mini International Neuropsychiatric Interview (MINI). Primary outcome was self-reported PTSD symptom severity (PTSD Check List for DSM-5; PCL-5) measured at the beginning of day 1 (T₁), at the end of day 5 (T₂) and at follow-up on day 21 (T₃). Reliable change indexes (RCI) and clinically significant changes were calculated.

Results:

From T₁ to T₃, PTSD symptoms significantly improved with a large effect size (Cohen's $d = 0.91$). Nine of the 11 patients who completed treatment showed reliable changes in terms of self-reported PTSD. At T₃, two of the patients no longer met criteria for PTSD as measured with the PCL-5. One patient dropped out after the first day. No serious adverse events occurred.

Conclusions:

The majority of patients in our pilot study experienced symptom reduction consistent with reliable changes in this five-day inpatient treatment with EMDR and yoga. Randomized controlled trials - with longer follow up periods - are needed to properly determine efficacy and efficiency of intensive clinical treatments for PTSD compared to regular treatment. This is one of the first studies to show that intensive EMDR treatment is feasible and is indicative of reliable improvement in PTSD symptoms in a very short time frame.



The data is limited; the results are positive.

The implications are radical in the treatment of PTSD given the consequences to the community of people who suffer-individuals, their families, their communities.

What's New?



CREATE A FUNDRAISING PAGE!

You have the opportunity to create a fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding, graduation, or running in a 5K race!

[More Details on Creating a Fundraising Page](#)

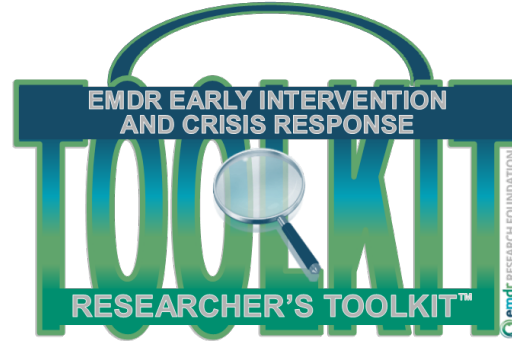
SEE OUR UPDATED TOOLKIT!

EMDR Early Intervention and Crisis Response: Researcher's Toolkit

Version 03.2018 © 2014-2018

Rosalie Thomas, Ph.D., R.N. with
formatting/design work by Katy Murray,
MSW, LICSW

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