

## EMDR Therapy with Obsessive Compulsive Disorder (OCD)

### Treatment

OCD exacts a tremendous cost in terms of time, financial resources, and emotional well-being across the population, and has been one of the more difficult conditions to treat successfully. The most common treatment has been CBT, but this can be extremely demanding and stressful for patients with severe OCD symptoms and those who are particularly resistant to the usual therapies.

Thankfully, there is growing evidence of good results treating OCD with EMDR therapy. Here is a sample of published journal articles evaluating EMDR therapy for OCD.



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### Studies



## EMDR STUDY

Kennan, P., Farrell, D., Kennan, L., & Ingham, C. (2018, November). [Treating obsessive-compulsive disorder \(OCD\) using eye movement desensitisation and reprocessing \(EMDR\) therapy: An ethno-phenomenological case series.](#) International Journal of Psychotherapy, 22, (3), 74-91

## ABSTRACT:

Obsessive Compulsive Disorder (OCD) is a bio-psycho-socio-cultural disorder that includes genetic, neural brain anomalies, traumatic experiences, and development of dysfunctional beliefs frequently learnt from others and from the environment. Current empirical research supports Cognitive Behavioural Therapy (Exposure and Response Prevention) as the 'gold-standard' psychological treatment intervention. However, clients with OCD often describe their anxieties as the result of an exposure to earlier adverse life experiences (past), or as a worst fear (future) related to their symptomatology, by onset or maintenance features. This case-series design study explored the impact of EMDR Therapy with eight clients diagnosed with OCD, yet despite having received previous treatment - CBT (ERP) - were still OCD symptomatic. The research methodology was that of Ethno-Phenomenology. Psychometric results highlighted a promising treatment effect of EMDR Therapy by reducing anxiety, depression, obsessions, compulsions and subjective levels of disturbance. Despite promising initial results with a small survey, more conducted research with this important clinical population is essential.

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## EMDR STUDY

Cusimano, A. (2018). [EMDR in the treatment of adolescent obsessive-compulsive disorder: A case study.](#) Journal of EMDR Practice and Research, 12(4), 242-254. doi:10.1891/1933-3196.12.4.242.



## ABSTRACT:

Most of the empirical evidence supporting the efficacy of eye movement desensitization and reprocessing (EMDR) has been with individuals suffering from posttraumatic stress disorder (PTSD). This case study reports on the successful treatment of obsessive-compulsive disorder (OCD) in a 13-year-old male using the standard three-pronged approach of EMDR in a private practice setting. The current protocol addressed the initial touchstone event, the current level of distress related to that event, as well as anticipation and planning for future feared events. The participant received 15 sessions of EMDR. At 90-day posttreatment follow-up, there was a substantial decrease in OCD symptoms (from moderate to subclinical) as measured by the Children's Yale-Brown Obsessive-Compulsive Scale, indicating a large effect size ( $d = 0.81$ ). The current study provides insight into treating OCD in adolescence and how using the three-pronged approach (past, present, and future) of EMDR can be an effective tool. Study limitations and suggestions for future clinical research are discussed.



## EMDR STUDY

Marsden, Z., Lovell, K., Blore, D., Ali, S., & Delgadillo, J. (2018, January). [A randomized controlled trial comparing EMDR and CBT for obsessive-compulsive disorder](#). Clinical Psychology and Psychotherapy, 5(1), e10-e18. doi:10.1002/cpp.2120

## ABSTRACT:

**Background:** This study aimed to evaluate eye-movement desensitization and reprocessing (EMDR) as a treatment for obsessive-compulsive disorder (OCD), by comparison to cognitive behavioral therapy (CBT) based on exposure and response prevention.

**Method:** This was a pragmatic, feasibility randomized controlled trial in which 55 participants with OCD were randomized to EMDR ( $n = 29$ ) or CBT ( $n = 26$ ). The Yale-Brown obsessive compulsive scale (YBOCS) was completed at baseline, after treatment and at 6 months follow-up. Treatment completion and response rates were compared using chi-square tests. Effect size was examined using Cohen's d and multilevel modelling.

**Results:** Overall, 61.8% completed treatment and 30.2% attained reliable and clinically significant improvement in OCD symptoms, with no significant differences between groups ( $p > .05$ ). There were no significant differences between groups in YBOCS severity post-treatment ( $d = -0.24$ ,  $p = .38$ ) or at 6 months follow-up ( $d = -0.03$ ,  $p = .90$ ).

**Conclusions:** EMDR and CBT had comparable completion rates and clinical outcomes.

## EMDR STUDY

Mazzon, G.-P., Pozza, A., La Mela, C., & Fernandez, I. (2017, October). [CBT combined with EMDR for resistant refractory obsessive-compulsive disorder: Report of three cases](#). Clinical Neuropsychiatry, 14(5), 345-356



## ABSTRACT:

**Objective:** Cognitive-Behavioral Therapy (CBT) with Exposure and Response Prevention (ERP) is the most studied and empirically validated form of treatment for Obsessive-Compulsive Disorder (OCD). However, this therapeutic modality can be extremely demanding and stressful for many patients, especially those with severe OCD symptoms and those who are particularly resistant to the usual therapies. Therefore, alternative forms of intervention - such as the Eye Movement Desensitization and Reprocessing (EMDR) - are of great therapeutic interest.

The present study describes a case series reporting how the processing of traumatic memories and obsessive contents can facilitate the treatment of symptoms in resistant cases with OCD.

**Method:** Three cases have been described and analyzed in detail. Attention has been focused particularly on how to enable patients to regulate their emotions, and on the treatment of sensations and cognitions associated with traumatic memories. A hybrid intervention, composed of EMDR and CBT therapies, was administered. This involved three distinct ways to use EMDR through and combined with CBT in the psychotherapeutic treatment. During the first phase of treatment with the first subject, EMDR was applied to contents related to the patient's thoughts (obsessions of contamination), the residential contact. The second patient (with obsessions of aggression) was treated with CBT and EMDR first administered in a day-hospital facility and subsequently as an outpatient treatment; with the third patient, EMDR was also administered as an outpatient, during a relapse prevention plan.

**Results:** All three patients showed a clinically significant reduction in symptoms.

**Conclusions:** There are only three case reports so we can draw only anecdotal conclusions EMDR could be a useful method to implement current treatments when combined with CBT, also for OCD resistant patients; however, future randomized controlled trials would be needed to validate these findings.



## EMDR STUDY

Pozza, A., Mazzoni, G. P., Neri, M. T., Bisciglia, R., La Mela, C., Fernandez, I., & Dettore, D. (2014).

[Tackling trauma to overcome OCD resistance \(The TTOOR Florence trial\) Efficacy of EMDR plus CBT versus CBT alone for inpatients with resistant obsessive compulsive disorder. Protocol for a randomized comparative outcome trial.](#) American Journal of Applied Psychology, 2(5), 114-122. doi:10.12691/ajap-2-5-3.

Researchers and clinicians have recently highlighted the usefulness of integrating additional therapeutic approaches into standard intensive cognitive behavioral treatments (CBT) with the aim to improve clinical outcomes for patients with severe resistant OCD. To date, there is still a limited amount of knowledge on the effectiveness of third-wave CBT techniques for OCD, despite such techniques seemed to be effective for a wide range of mental disorders. The Eye Movement Desensitization Reprocessing (EMDR) is a treatment approach, based on the Adaptive Information Processing model, which conceptualizes psychological disorders as manifestations of unresolved traumatic or distressing memories. EMDR has been conceived as an integrative approach, aimed at facilitating resolution of memories, desensitizing stimuli that trigger present distress as a consequence of second-order conditioning, and incorporating adaptive attitudes and behaviors for better functioning. The present paper describes a research protocol for a randomized comparative outcome trial on inpatients with treatment-resistant OCD in a tertiary inpatient clinic in Italy. The study will aim to: (a) examine the effectiveness of EMDR with intensive brief CBT (EMDR+CBT) compared to intensive brief CBT alone on primary outcomes (OCD symptoms, obsessive beliefs, depression, and anxiety) at immediate post-treatment, one-, six-month-, and one-year-follow-up; (b) compare feasibility and acceptability of EMDR+CBT protocol versus intensive brief CBT alone (in terms of attrition and treatment satisfaction); (c) examine the effectiveness of EMDR+CBT versus intensive brief CBT alone on secondary outcomes (disgust propensity and sensitivity, emotion dysregulation, and dissociative experiences and symptoms). Inclusion/exclusion criteria of participants, outcomes, time scheduling, rationale, and therapeutic components of the treatments will be presented.

## STUDY

Nijdam, M., Pol, M. V. D., Dekens, R., Olff, M., & Denys, D. (2013, January). [Treatment of sexual trauma dissolves contamination fear: Case report.](#) European Journal of Psychotraumatology, 4, 19157. doi:10.3402/ejpt.v4.19157



**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.



## EMDR STUDY

Marr, J. (2012). [EMDR treatment of obsessive-compulsive disorder: Preliminary research.](#)

Journal of EMDR Practice and Research, 6(1), 2-15. doi:10.1891/1933-3196.6.1.2

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.

## EMDR STUDY

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



**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. Aim. 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 aftertreatment 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 EMDR has better effect in improvement of final outcome of OCD.

## More Information

You'll find information about case conceptualization and treatment planning in the treatment of OCD with EMDR therapy's standard protocol integrated with standard CBT treatment for OCD in: Böhm, K. (2016). Obsessive-compulsive disorder and EMDR therapy. In M. Luber (Ed.) [Eye movement desensitization and reprocessing \(EMDR\) therapy scripted protocols and summary sheets: Treating anxiety, obsessive-compulsive, and mood-related conditions](#) (pp. 102-136). New York, NY: Springer Publishing Co.

## 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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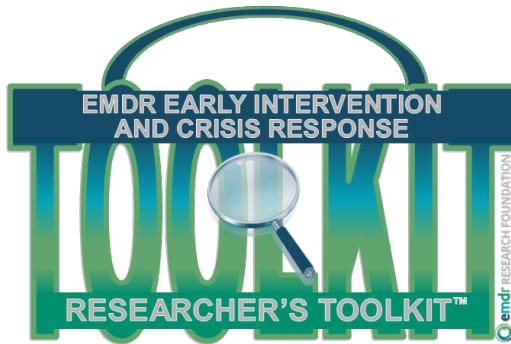
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