Professeur Cyril Tarquinio
Université de Lorraine
Unité de Recherche APEMAC EA 4360
Approches Psychologiques et Epidémiologiques des Maladies Chroniques
Directeur Equipe Psychologie de la Santé (EPSAM)
Directeur Master Psychologie de la Santé, Psychologie Clinique
Directeur DU «EMDR et traumatisme» (cf. www.univ-lorraine.fr)
Directeur DIU «Sexologie»

Avancées de la recherche dans le domaine de la thérapie EMDR

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Objectif

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- Présenter un état des lieux non-exhaustif et orienté de la recherche autour de la thérapie EMDR.

Plan de présentation

Plan de présentation

- 1. Quelques classiques

Plan de présentation

- 1. Quelques classiques
- 2. EMDR et psychophysiologie

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- 1. Quelques classiques
- 2. EMDR et psychophysiologie
- 3. EMDR et fonctionnement cérébral

Plan de présentation

- 1. Quelques classiques
- 2. EMDR et psychophysiologie
- 3. EMDR et fonctionnement cérébral
- 4. Vers de nouvelles problématiques

Plan de présentation

- 1. Quelques classiques
- 2. EMDR et psychophysiologie
- 3. EMDR et fonctionnement cérébral
- 4. Vers de nouvelles problématiques
- 5. Questions et perspectives pour la recherche et la clinique

1. Quelques classiques

Comparison of Two Treatments for Traumatic Stress: A Community-Based Study of EMDR and Prolonged Exposure

G. Ironson, B. Freund, J.L. Strauss, and J. Williams
University of Miami

JOURNAL OF CLINICAL PSYCHOLOGY, Vol. 58(1), 113–128 (2002)

6 sessions de 90 minutes

Table 1

*Means and Standard Deviations for PTSD and BDI Scores before and after Six Sessions**

Treatment	Pre	Post
PTSD Scores		
PE	34.56 (8.06)	15.78** (9.16)
EMDR	26.58 (11.56)	9.10** (11.22)
BDI Scores		
PE	27.00 (10.84)	10.67** (3.13)
EMDR	17.20 (8.60)	5.50** (4.35)

n= 9 Exposition

versus

EMDR n=10

Note. $n = 1$

*Sessions i and three active treat

Victimes de viols et de violences

Table 1

Means and Standard Deviations for PTSD and BDI Scores before and after Si

Treatment	
PTSD Scores	
PE	15.78**
EMDR	9.10**
BDI Scores	
PE	10.67**
EMDR	5.50**

(4'32)

Table 2

Distribution of Clients: Number of Dropouts,[a] Number of Those Improved and Achieving 70% Reduction in Symptoms, and Number of Those Not Achieving Symptom Reduction

		Active Sessions 1–3			Active Sessions 4–6			Active Sessions 1–6
		Dropouts	Improved Treatment Terminated		Dropouts	Improved		Total Improved
	n		Yes	No		Yes	No	
PE	12	3	2	7	3	2	2	4[b]
EMDR	10	0	7	3	0	2	1	9

Journal of Traumatic Stress, Vol. 11, No. 1, 1998

Eye Movement Desensitization and Reprocessing (EDMR) Treatment for Combat-Related Posttraumatic Stress Disorder

John G. Carlson,[1,2] Claude M. Chemtob,[3] Kristin Rusnak,[1] Nancy L. Hedlund,[4] and Miles Y. Muraoka[4]

Table 2. Means (Standard Deviations) for the Groups on the Psychometric Measures

Scale	Group	Pretreatment	Posttreatment	Follow-up (3-Month)
Mississippi				
	CON	117.9 (17.6)	112.9 (21.7)	
	RXT	119.4 (18.3)	114.2 (17.5)	110.6 (18.6)
	EMD	117.5 (14.3)	92.8 (20.8)	92.4 (17.2)
PTSD Symptoms				
	CON	7.5 (1.7)	6.2 (2.4)	
	RXT	6.8 (2.3)	4.7 (2.3)	5.1 (1.9)
	EMD	7.3 (2.1)	3.0 (2.4)	2.1 (2.0)
IES-Total				
	CON	52.8 (11.5)	38.7 (16.2)	
	RXT	52.9 (9.3)	44.5 (17.4)	45.7 (15.0)
	EMD	52.5 (9.0)	35.2 (22.0)	29.1 (22.0)
IES-Intrusion				
	CON	27.3 (3.6)	20.9 (8.8)	
	RXT	26.3 (7.5)	21.7 (9.4)	22.7 (9.8)
	EMD	26.7 (7.8)	16.8 (10.8)	15.2 (10.9)
IES-Avoidance				
	CON	25.4 (10.6)	17.8 (9.3)	
	RXT	26.6 (5.0)	22.8 (10.6)	23.0 (8.0)
	EMD	25.8 (3.0)	18.4 (13.4)	13.9 (11.6)
STAI-State				
	CON	58.2 (10.5)	51.4 (17.8)	
	RXT	58.2 (12.2)	46.3 (13.3)	47.7 (5.2)
	EMD	47.2 (9.4)	34.9 (9.0)	40.6 (4.9)
STAI-Trait				
	CON	61.7 (10.6)	55.8 (11.2)	
	RXT	58.0 (9.1)	50.8 (10.7)	51.8 (7.4)
	EMD	54.0 (9.9)	38.6 (9.7)	41.9 (6.9)
BDI				
	CON	24.0 (9.9)	23.5 (12.8)	
	RXT	23.6 (10.8)	15.8 (12.5)	18.3 (11.7)
	EMD	20.1 (7.5)	6.9 (5.9)	8.6 (9.4)

Table 2. Means (Standard Deviations) for the Groups on the Psychometric Measures

Scale	Group	Pretreatment	Posttreatment	Follow-up (3-Month)
Mississippi				
	CON	117.9 (17.6)	112.9 (21.7)	
	RXT	119.[illegible] (18.3)	114.2 (17.5)	110.6 (18.6)
	EMD	117.[illegible] (14.[illegible])	92.8 (20.8)	92.4 (17.2)
PTSD Symptoms				
	CON	7[illegible] (1.7)	6.2 (2.4)	
	RXT	6[illegible] (2.3)	4.7 (2.3)	5.1 (1.9)
	EMD	7.[illegible] (2.1)	3.0 (2.4)	2.1 (2.0)
IES-Total				
	CON	52.[illegible] (11.5)	[illegible]7 (16.2)	
	RXT	52.[illegible] (9.3)	44.[illegible] (17.4)	45.7 (15.0)
	EMD	52.[illegible] (9.[illegible])	35.2 ([illegible]2.0)	29.1 (22.0)
IES-Intrusion				
	CON	27.[illegible] (3.6)	20.9 (8.[illegible])	
	RXT	26.3 (7.5)	21.7 (9.[illegible])	22.7 (9.8)
	EMD	[illegible]	16.[illegible]	
	CON	[illegible]	17.[illegible]	
	RXT	[illegible]	22.[illegible]	
	EMD	[illegible]	18.[illegible]	
	CON	[illegible]	51.[illegible]	
	RXT	58.2 (12.2)	46.3 (13.3)	47.7 (5.2)
	EMD	47.2 (9.4)	34.9 (9.0)	40.6 (4.9)
STAI-Trait				
				[illegible]7.4)
				[illegible]6.9)
BDI				
				[illegible](11.7)
	EMD	20.1 (7.5)	6.9 (5.9)	8.6 (9.4)

EMDR (n=10)

Relaxation (n=13)

Contrôle (n=12)

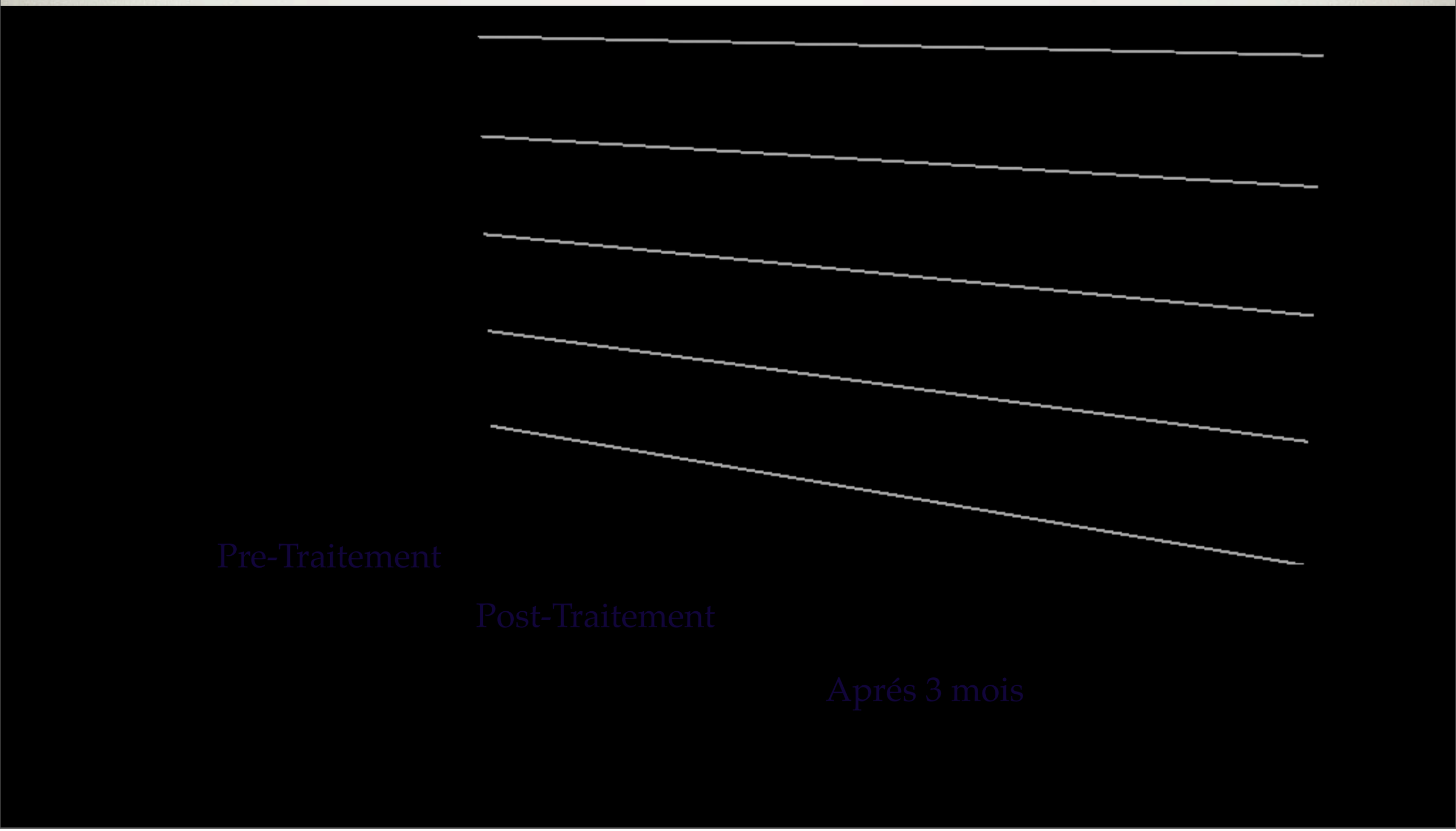
Anciens combattants avec ESPT

IES-Total

EMDR Relaxation Contrôle

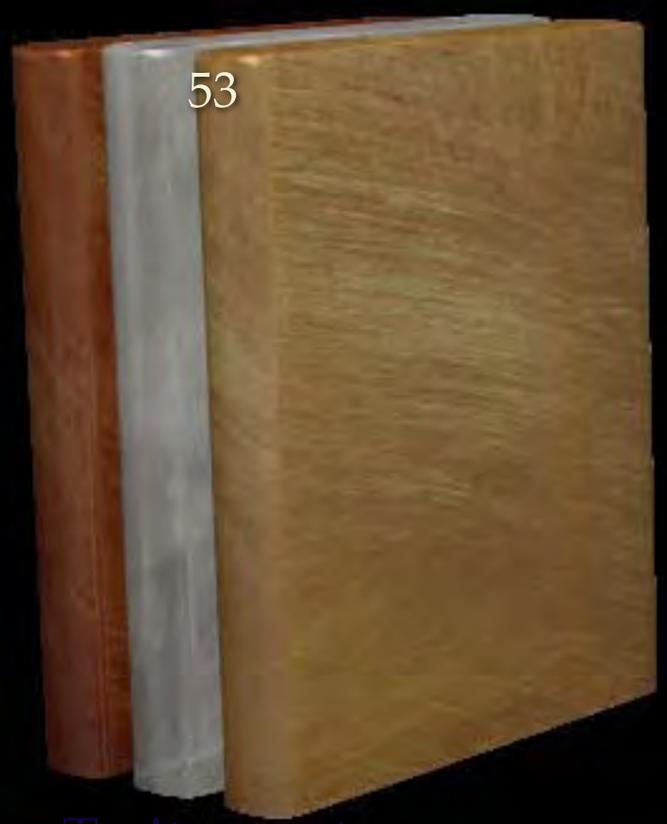
IES-Total

EMDR Relaxation Contrôle



IES-Total

EMDR Relaxation Contrôle



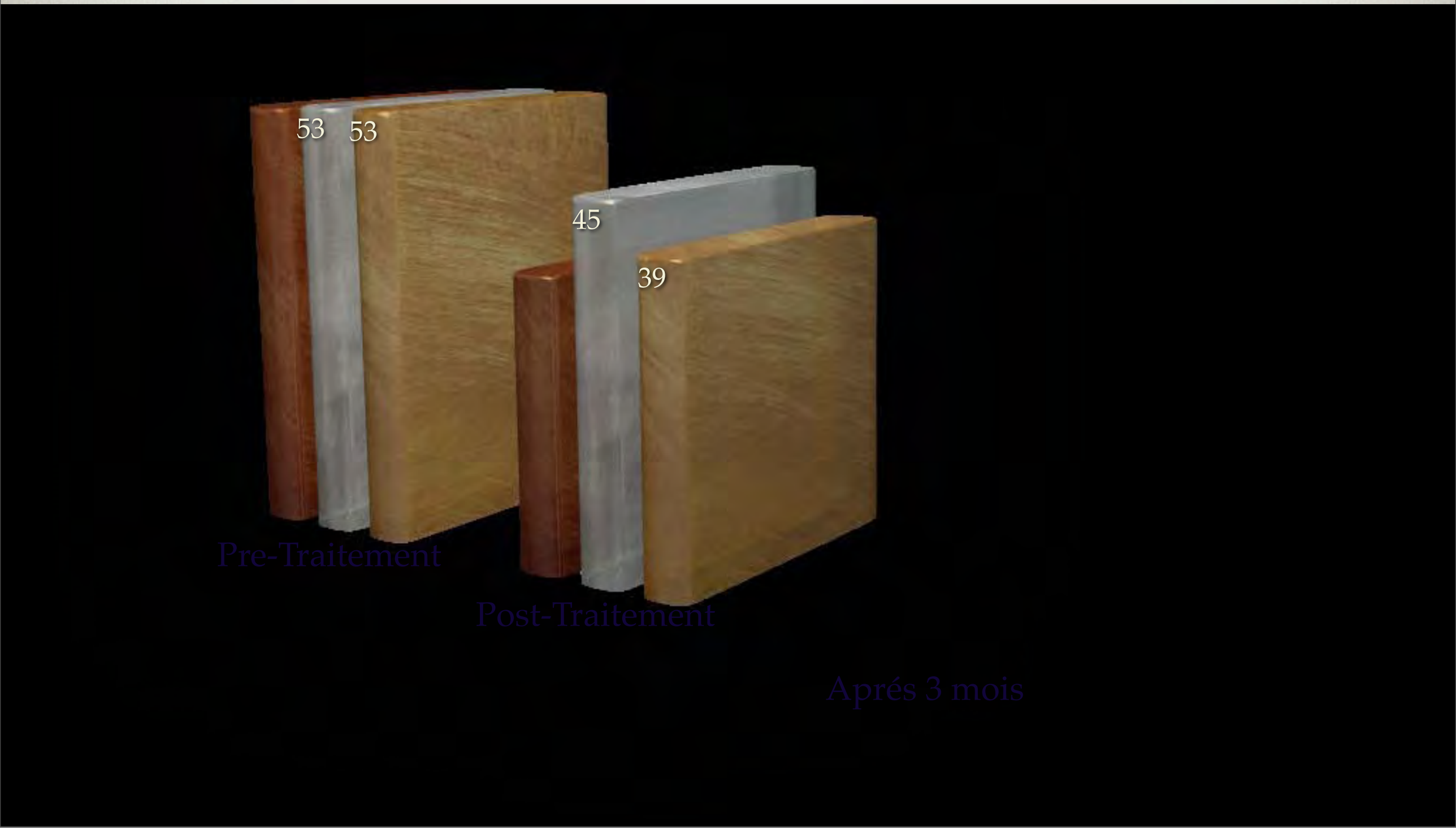
Pre-Traitement

Post-Traitement

Aprés 3 mois

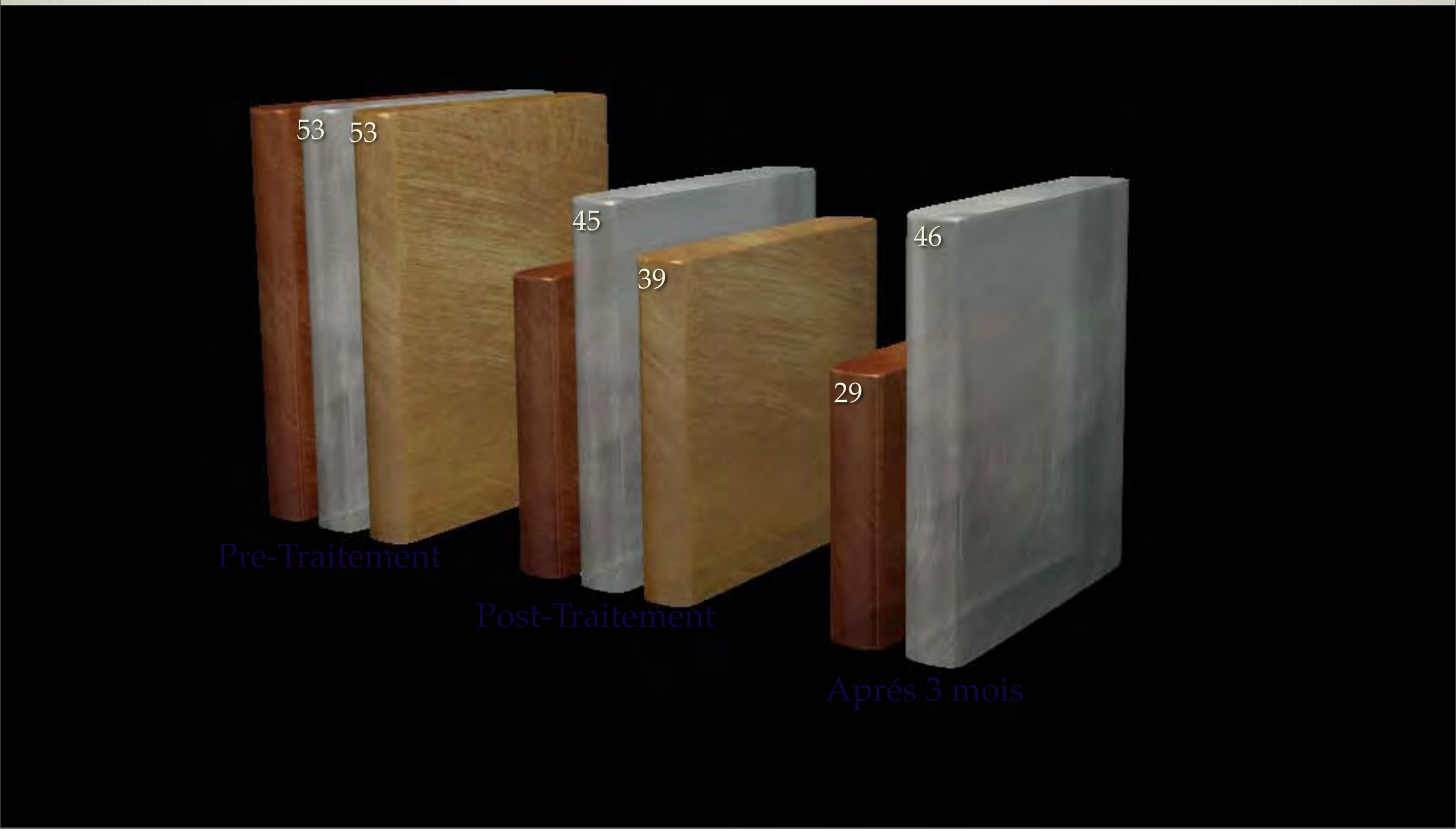
IES-Total

EMDR Relaxation Contrôle



IES-Total

EMDR Relaxation Contrôle



BDI

EMDR Relaxation Contrôle

BDI

EMDR Relaxation Contrôle

BDI

EMDR Relaxation Contrôle

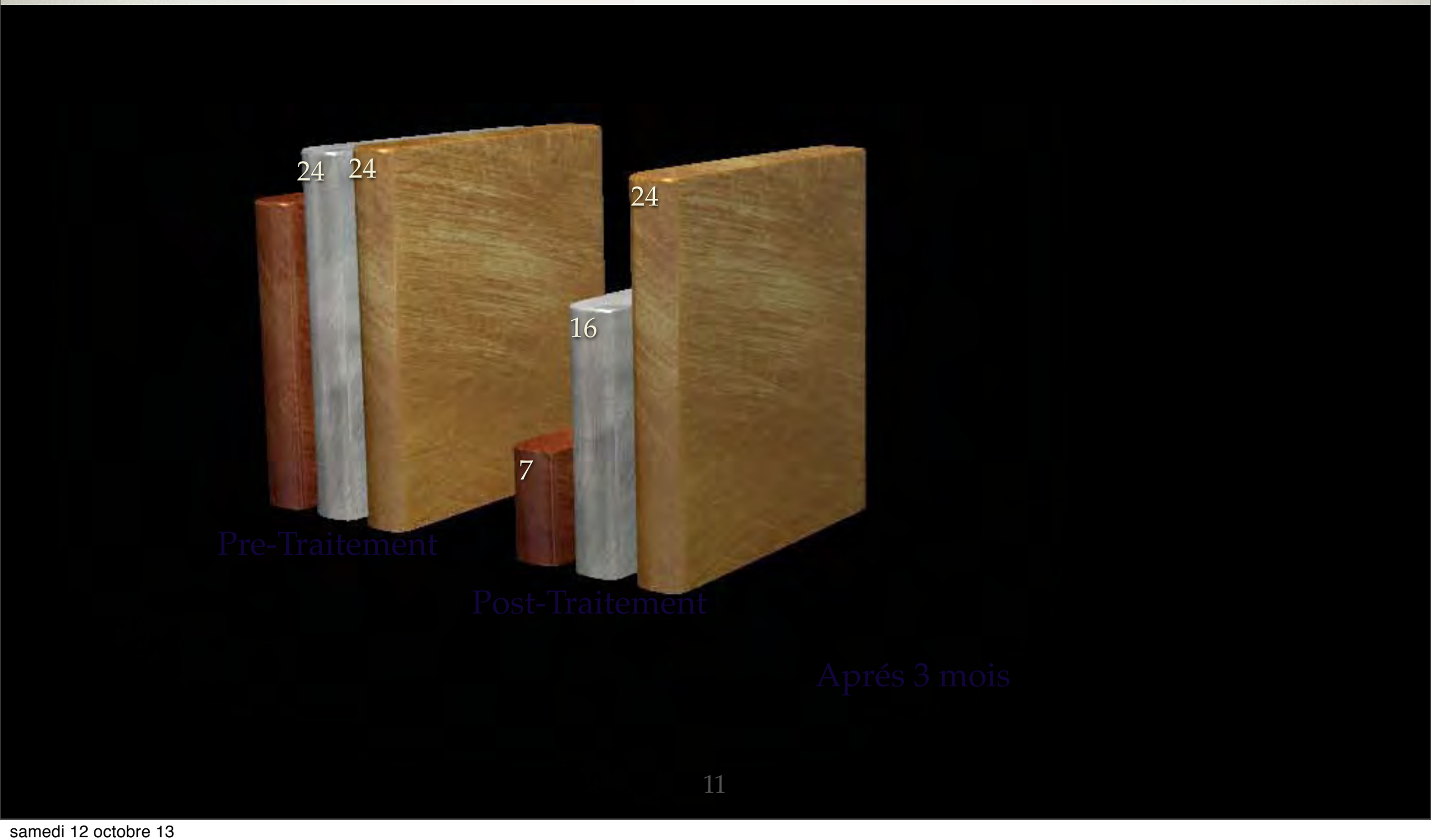
Pre-Traitement

Post-Traitement

Aprés 3 mois

BDI

EMDR Relaxation Contrôle



BDI

EMDR Relaxation Contrôle

informa
healthcare

On treatment with eye movement desensitization and reprocessing of chronic post-traumatic stress disorder in public transportation workers – A randomized controlled trial

GÖRAN HÖGBERG, MARCO PAGANI, ÖRJAN SUNDIN, JOAQUIM SOARES, ANNA ÅBERG-WISTEDT, BERIT TÄRNELL, TORE HÄLLSTRÖM

5 sessions de 90 minutes

EMDR (n=12)

Liste Attente (n=9)

Accidents et agressions sur le lieu de travail

IES-Total

- EMDR
- Liste Attente

IES-Total

- EMDR
- Liste Attente

IES-Total

EMDR

Liste Attente

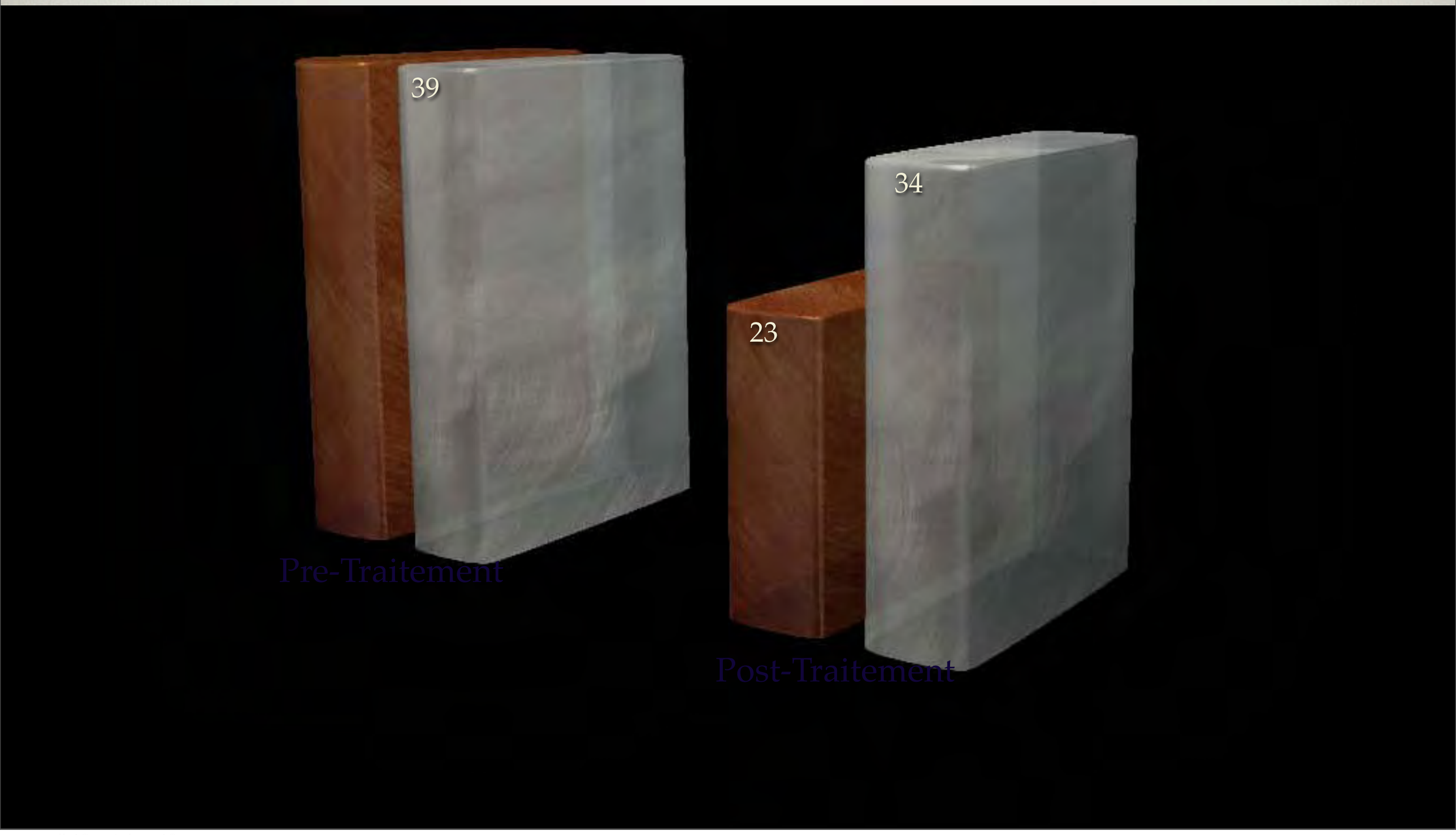
Pre-Traitement

Post-Traitement

IES-Total

EMDR

Liste Attente



HAM-A

- EMDR
- Liste Attente

HAM-A

- EMDR
- Liste Attente

HAM-A

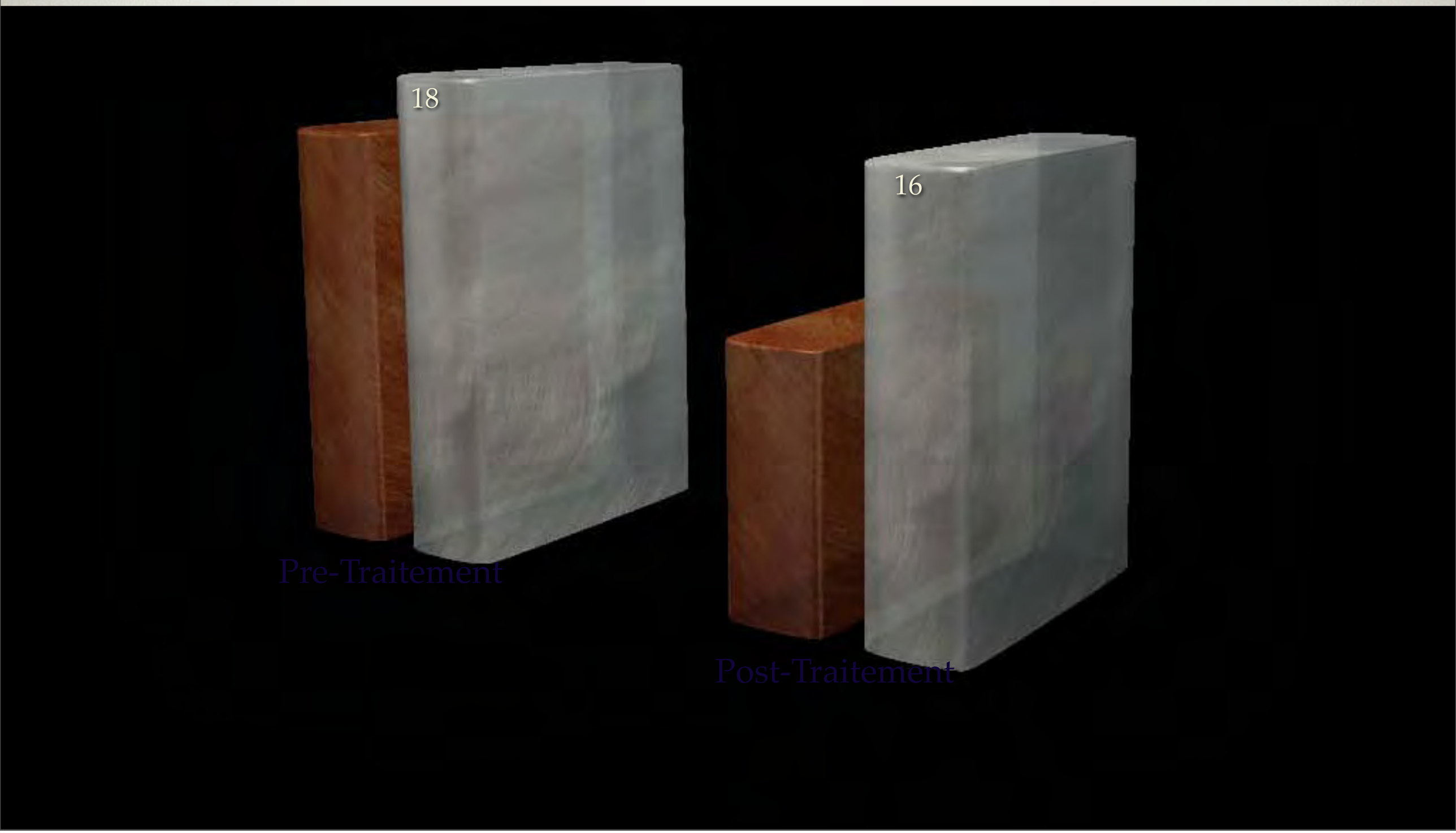
EMDR

Liste Attente

HAM-A

EMDR

Liste Attente



HAM-D

- EMDR
- Liste Attente

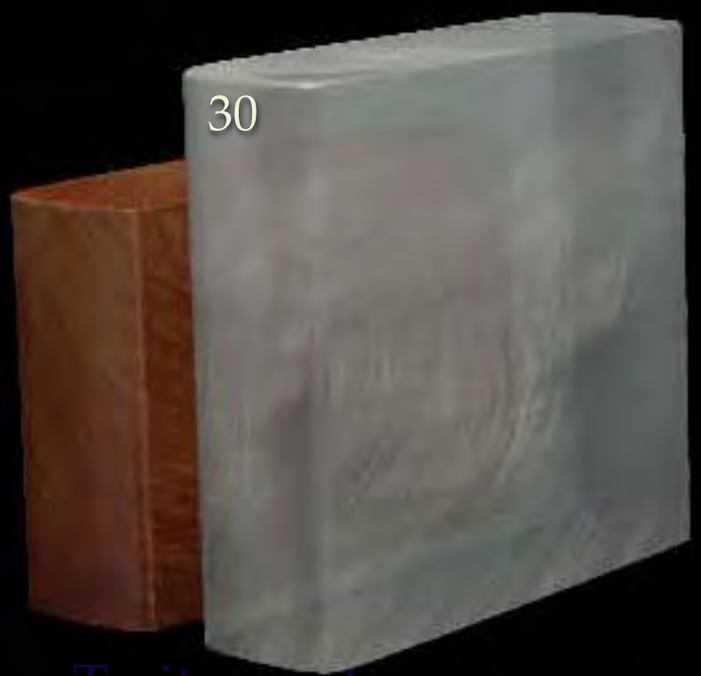
HAM-D

- EMDR
- Liste Attente

HAM-D

EMDR

Liste Attente



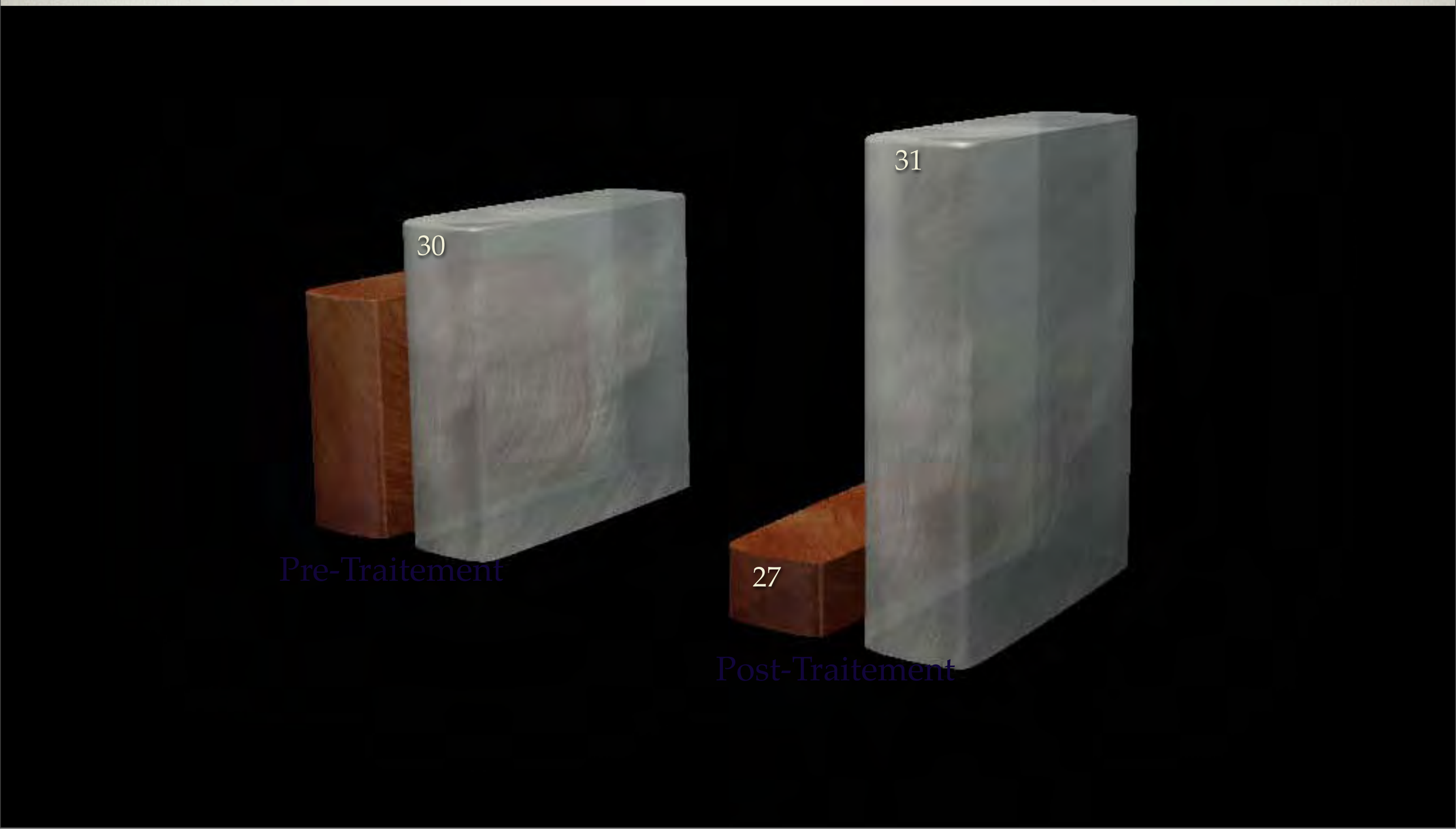
Pre-Traitement

Post-Traitement

HAM-D

EMDR

Liste Attente



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Original article

Eye movement desensitization and reprocessing (EMDR) therapy in the treatment of victims of domestic violence: A pilot study

Eye movement desensitization and reprocessing *(EMDR)* therapy *dans le traitement des victimes de violences conjugales : étude pilote*

C. Tarquinio[a,*], M.-J. Brennstuhl[a], J.A. Rydberg[a], A. Schmitt[a], F. Mouda[b], M. Lourel[b], P. Tarquinio[a]

[a] *APEMAC UE 4360 Research Department, Psychological and Epidemiological Approaches to Chronic Diseases, Health Psychology Team, université de Lorraine, Lorraine, France*
[b] *PsyNCA (EA 4306) Laboratory, Psychology & Neuroscience of Cognition and Affectivity, Rouen University, Rouen, France*

5 sessions de 90 minutes

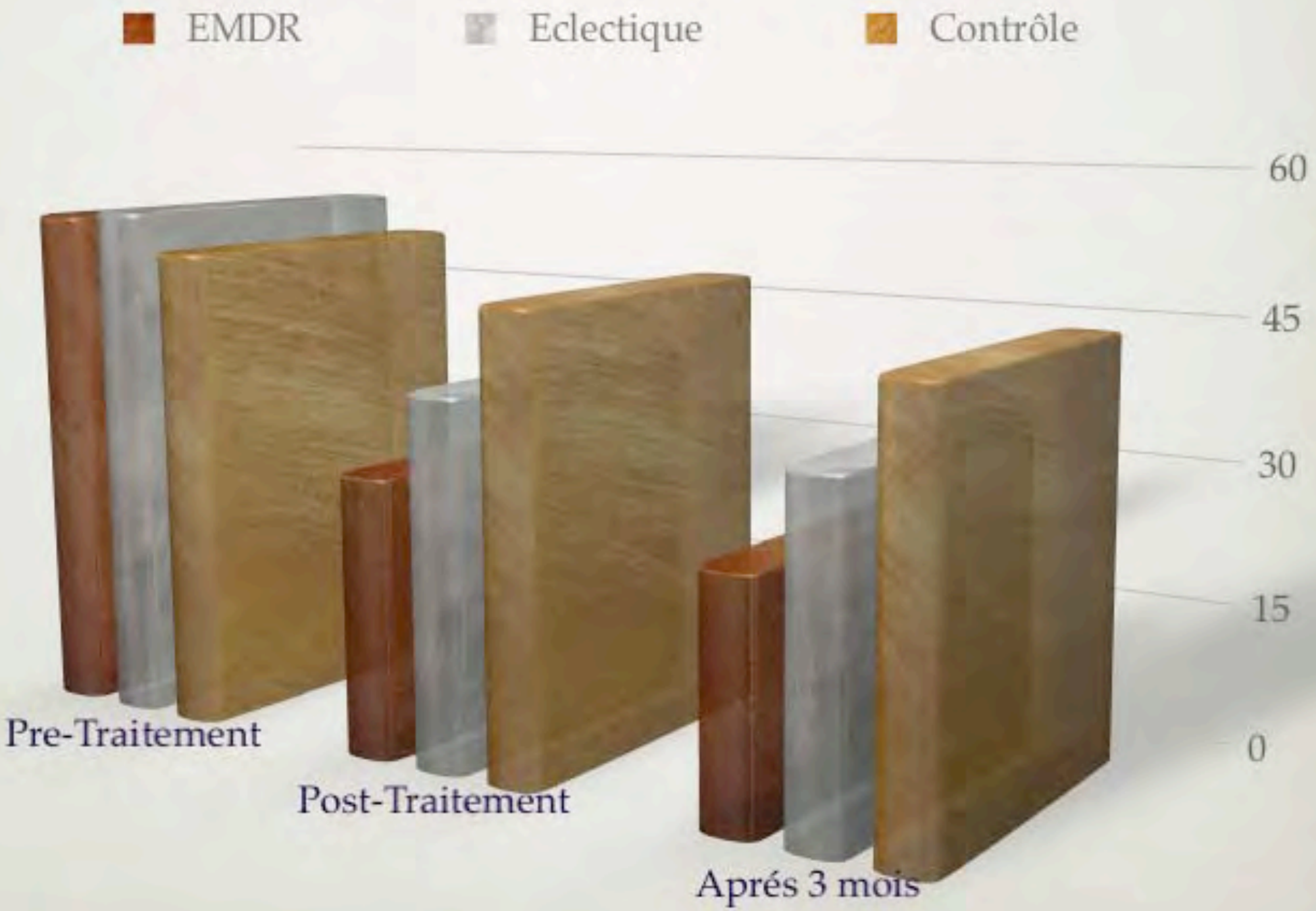
EMDR
(n=12)

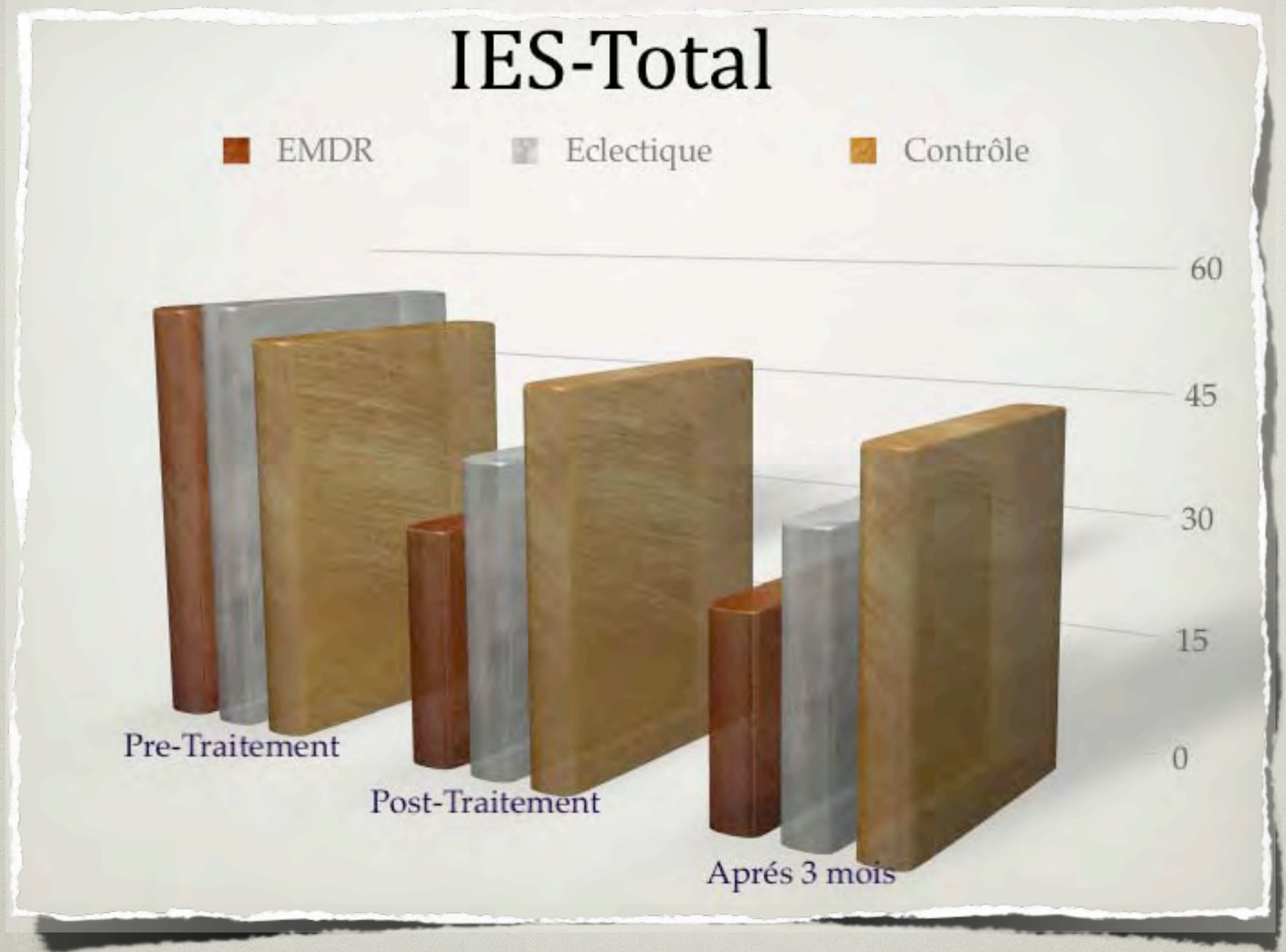
Eclectique
(n=12)

Contrôle
(n=12)

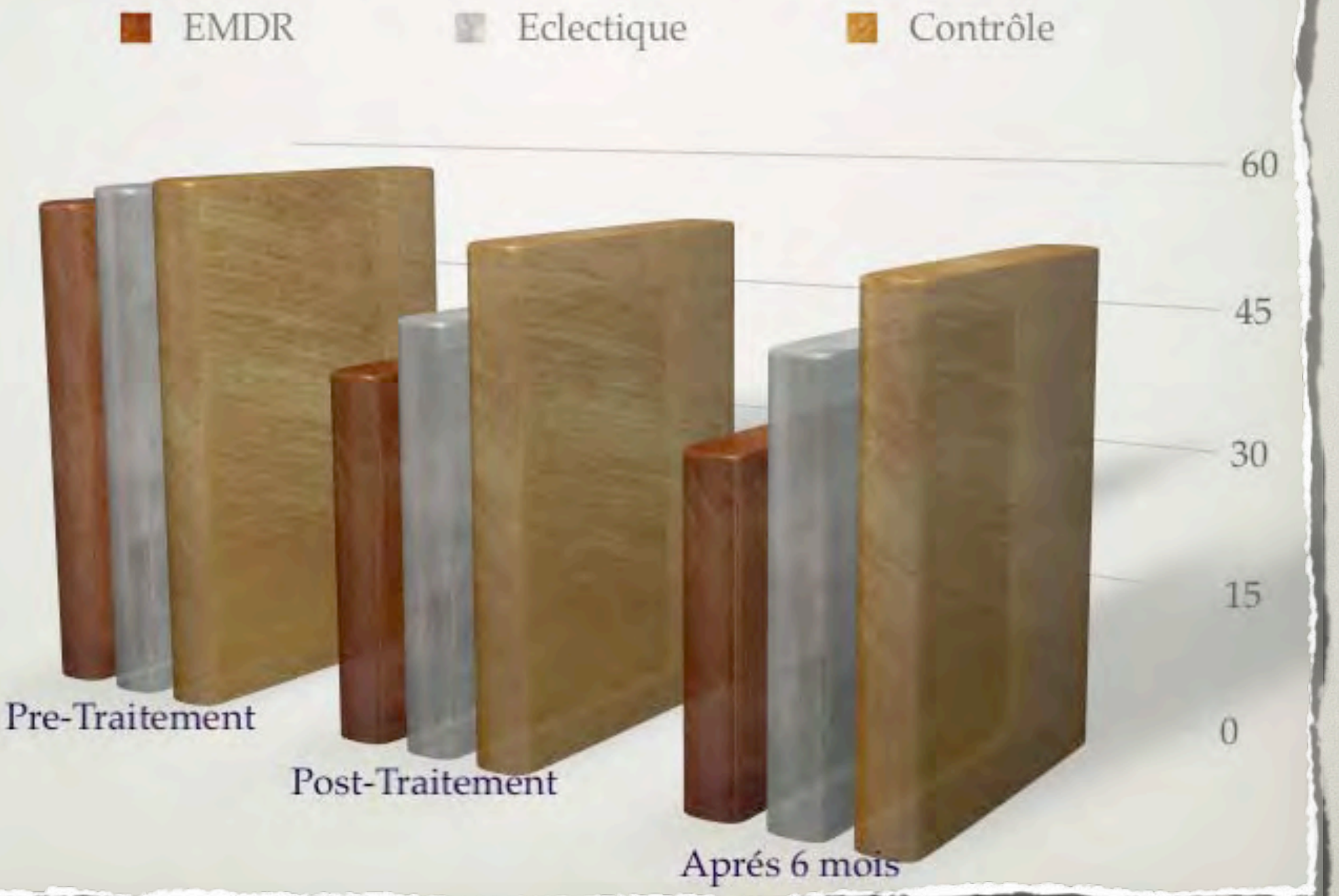
Victimes de violences conjugales

IES-Total

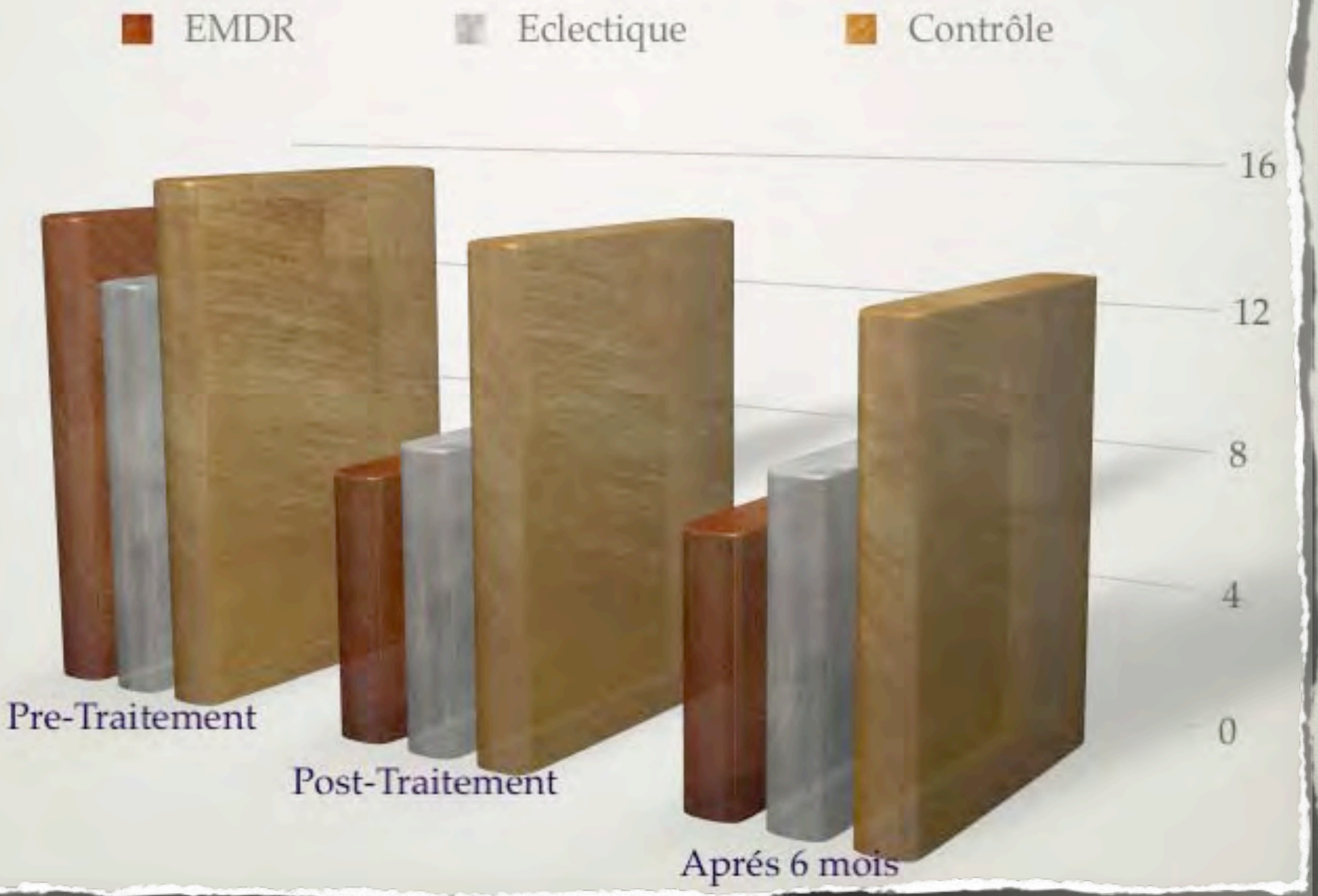

EMDR
Eclectique
Contrôle
60
45
30
15
0
Pre-Traitement
Post-Traitement
Aprés 3 mois


IES-Total
EMDR
Eclectique
Contrôle
60
45
30
15
0
Pre-Traitement
Post-Traitement
Aprés 3 mois

STAI- Anxiété



CESD - Dépression



2. EMDR et psychophysiologie

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Journal of Anxiety Disorders 22 (2008) 1264–1271

Journal of Anxiety Disorders

Alterations in autonomic tone during trauma exposure using eye movement desensitization and reprocessing (EMDR)—Results of a preliminary investigation

Martin Sack [a,*], Wolfgang Lempa [b], Adrian Steinmetz [b], Friedhelm Lamprecht [b], Arne Hofmann [c]

[a] *Technical University Munich, Klinikum rechts der Isar, Department of Psychosomatic Medicine, Langerstrasse 3, 81675 München, Germany*

[b] *Hannover Medical School, Department of Psychosomatic Medicine, Carl-Neuberg-Strasse 1, 30625 Hannover, Germany*

[c] *University of Cologne, Department of Psychosomatic Medicine, Kerpenerstr. 62, 50937 Köln, Germany*

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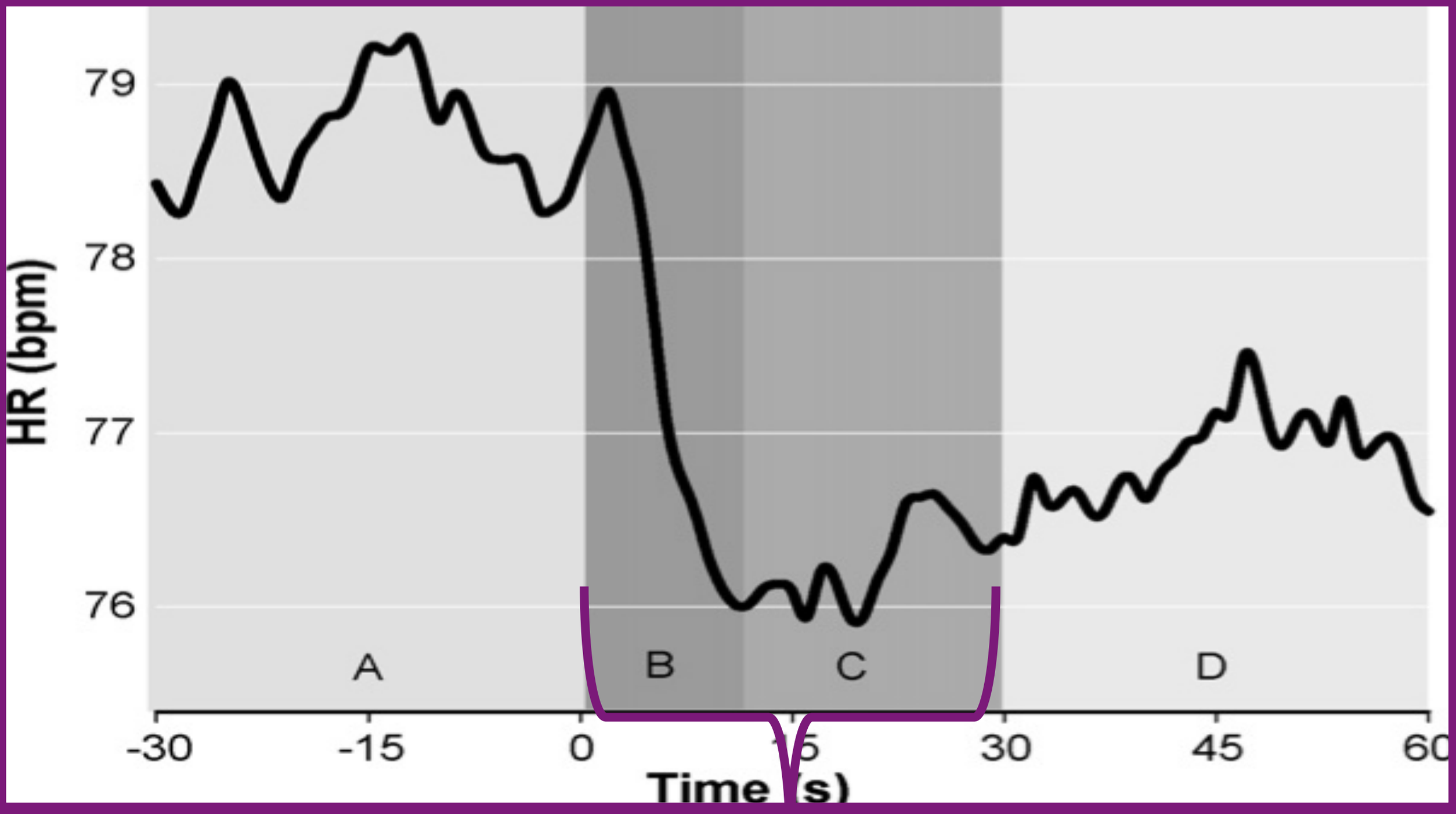

Set de MO

Physiological variables pre- and during dual attention stimulation

	Pre-stimulation A: −30 to 0 s		During stimulation B: 0–10 s		C: 10 –30 s		D: 30–60 s		Main effects		Post hoc comparison		
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.	$F(3,786)$	P	A/B	A/C	A/D
HR (bpm)	78.87	10.45	77.86	9.76	76.33	10.31	76.83	10.55	137	<.001	***	***	***
RMSSD (ms)	32.29	19.23	35.73	21.00	30.54	15.91	29.76	16.82	41.4	<.001	***	n.s.	***
PEP (ms)	96.04	20.91	95.74	20.58	95.49	20.58	95.42	20.61	5.2	.023	n.s.	**	n.s.
RESP (bpm)	14.85	2.42	15.26	2.80	15.98	2.98	16.27	3.01	173	<.001	***	***	***

HR = heart rate, RMSSD = root mean square of successive differences, PEP = pre-ejection period, RESP = respiration frequency. Anova repeated measures, post hoc comparison (Bonferroni corrected for multiple testing): n.s. = non significant, $^{**}P < .01$, $^{***}P < .001$.

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	Pre-stimulation A: −30 to 0 s		During stimulation B: 0–10 s		C: 10 –30 s		D: 30–60 s		Main effects		Post hoc comparison		
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Journal of Anxiety Disorders 22 (2008) 622–634

Journal of Anxiety Disorders

Physiological correlates of eye movement desensitization and reprocessing

Ulf O.E. Elofsson [a,*], Bo von Schèele [b], Töres Theorell [a], Hans Peter Söndergaard [a]

[a] *National Institute for Psychosocial Factors and Health (IPM) & Karolinska Institutet, Stockholm, Sweden*

[b] *Institute for Psychophysiological Behavioral Medicine, Söderhamn, Sweden*

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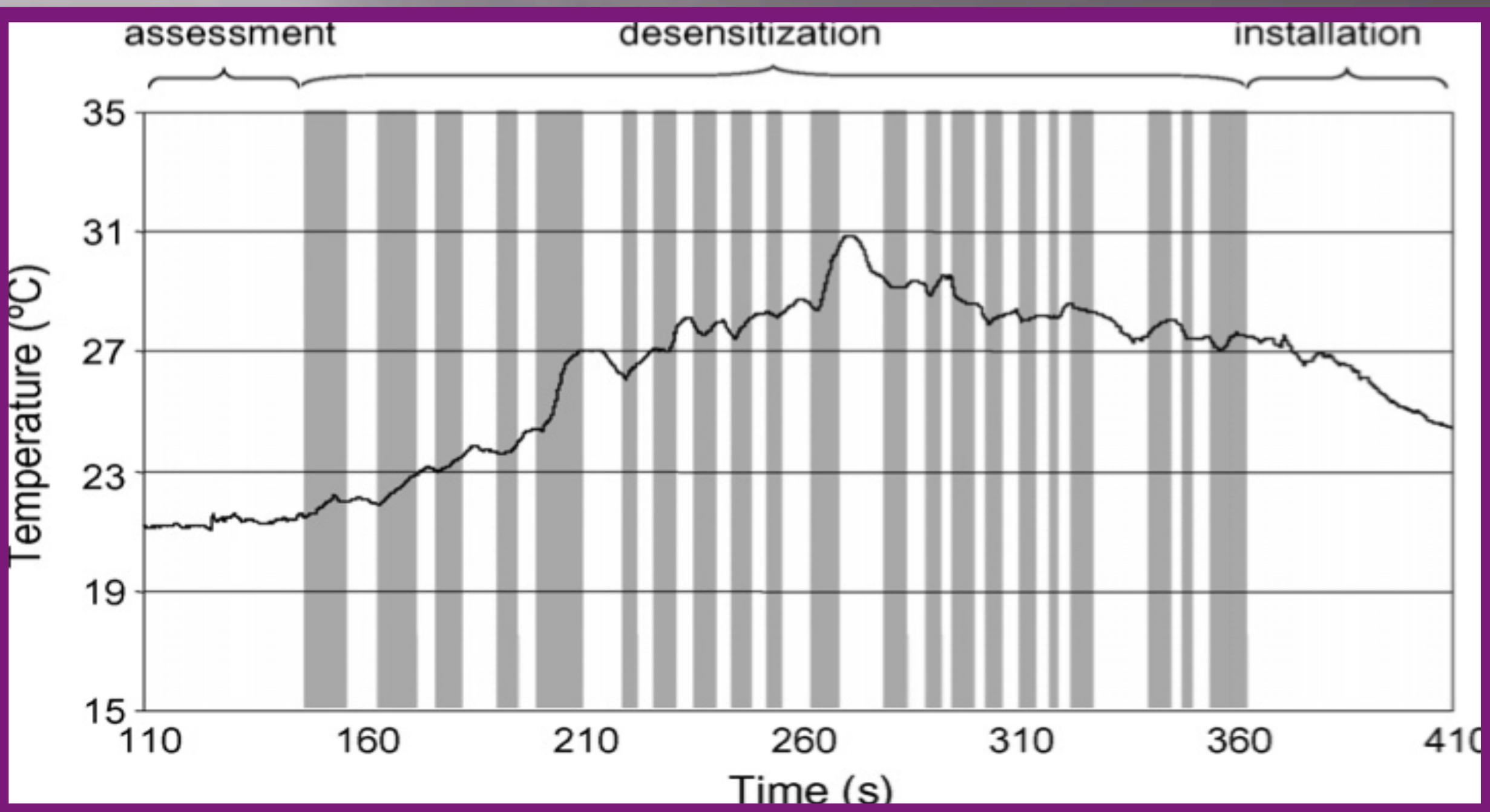
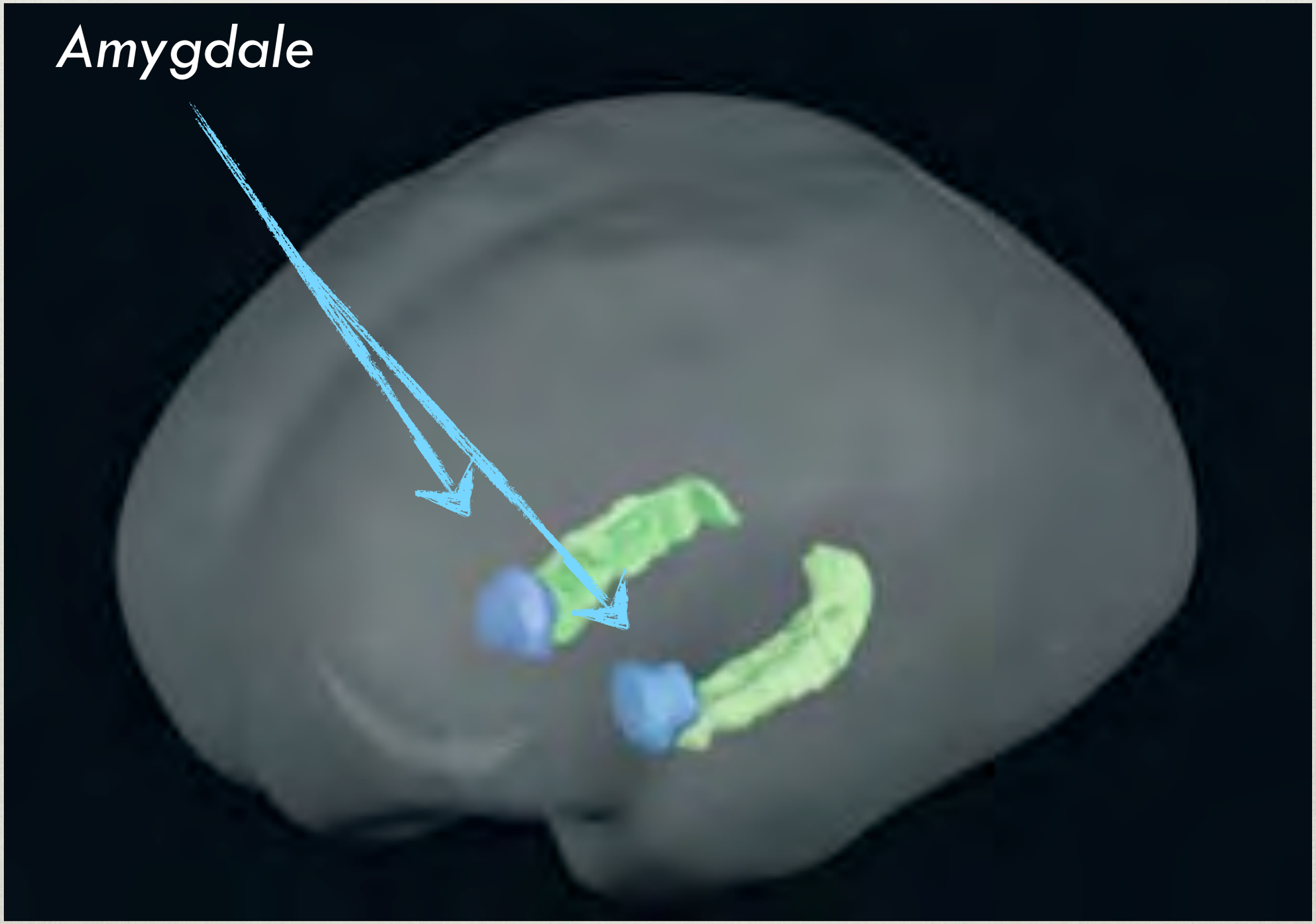


Augmentation rapide de la t° dés le début des MO et à une baisse dés le fin des MO

Measure	Band	Baseline		Stimulation		Post-stimulation		Main effects	
		Pre	Post	−50 to 0 s	0–50 s	−50 to 0 s	0–50 s	*F*	*P*-value
Ratio	LF/HF	5.01	5.70	6.61	4.27	4.94	6.15	2.51	0.04
		4.43	5.20	4.49	2.46	2.54	3.33		
		a	ab	b[b]	a[a]	ab	b[a]		

Measure	Band	Baseline		Stimulation		Post-stimulation		Main effects	
		Pre	Post	−50 to 0 s	0–50 s	−50 to 0 s	0–50 s	*F*	*P*-value
Ratio	LF/HF	5.01	5.70	6.61	4.27	4.94	6.15	2.51	0.04
		4.43	5.20	4.49	2.46	2.54	3.33		
		a	ab	b[b]	a[a]	ab	b[a]		

2. EMDR et fonctionnement cérébral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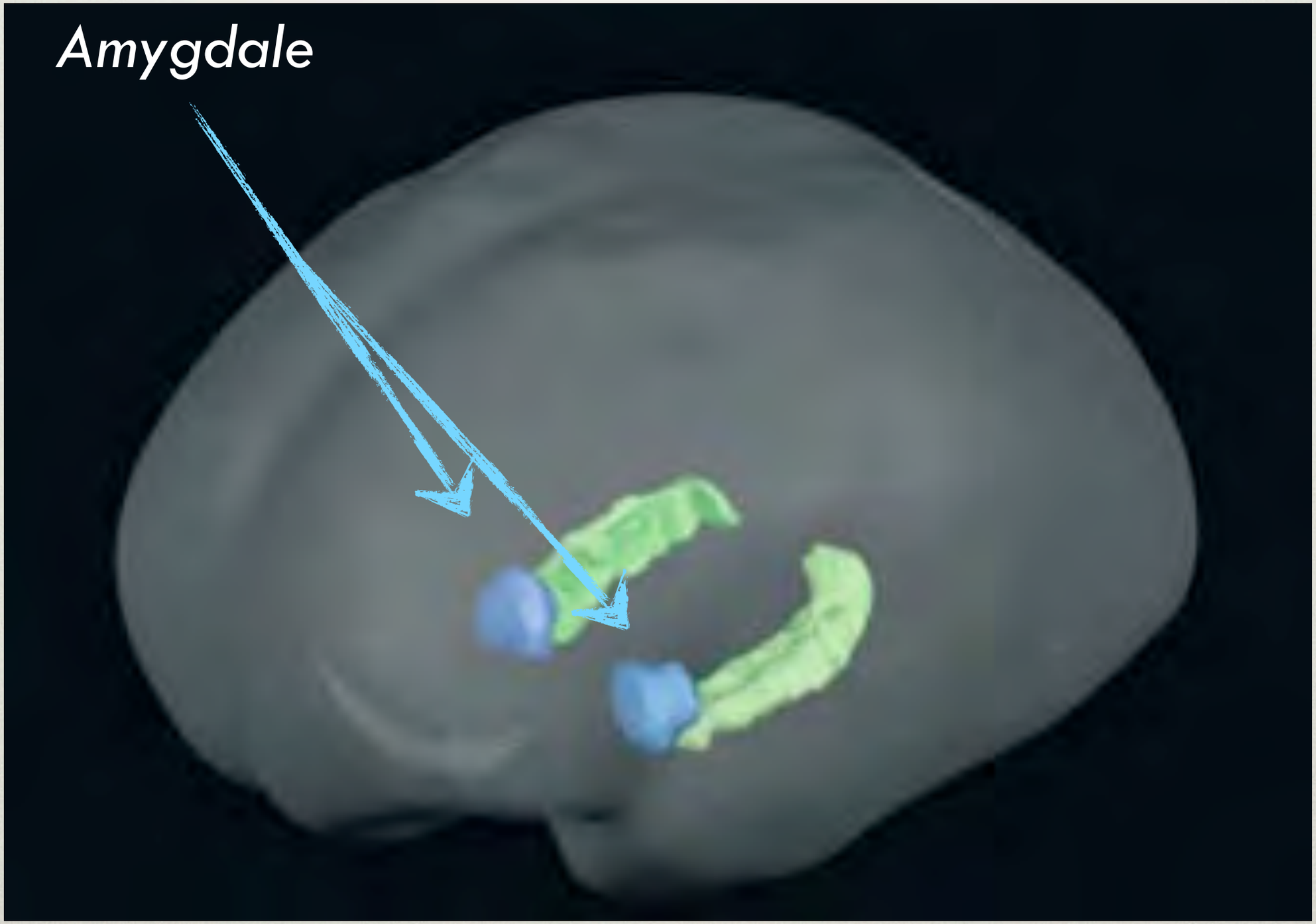
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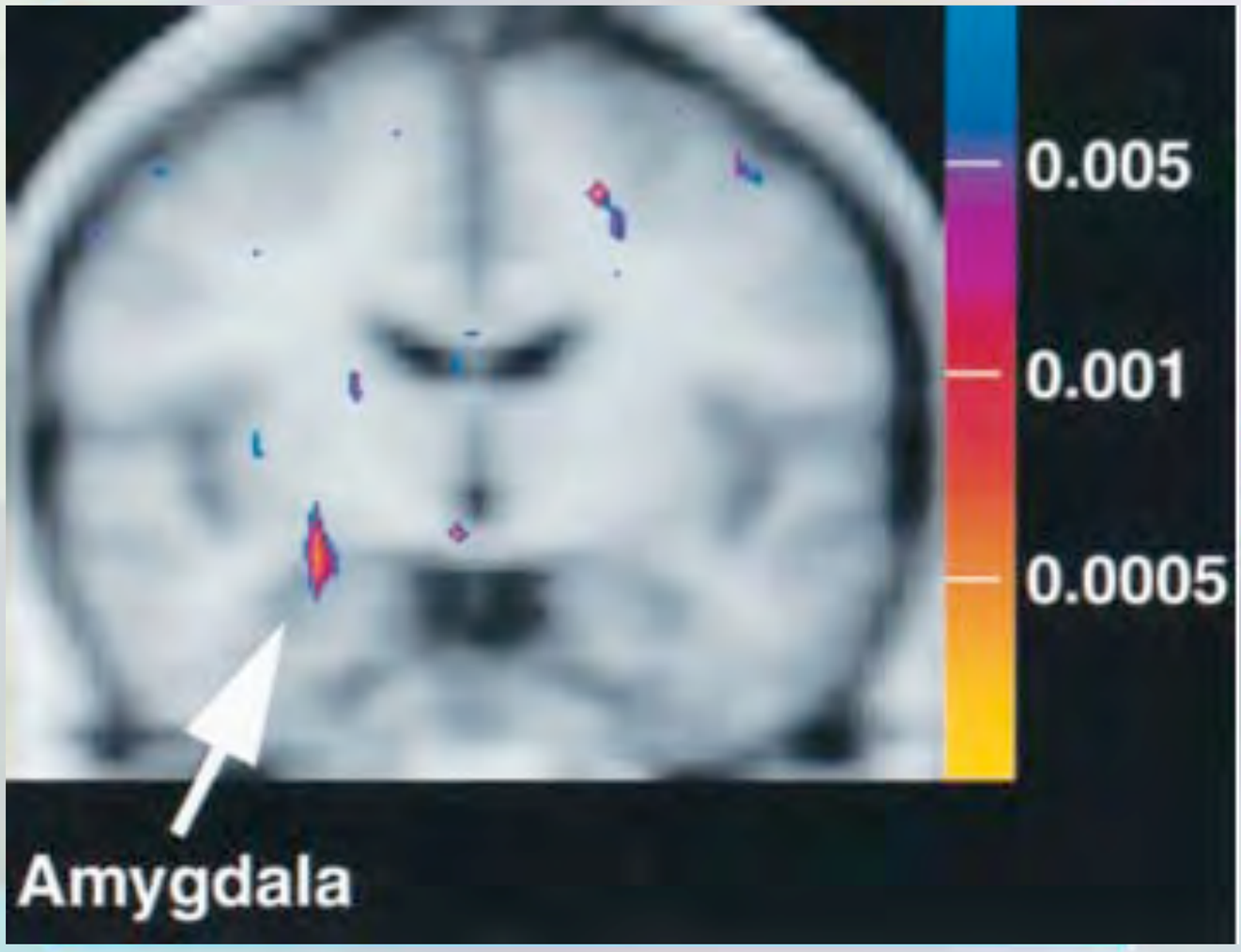
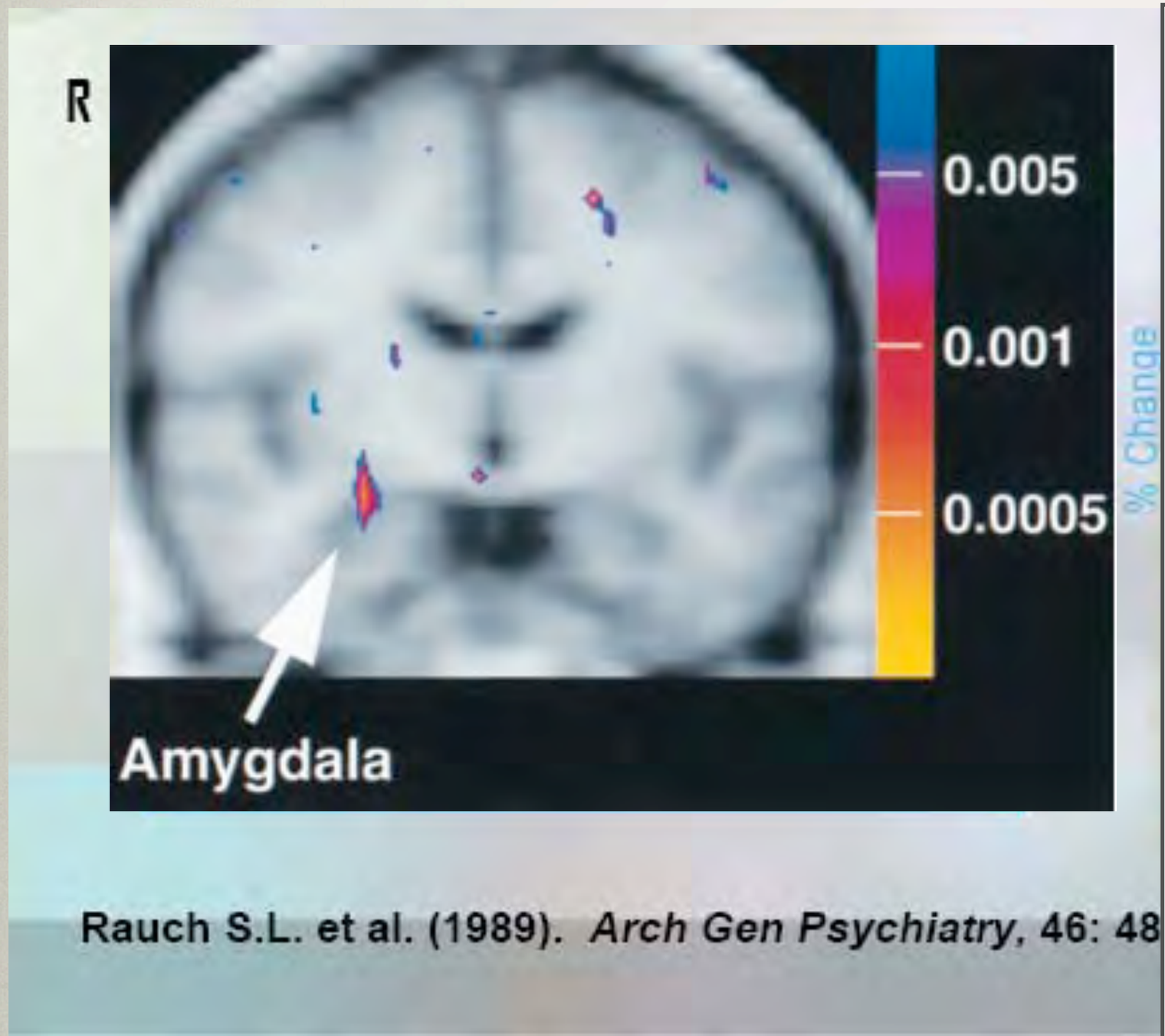
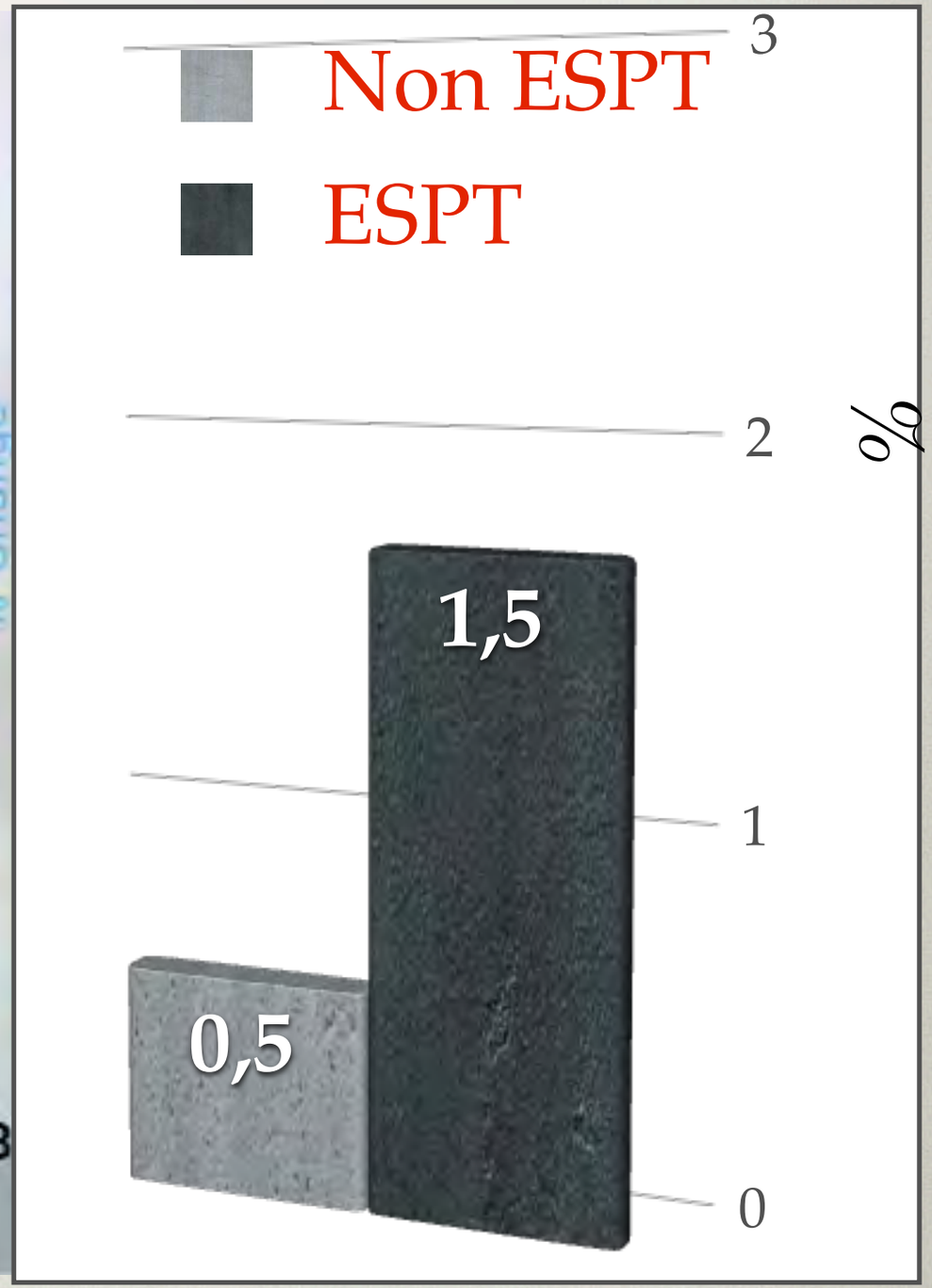
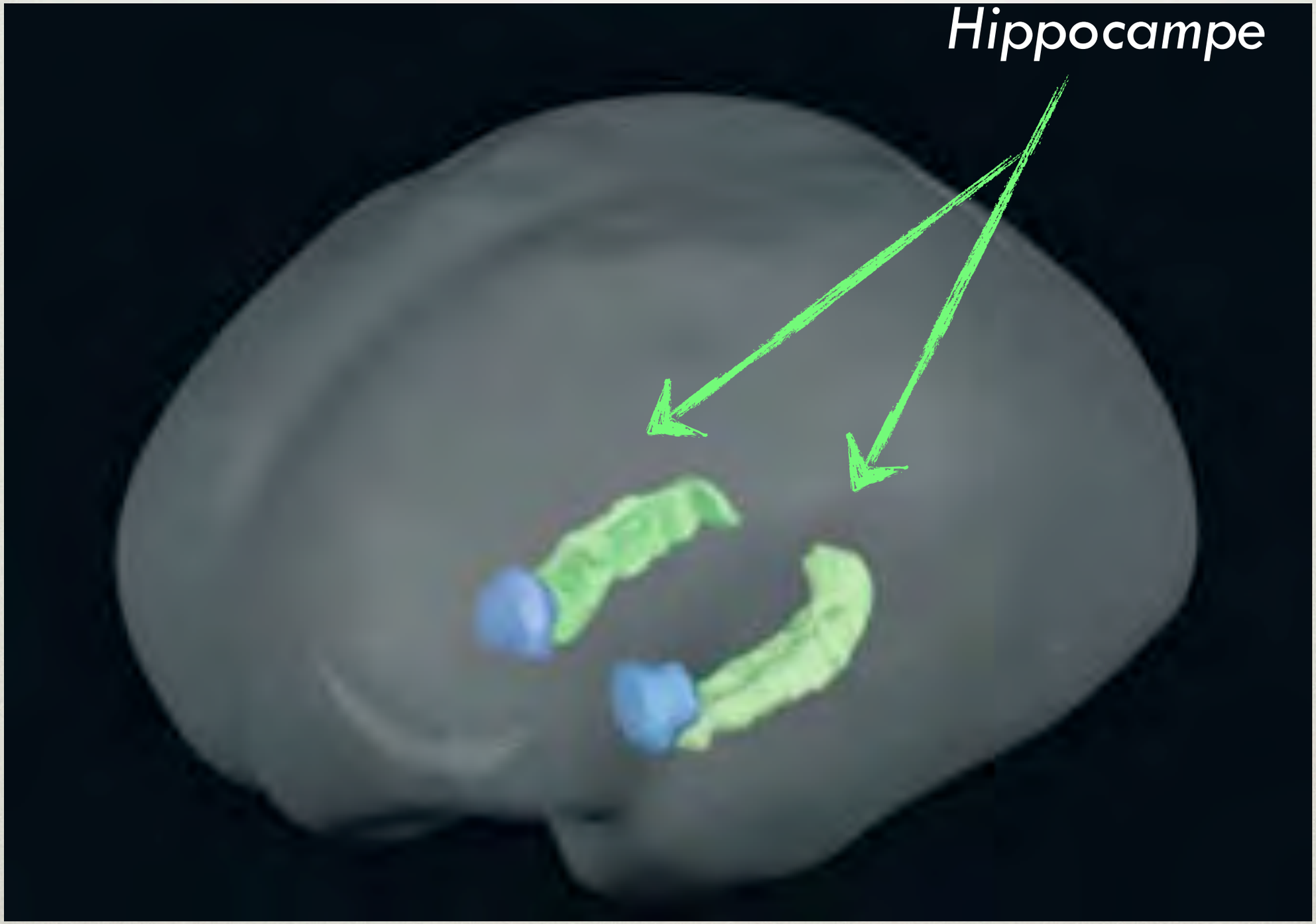


Rauch S.L. et al. (1989). *Arch Gen Psychiatry*, 46: 48



Rauch S.L. et al. (1989). *Arch Gen Psychiatry*, 46: 48




Hippocampe

ocampe

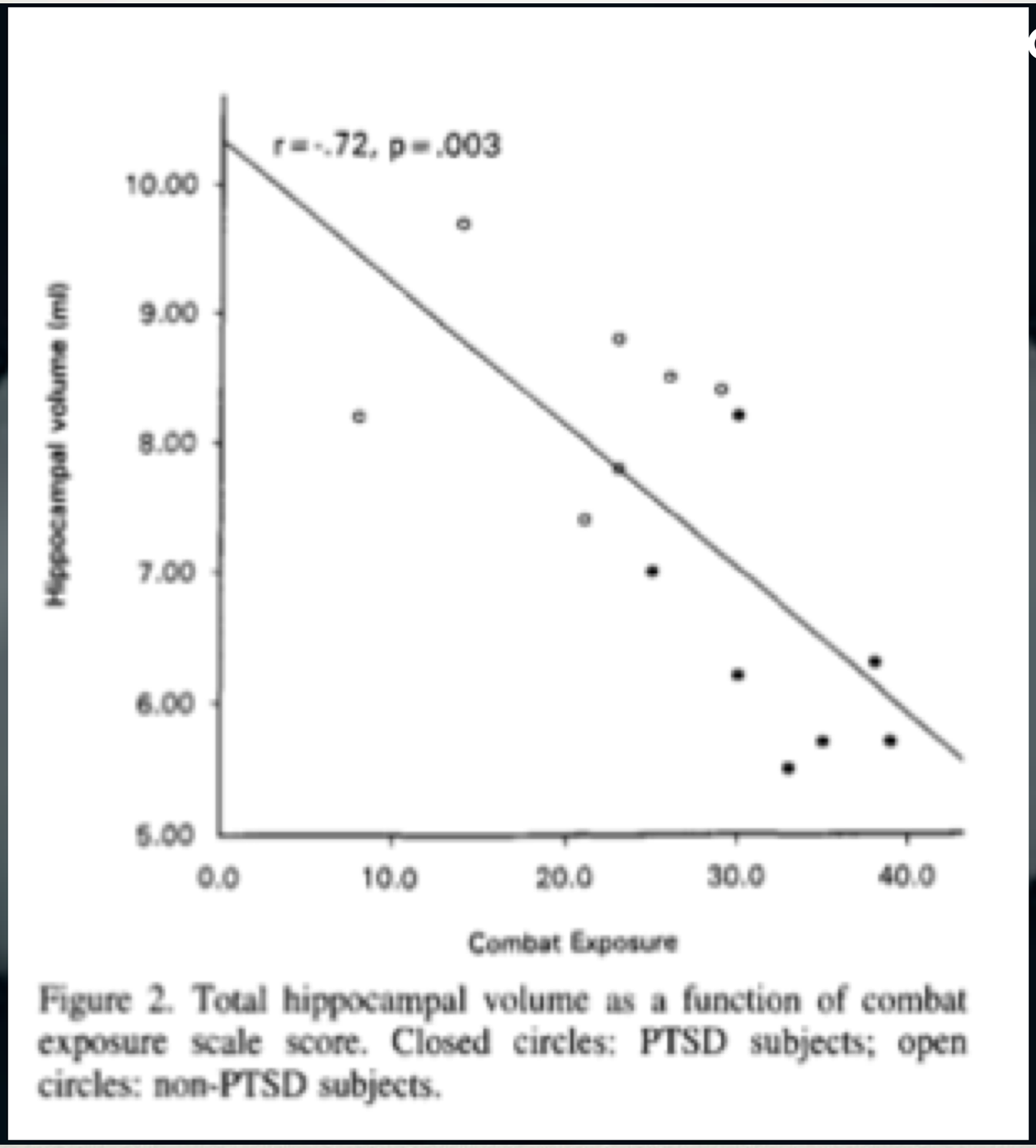
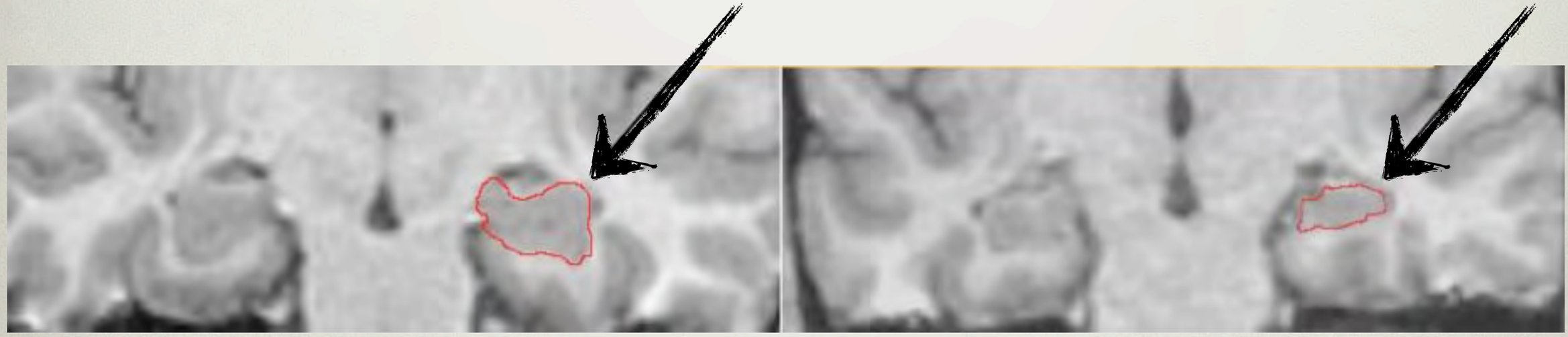


Figure 2. Total hippocampal volume as a function of combat exposure scale score. Closed circles: PTSD subjects; open circles: non-PTSD subjects.

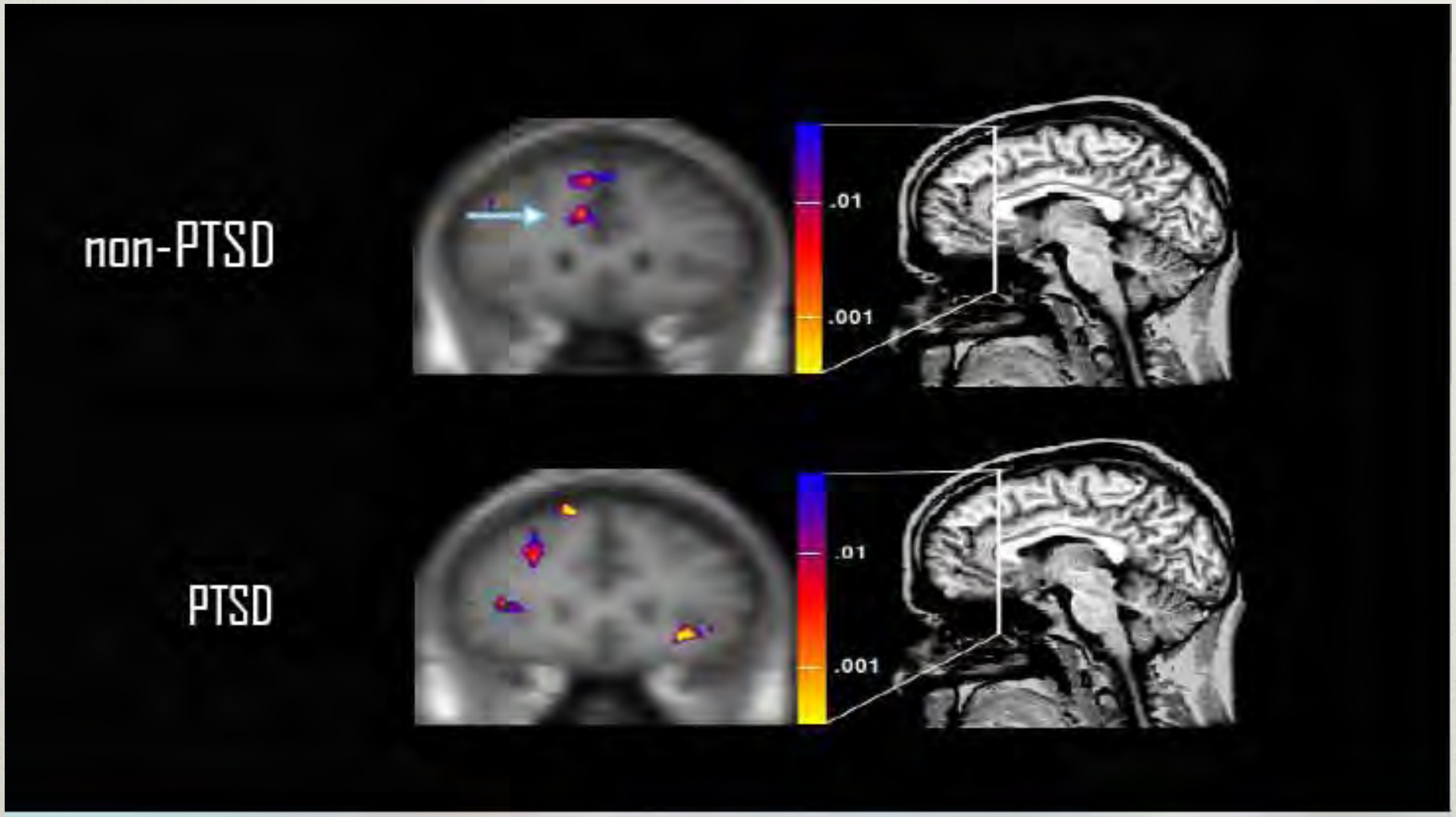
Sujet contrôle

Sujet ESPT



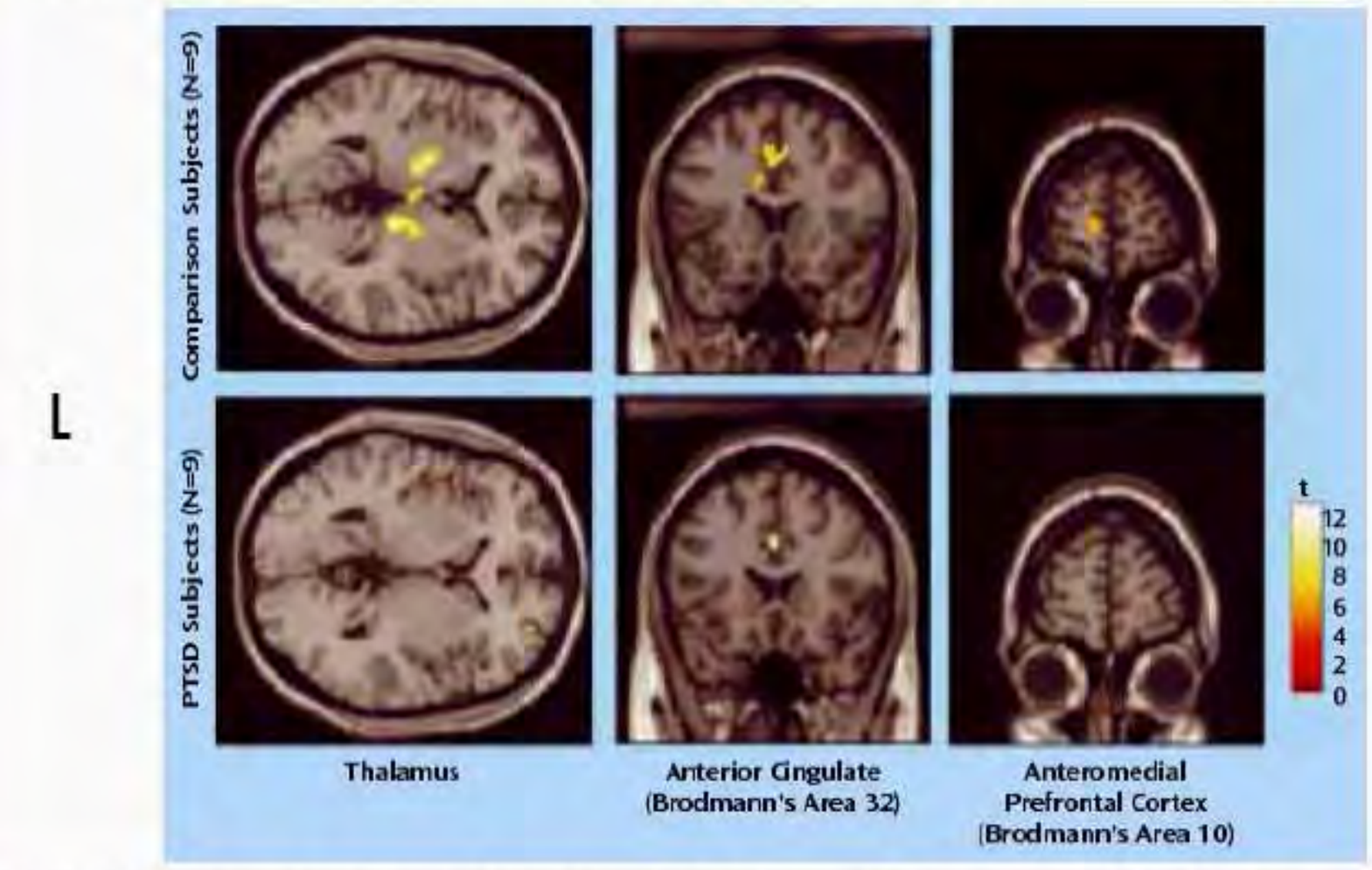
Yehuda & al, 1995; Bremner & al., 1997; Vermetten & al., 2006

Réduction du gyrus cingulaire antérieur et ESPT



Shin et al. (2001). *Biological Psychiatry*, 50:932-942

FIGURE 1. Brain Activation Sites[a] in Traumatized Subjects With and Without PTSD



[a] Areas of significantly ($p<0.001$) increased activation during the final 30 seconds of a 60-second period of recalling a traumatic event, relative to average baseline activation 60 seconds before each recollection of the traumatic event, superimposed on T_1-weighted magnetic resonance imaging templates.

Lanius, R., et al. (2001). *American Journal of Psychiatry*, 158: 1920-1922.

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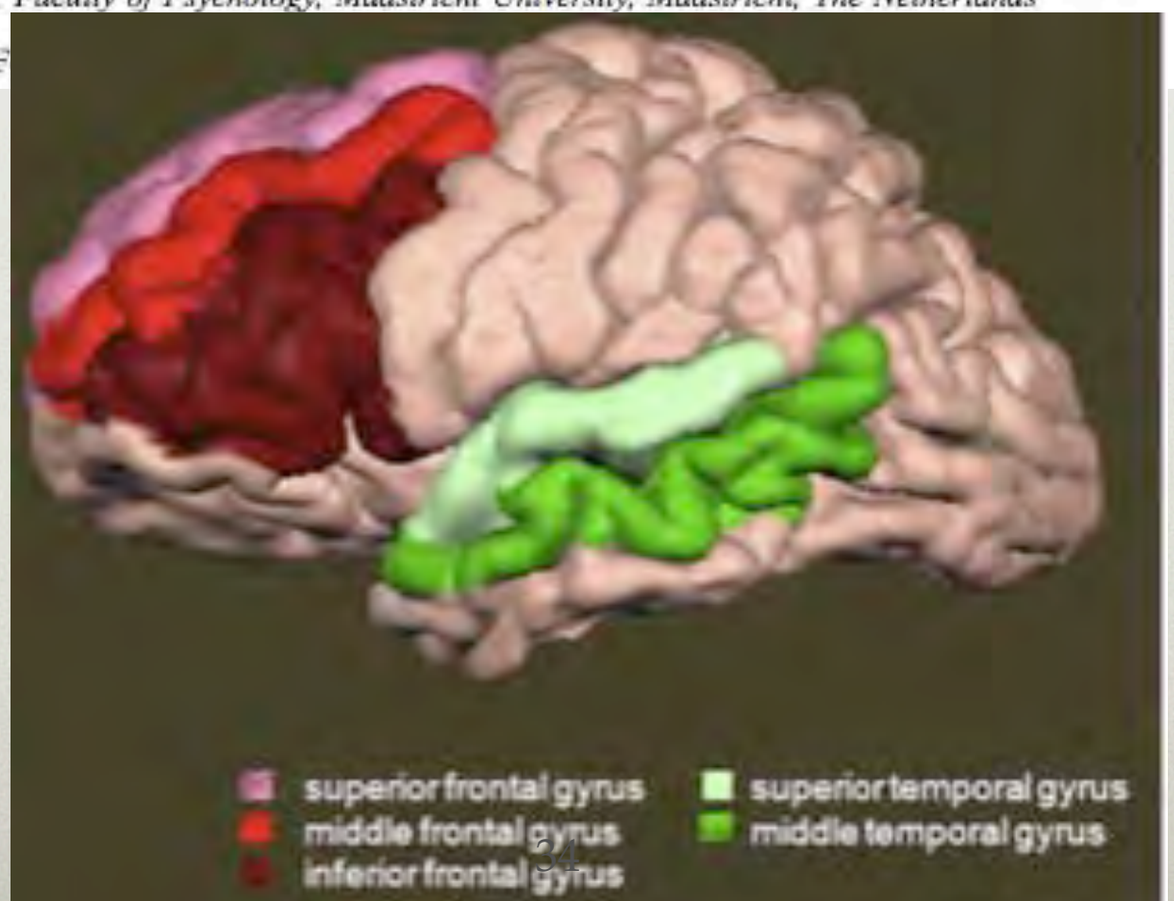
NeuroImage 41 (2008) 675–681

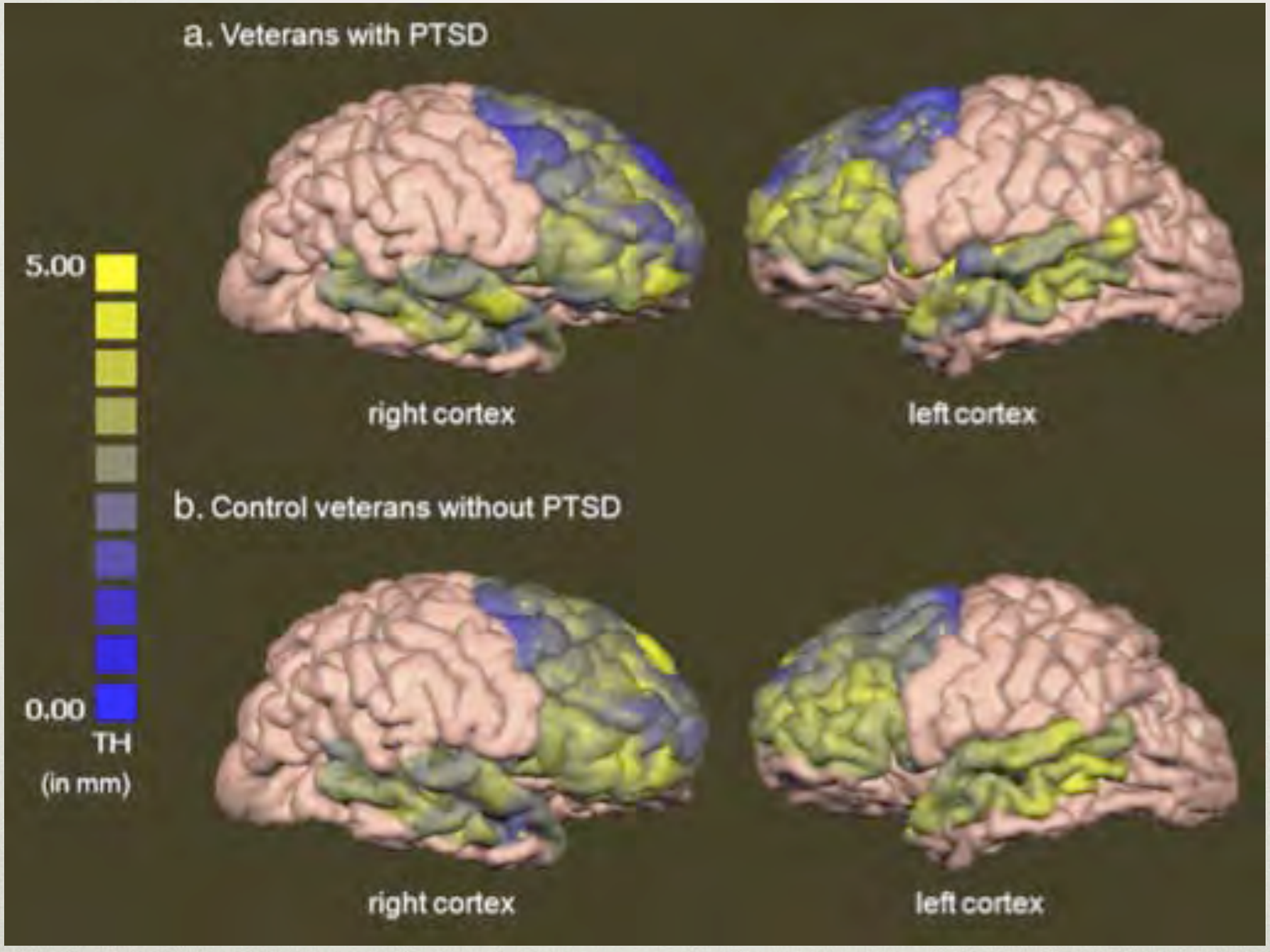
Thinner prefrontal cortex in veterans with posttraumatic stress disorder

Elbert Geuze,[a,b,*] Herman G.M. Westenberg,[b] Armin Heinecke,[c] Carien S. de Kloet,[a] Rainer Goebel,[c,d] and Eric Vermetten[a,b]

[a]*Research Centre, Military Mental Healthcare, Ministry of Defence, Utrecht, The Netherlands*
[b]*Department of Psychiatry, Rudolf Magnus Institute of Neuroscience, Utrecht University Medical Centre, Utrecht, The Netherlands*
[c]*Brain Innovation, Maastricht, The Netherlands*
[d]*Department of Cognitive Neuroscience, Faculty of Psychology, Maastricht University, Maastricht, The Netherlands*

Received 19 October 2007; revised 27 F




a. Veterans with PTSD
5.00
right cortex
left cortex
b. Control veterans without PTSD
0.00
TH
(in mm)
right cortex
left cortex

L'imagerie par résonance magnétique fonctionnelle (IRMf) consiste à mesurer un signal qui reflète le taux d'oxygénation du sang dans le cerveau. Ainsi, il est possible, par cette méthode, de connaître avec une grande précision quelles régions du cerveau sont spécialement actives lors d'une tâche donnée.

La tomographie par émission de positrons (TEP) ou SPECT consiste à mesurer les modifications du débit sanguin au moyen d'un traceur radioactif qu'il faut préalablement injecter par voie intraveineuse.

The Journal of Neuropsychiatry
& Clinical Neurosciences

The Journal of Neuropsychiatry and Clinical Neurosciences, VOL. 17, No. 4

REGULAR ARTICLE | November 01, 2005

High–Resolution Brain SPECT Imaging and Eye Movement Desensitization and Reprocessing in Police Officers With PTSD

Karen Lansing, M.F.T, B.C.E.T.S.; Daniel G. Amen, M.D.; Chris Hanks, Ph.D.; Lisa Rudy, B.A.

The Journal of Neuropsychiatry and Clinical Neurosciences 2005;17:526-532.
doi:10.1176/appi.neuropsych.17.4.526

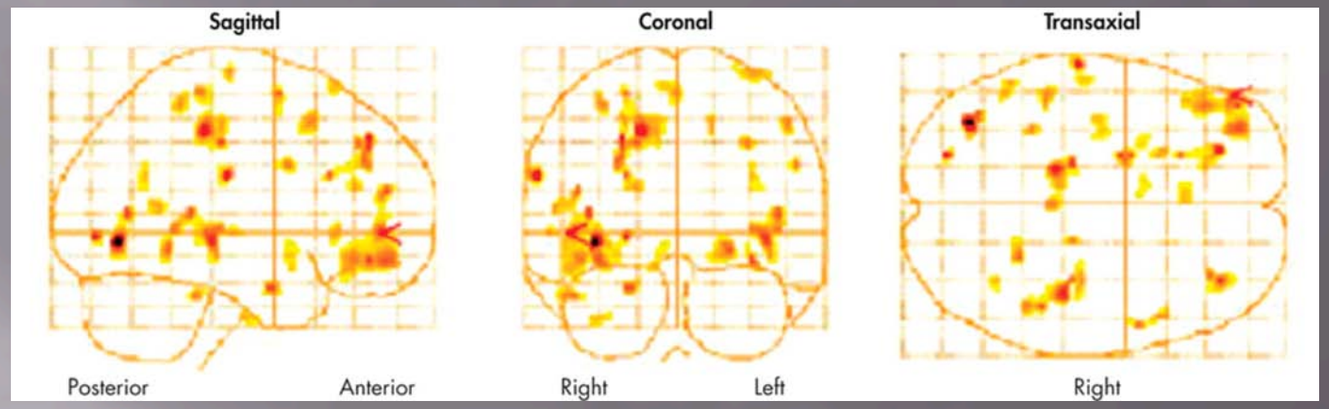


TABLE 1. Summary of SPM Results: Voxel-Level Gray Matter Activations and Deactivations from Pre- to Post-EMDR (N = 6)

Brain Region	Talairach Coordinates (x, y, z)	Valence	*t*-value
Occipital lobe			
Right lingual gyrus (BA 18)	18, −80, −12	Deactivation	13.84*
Left cuneus/precuneus	0, −74, 30	Deactivation	6.68*
Sub-lobar thalamus			
Right pulvinar	22, −28, 10	Deactivation	13.14*
Frontal lobe			
Right precentral gyrus (BA 4)	52, −12, 42	Deactivation	10.23*
Left middle frontal gyrus (BA 11)	−44, 36, −12	Activation	6.81*
Left inferior frontal gyrus (BA 44)	−48, 48, 0	Activation	7.92*
Left superior frontal gyrus (BA 8)	−24, 42, 42	Activation	9.55*
Left medial ventral frontal gyrus (BA 9)	−18, 36, 20	Activation	5.77**
Parietal lobe			
Left postcentral gyrus (BA 40)	−52, −28, 50	Deactivation	7.68*

*Significant at p = <0.001, uncorrected for multiple comparisons
** Significant at p = <0.005, uncorrected for multiple comparisons
SPM = statistical parametric mapping
BA = Brodmann's area

Lansing & al. (2005) ont travaillé sur l'activation cérébrale du cerveau de 6 policiers traumatisés avant et après traitement EMDR. Ils montrent une diminution du flux sanguin, des signes clinique de l'ESPT.

Changes in the Regional Cerebral Perfusion After Eye Movement Desensitization and Reprocessing

A SPECT Study of Two Cases

Dong-Hoon Oh
Joonho Choi
Hanyang University, Seoul, South Korea

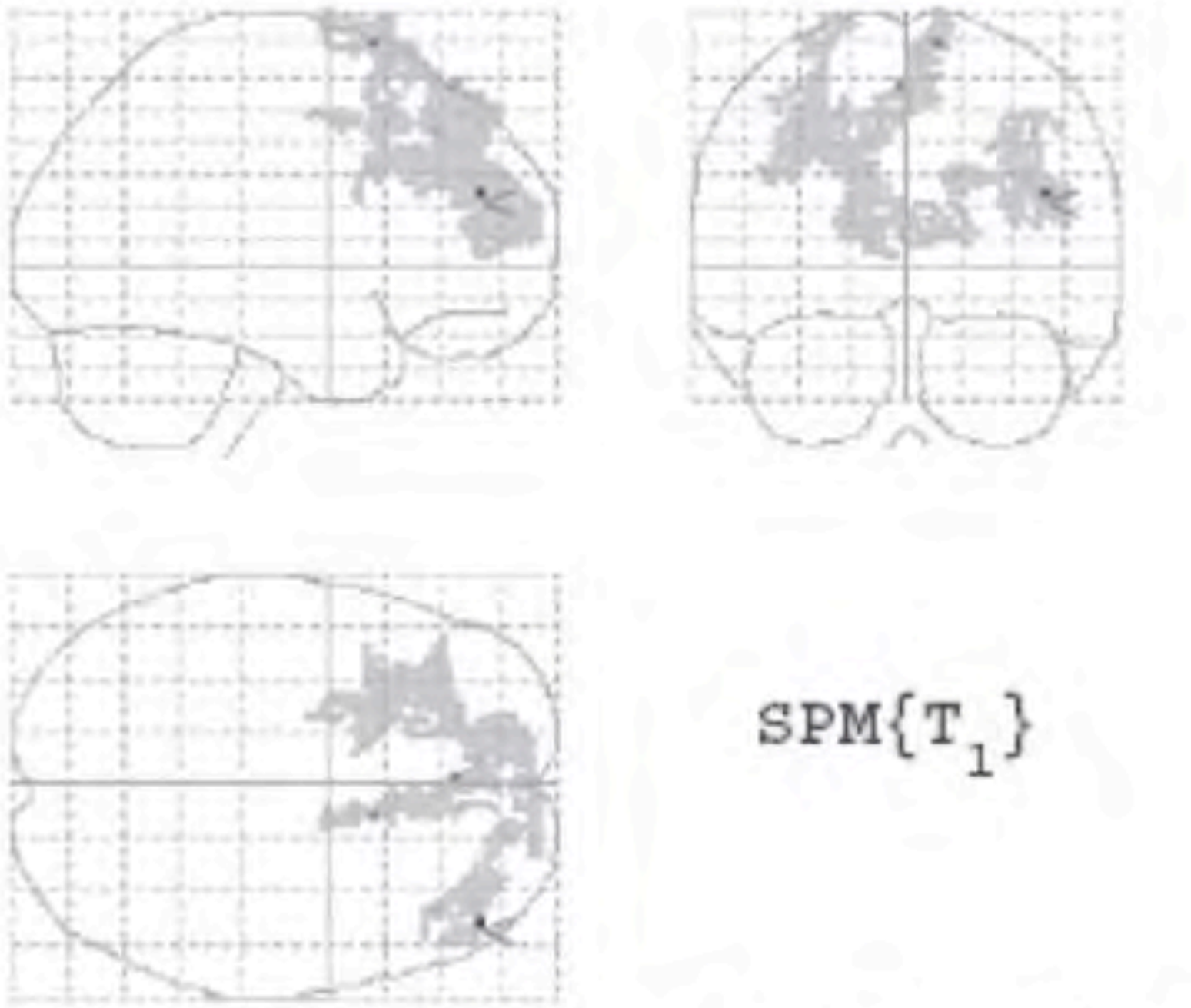


FIGURE 1. Regions of increased cerebral blood flow after EMDR treatment. Significant activations in the right middle frontal gyrus and the right superior frontal gyrus (BA 6, 8, 9, 10, and 46) and also in the left medial frontal and right superior frontal gyrus (BA 8 and 10). The arrow indicates the right middle frontal gyrus, the most significantly activated area. BA = Broadmann area; SPM = statistical parametric mapping.

Augmentation de l'afflux sanguin

Studio di valutazione dell'efficacia clinica e neurobiologica dell'EMDR in pazienti affetti da disturbo da stress post-traumatico

Evaluation study of clinical and neurobiological efficacy of EMDR in patients suffering from post-traumatic stress disorder

LETIZIA BOSSINI[1], ILARIA CASOLARO[1], EMILIANO SANTARNECCHI[2], CLAUDIA CATERINI[1], DESPINA KOUKOUNA[1], ISABEL FERNANDEZ[3], ANDREA FAGIOLINI[1]

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[1]Dipartimento di Neuroscience, Sezione di Psichiatria, Università di Siena
[2]Dipartimento di Neuroscience, Sezione di Neurologia, Università di Siena
[3]Psicologo, Psicoterapeuta, Presidente della Associazione per l'EMDR in Italia, Centro Ricerca e Studi in Psicotraumatologia, Milano

Tabella 1. Davidson Trauma Scale (range 0-136). Confronto fra punteggio totale prima e dopo 3 mesi di terapia EMDR

	Pre-EMDR	Post-EMDR	p
DTS Totale	75,78±21,74	19,3±15,5	< 0,001

Tabella 2. RMI strutturale. Confronto fra volumi ippocampali prima e dopo 3 mesi di terapia EMDR

	Pre-EMDR (mm^3)	Post-EMDR (mm^3)	p
Ippocampo sinistro	2894,60±497,41	3083,70±378,09	0,011
Ippocampo destro	3158,52±365,03	3357,90±451,71	0,010

Mesure volumétrique de l'hippocampe (29 sujets ESPT et 30 sujets contrôles) pré, post et 3 mois)

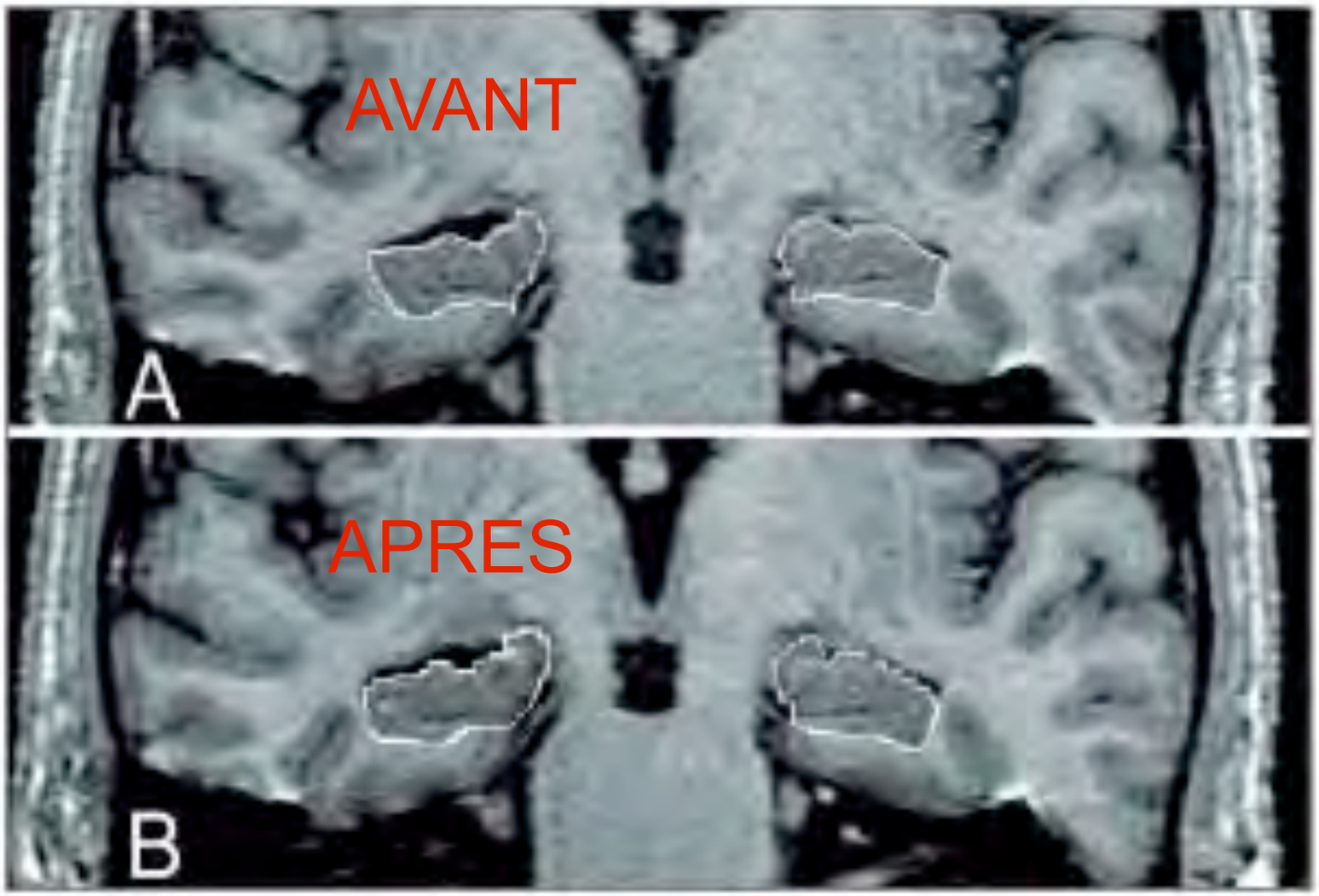

Figura 1. RMN in sezione coronale. A: prima del trattamento con EMDR. B: dopo il trattamento con EMDR ($p = 0,01$).

4. Vers de nouvelles problématiques

Les protocoles des événements récents

- The Recent Event protocol [RE] (F. Shapiro, 1995, 2001),
- The EMD protocol (F. Shapiro, 1987, 2004)
- The Emergency Response Procedure [ERP] (Quinn, 2004)
- The Recent Traumatic Episode Protocol [R-TEP] (E. Shapiro & Laub 2008)
- The Protocol for Recent Critical Incidents [EMDR-PRECI] (Jarero, Artigas & Luber, 2011)
- URG-EMDR (Tarquinio & al. 2013)

The Effect of Single-Session Modified EMDR on Acute Stress Syndromes

Ilan Kutz
Meir General Hospital, Kfar Saba, Israel
Sackler Scholl of Medicine, Tel Aviv University, Israel

Victor Resnik
Meir General Hospital, Kfar Saba, Israel

Rachel Dekel
Louis and Gabi Weisfeld School of Social Work, Bar Ilan University, Ramat Gan, Israel

TABLE 1. Participant Characteristics

Participant characteristics	Terror victims ($n = 40$)	Accident victims ($n = 46$)
Gender	f 22 m 18	f 26 m 20
Age	18–64	18–81
Inpatient/ Outpatients	Outpatients only	36 inpatients: 10 outpatients
Physical injury	None or insignificant	All injured
Former exposure to trauma and other risk factors of PTSD	12 (30%)	10 (22%)

TABLE 3. The Effect of Single-Session Modified EMDR on Terror Victims Group

	Within Session				4-Week Follow-Up			6-Month Follow-Up	
Mode of Response	*N*	PRE SUD	POST SUD	Significance of Pre/Post Difference	*N*	SUD	Significance of Post/Follow-Up Difference	*N*	SUD
Immediate relief	16	7.5 *SD* = 1.2	0.9 *SD* = 0.8	*P* < .0001	16	1.0 *SD* = 1.36	*P* = .75	14	1.4 *SD* = 1.2
Substantial relief	12	8.2 *SD* = 1.03	3.7 *SD* = 0.49	*P* < .0001	12	2.5 *SD* = 3.3	*P* < .05	12	1.8[a] *SD* = 2.7
No relief	12	8.6 *SD* = 1.07	8.3 *SD* = 1.15	*P* = .47	12	6.67[a] *SD* = 1.50		8	5.3[a] *SD* = 2.05

[a] Results reflect addition of multiple sessions of EMDR and/or additional non-EMDR interventions.

TABLE 3. The Effect of Single-Session Modified EMDR on Terror Victims Group

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[a] Results reflect addition of multiple sessions of EMDR and/or additional non-EMDR interventions.

TABLE 3. The Effect of Single-Session Modified EMDR on Terror Victims Group

	Within Session				4-Week Follow-Up			6-Month Follow-Up	
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[a] Results reflect addition of multiple sessions of EMDR and/or additional non-EMDR interventions.

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DOI: 10.3109/01612840.2012.759633

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healthcare

Benefits of Immediate EMDR vs. Eclectic Therapy Intervention for Victims of Physical Violence and Accidents at the Workplace: A Pilot Study

Marie-Jo Brennstuhl, PhD, Cyril Tarquinio, Professor, Lionel Strub, PhD, Sebastien Montel, Professor, and Jenny Ann Rydberg, PhD
Université de Lorraine, Psychology of Health Team, Metz, France

Zoi Kapoula, Professor
Hôpital Européen Georges Pompidou, Service d'Ophtalmologie-ORL-Stomatologie, Paris, France

1 session

URG-EMDR (n=19)

Eclectic (n=15)

Agressions au travail

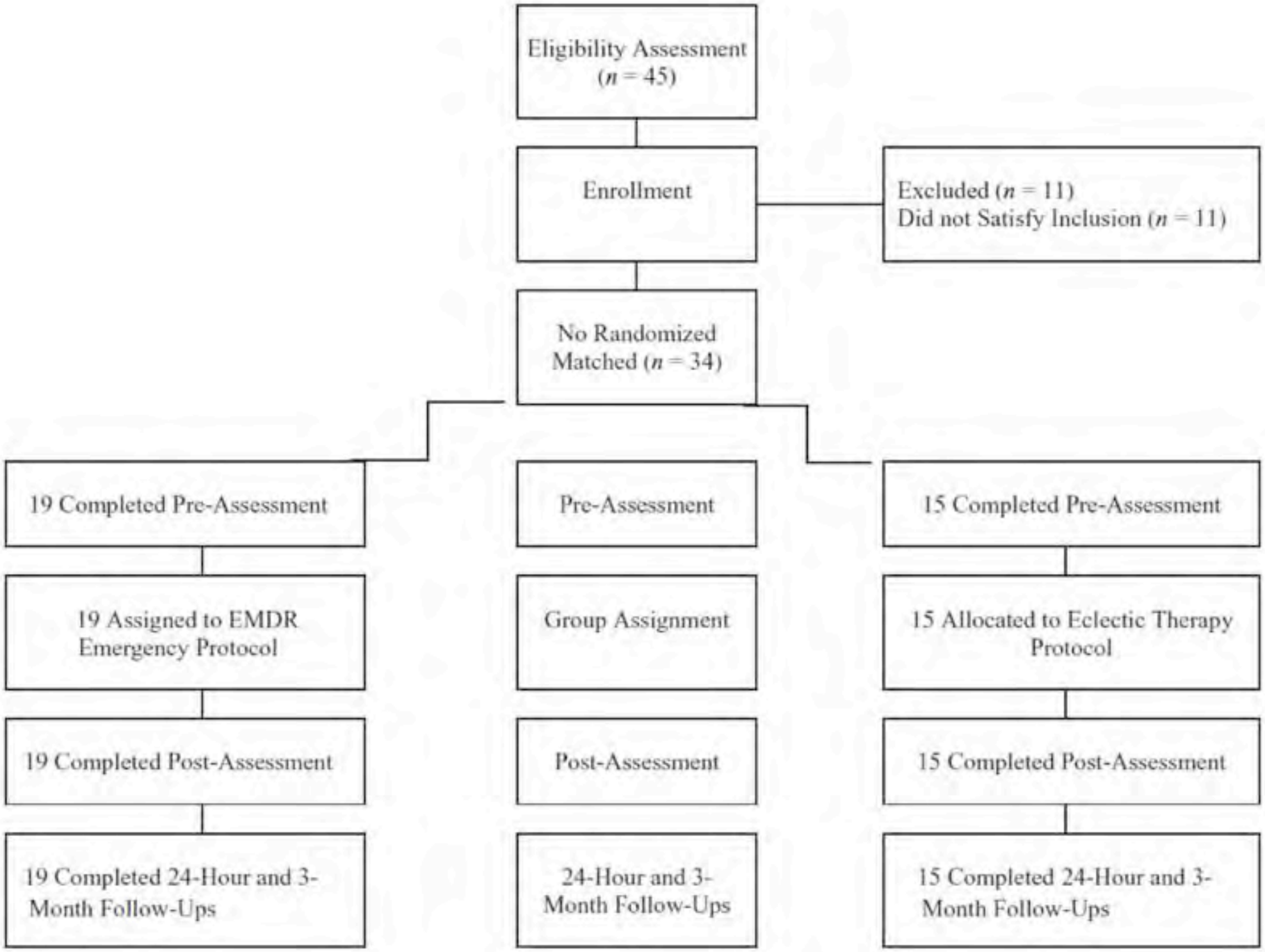


FIGURE 1. Consort Flowchart

Variable Group	Pretest	24-Hour Follow-Up	3-Month Follow-Up
Total PCL-S			
EMDR Group	51.2 (11.2)	27.3[a] (6.3)	25.5[a] (5.4)
Eclectic Group	51.46 (11.5)	49.1[b] (9.9)	36.3[b] (8.7)
Cohen's d		2.66	1.64
PCL-S Intrusion			
EMDR Group	14.8 (4.2)	8.5[a] (2.01)	8.1[a] (1.8)
Eclectic Group	15.1 (4.1)	15.5[b] (3.3)	13.6[b] (2.9)
Cohen's d		2.55	2.27
PCL-S Avoidance			
EMDR Group	20.2 (4.5)	10.3[a] (3.5)	9.4[a] (3.1)
Eclectic Group	19.4 (4.6)	16.6[b] (4.1)	16.06[b] (4.2)
Cohen's d		1.6	1.8
PCL-S Neurovegetative			
EMDR Group	16.1 (4.2)	8.4[a] (2.3)	8.1[a] (1.9)
Eclectic Group	16.9 (4.5)	17.0[b] (4.1)	16.06[b] (4.2)
Cohen's d		2.58	2.4
Global SUDs			
EMDR Group	7.8 (1.1)	1.7[a] (1.1)	2.5[a] (0.84)
Eclectic Group	8.3 (1.2)	7.7[b] (0.9)	7.73[b] (0.91)
Cohen's d		5.97	5.9

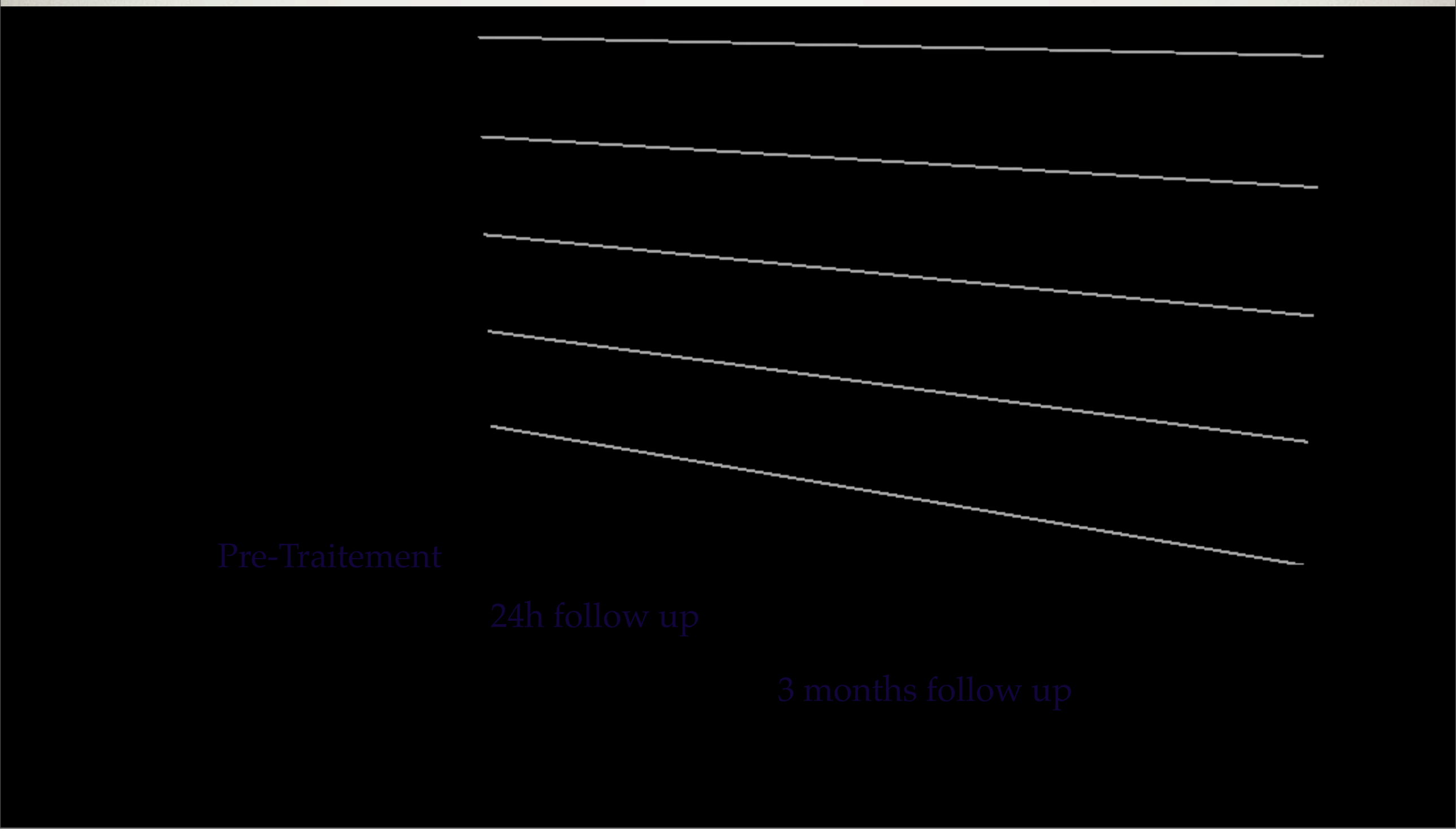
PCLS-Tot

- EMDR group
- Eclectic group

PCLS-Tot

EMDR group

Eclectic group



PCLS-Tot

EMDR group

Eclectic group

Pre-Traitement

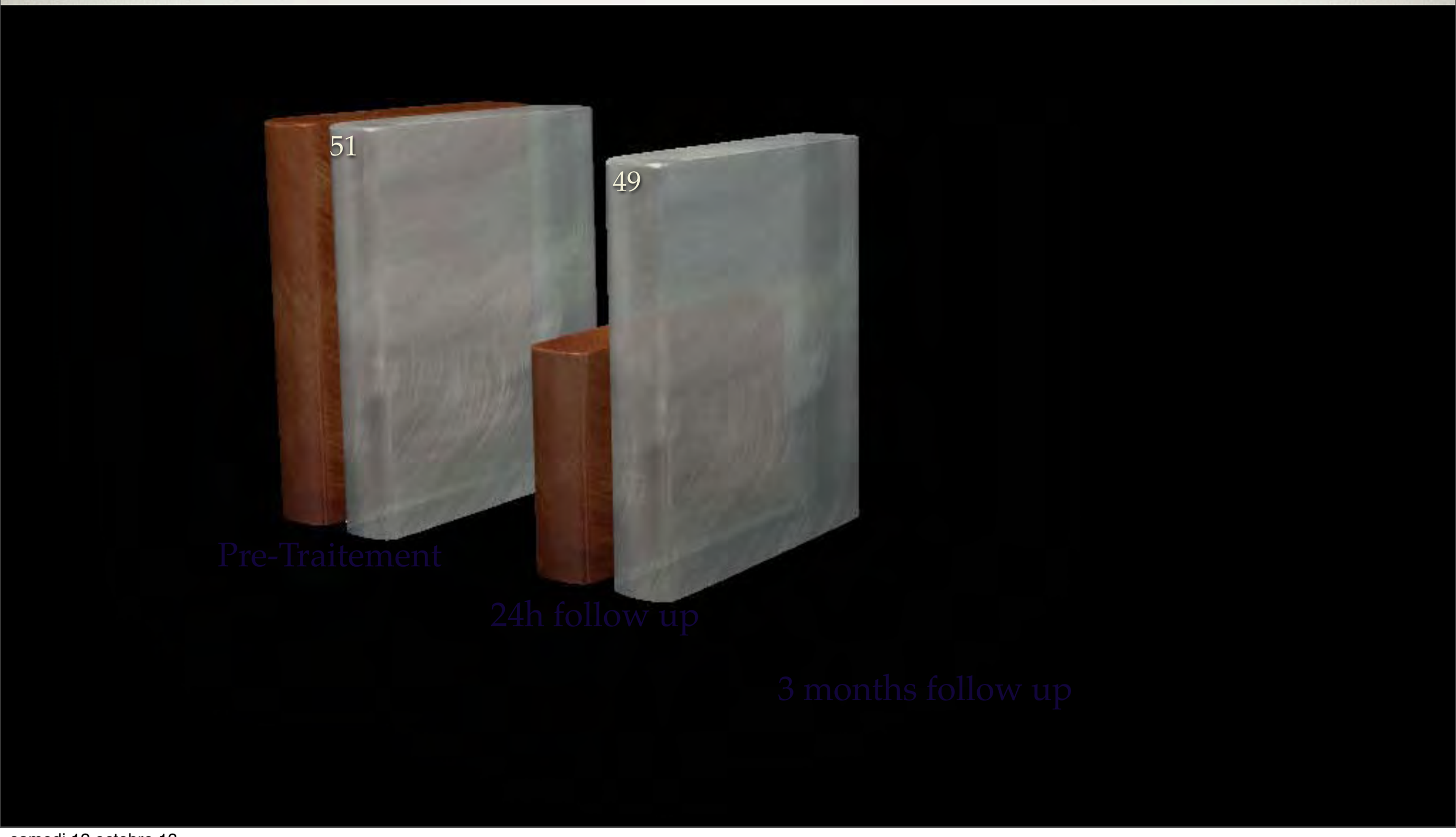
24h follow up

3 months follow up

PCLS-Tot

EMDR group

Eclectic group



PCLS-Tot

EMDR group

Eclectic group

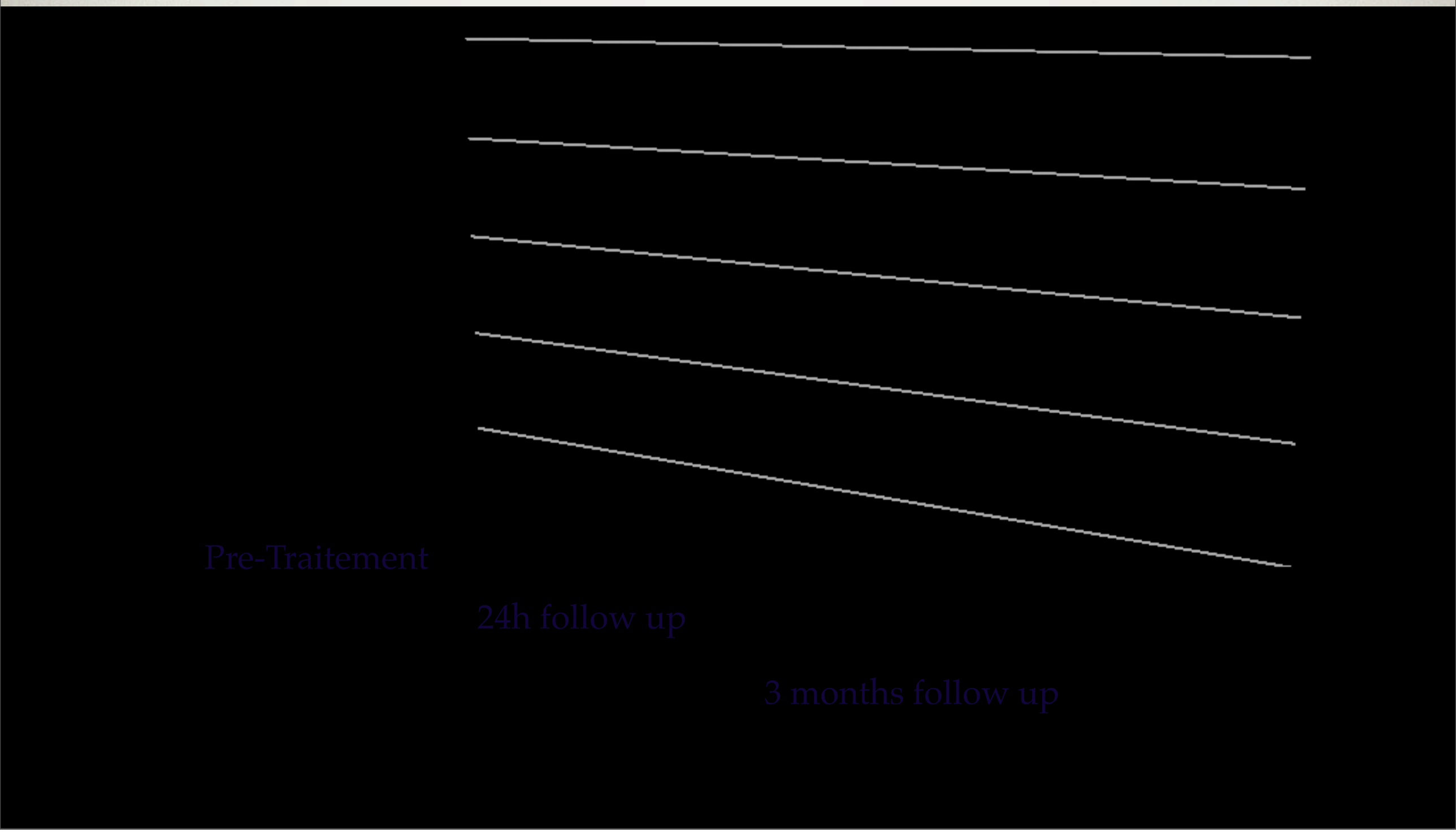
SUD

- EMDR group
- Eclectic group

SUD

EMDR group

Eclectic group



SUD

EMDR group

Eclectic group

Pre-Traitement

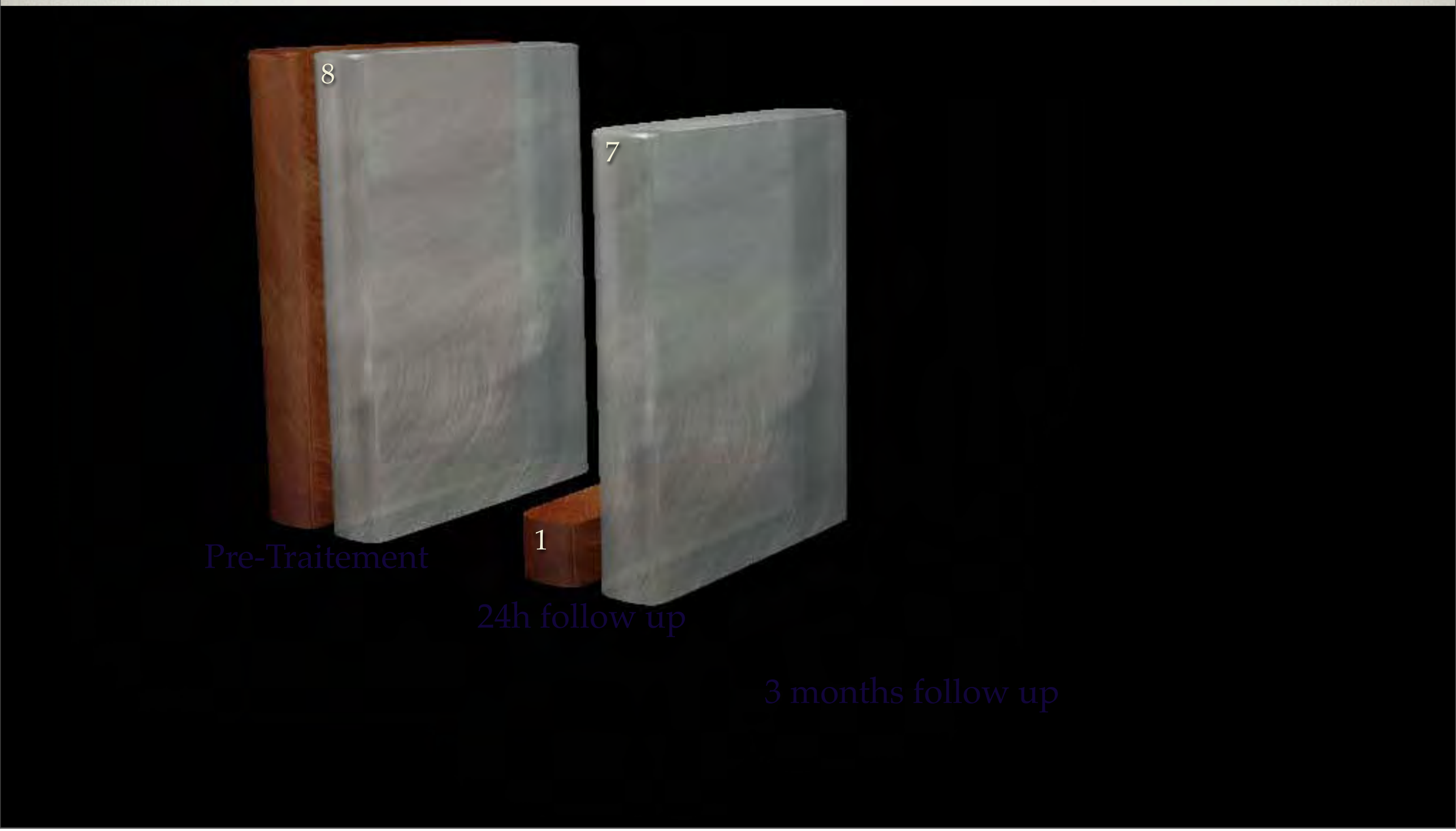
24h follow up

3 months follow up

SUD

EMDR group

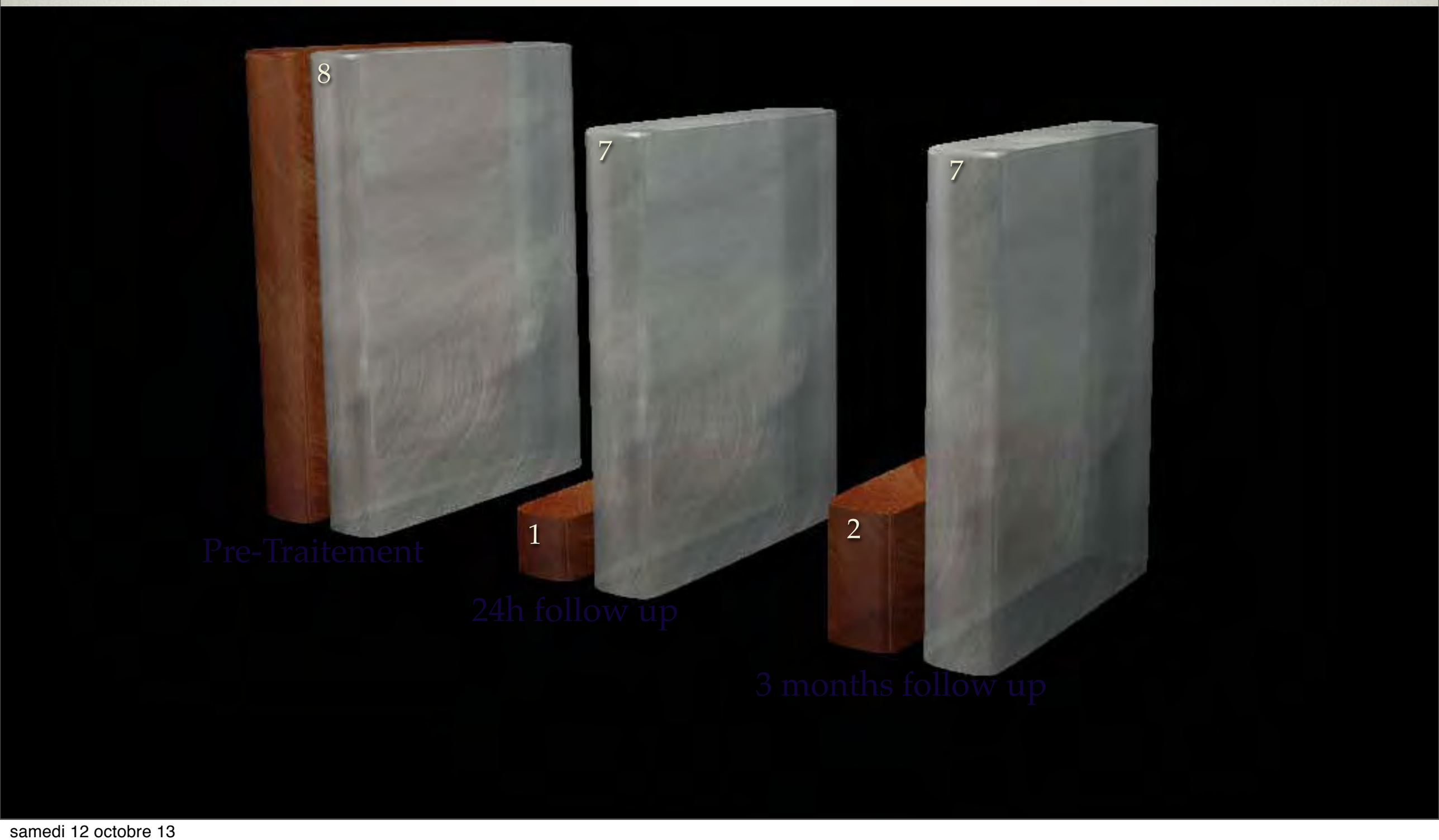
Eclectic group



SUD

EMDR group

Eclectic group



La prise en charge de la douleur

EMDR in the Treatment of Chronic Pain

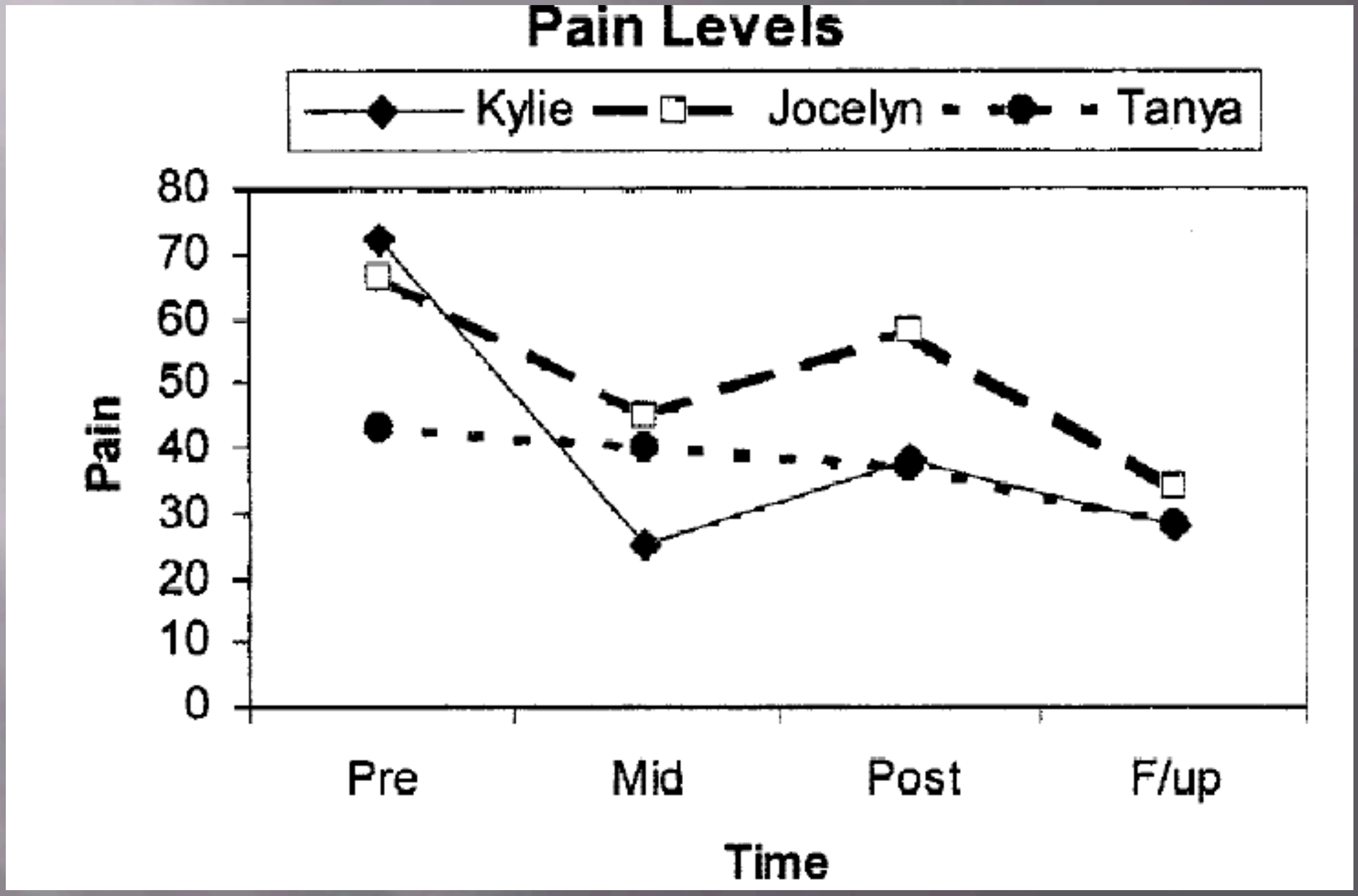
Mark Grant and Catherine Threlfo

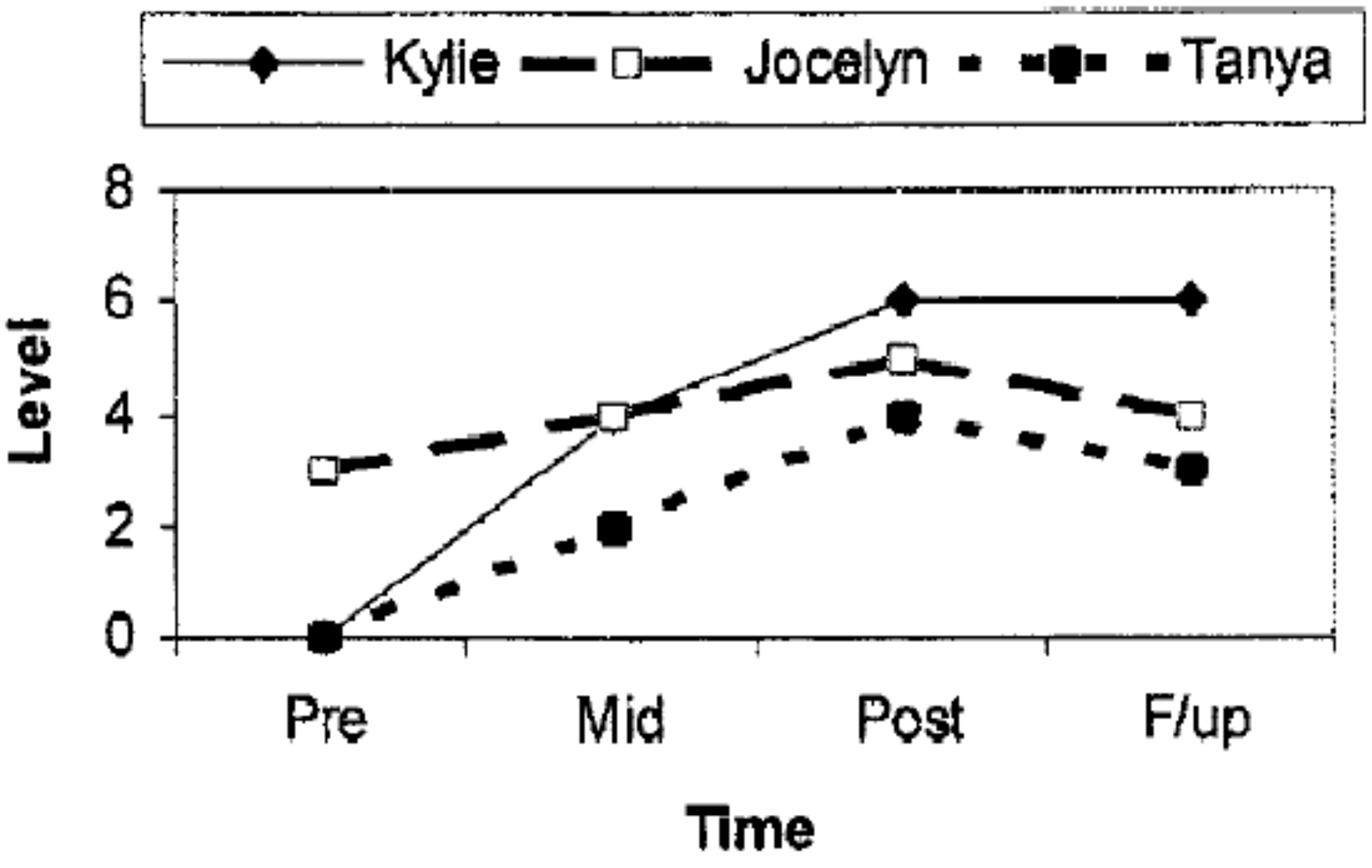
Private Practice, Sydney, Australia

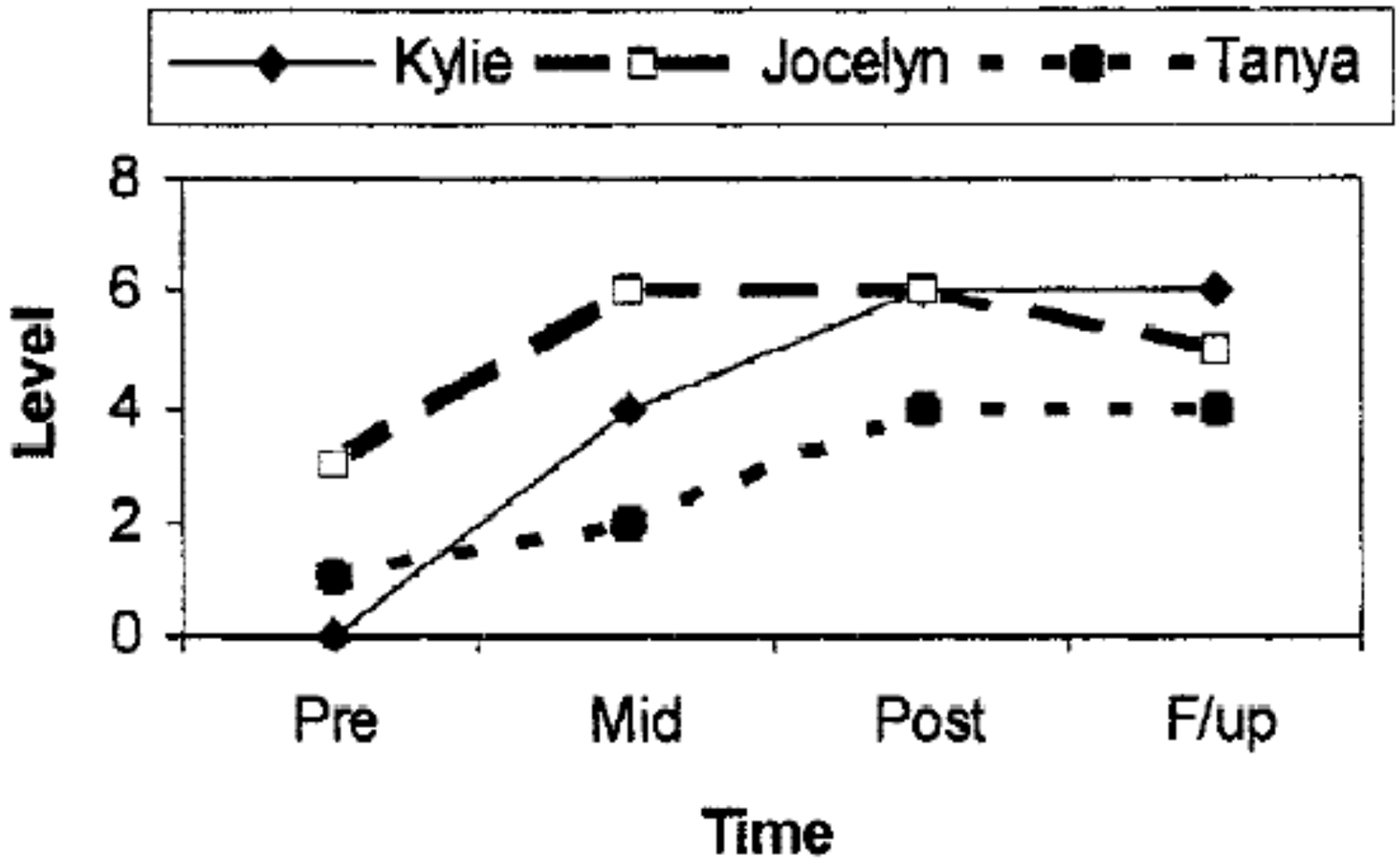
3 patients
9 sessions de 60 minutes

Short-Form McGill Melzack Pain Questionnaire (SFMPQ; Melzack, 1987)

Coping Skills Questionnaire (CSQ; Rosenstiel & Keefe, 1983), capacité à contrôler la douleur, capacité à diminuer la douleur


Pain Levels
Kylie
Jocelyn
Tanya
80
70
60
50
40
30
20
10
0
Pain
Pre
Mid
Post
F/up
Time


Kylie
Jocelyn
Tanya
8
6
4
2
0
Level
Pre
Mid
Post
F/up
Time


Kylie
Jocelyn
Tanya
8
6
4
2
0
Level
Pre
Mid
Post
F/up
Time

EMDR in the Treatment of Chronic Pain

Alexandra Mazzola
Marìa Lujàn Calcagno
Marìa Teresa Goicochea
Honorio Pueyrredòn
Jorge Leston
Fernando Salvat
Institute for Neurological Research
Dr. Raul Carrea (FLENI) Pain Center
Buenos Aires, Argentina

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Institute for Neurological Research
Dr. Raul Carrea (FLENI) Pain Center
Buenos Aires, Argentina

12 sessions de 90 minutes

TABLE 2. SF-36 Pre- and Posttreatment Scores, Median, and Range Values

Domain	Initial score Median (Range)	Final score Median (Range)	Significance
Physical Functioning	80 (0–100)	87.5 (30–100)	$p = .0027$
Role-Physical	0 (0–100)	75 (0–100)	$p < .0001$
Bodily Pain	26 (0–74)	52 (0–100)	$p < .0001$
General Health	57 (0–87)	64.5 (5–97)	$p = .0015$
		7.5 (1	
		8.7 (0	
		00 (0–	
Mental Health	46 (8–76)	60 (16–92)	$p = .0019$

Qualité de vie SF36

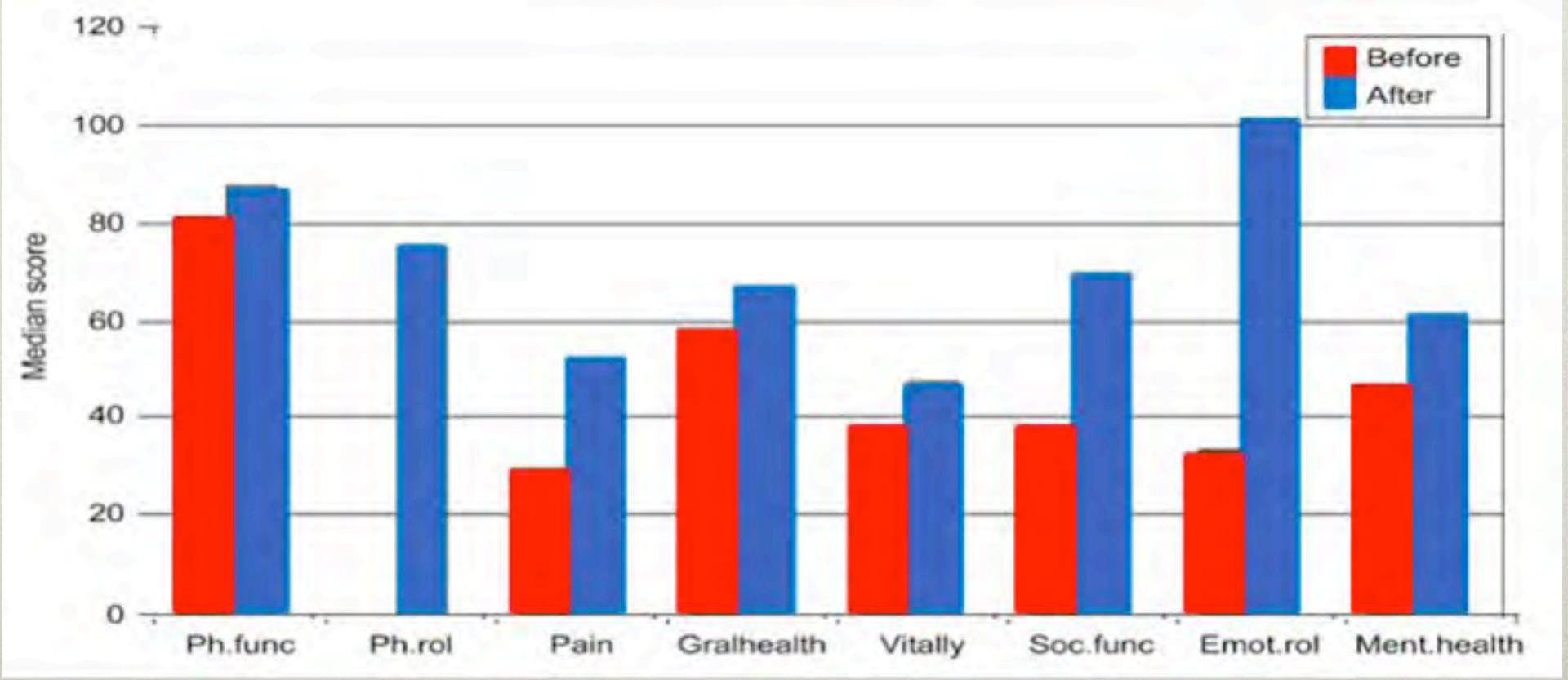
Anxiété STAI-T

Dépression BDI

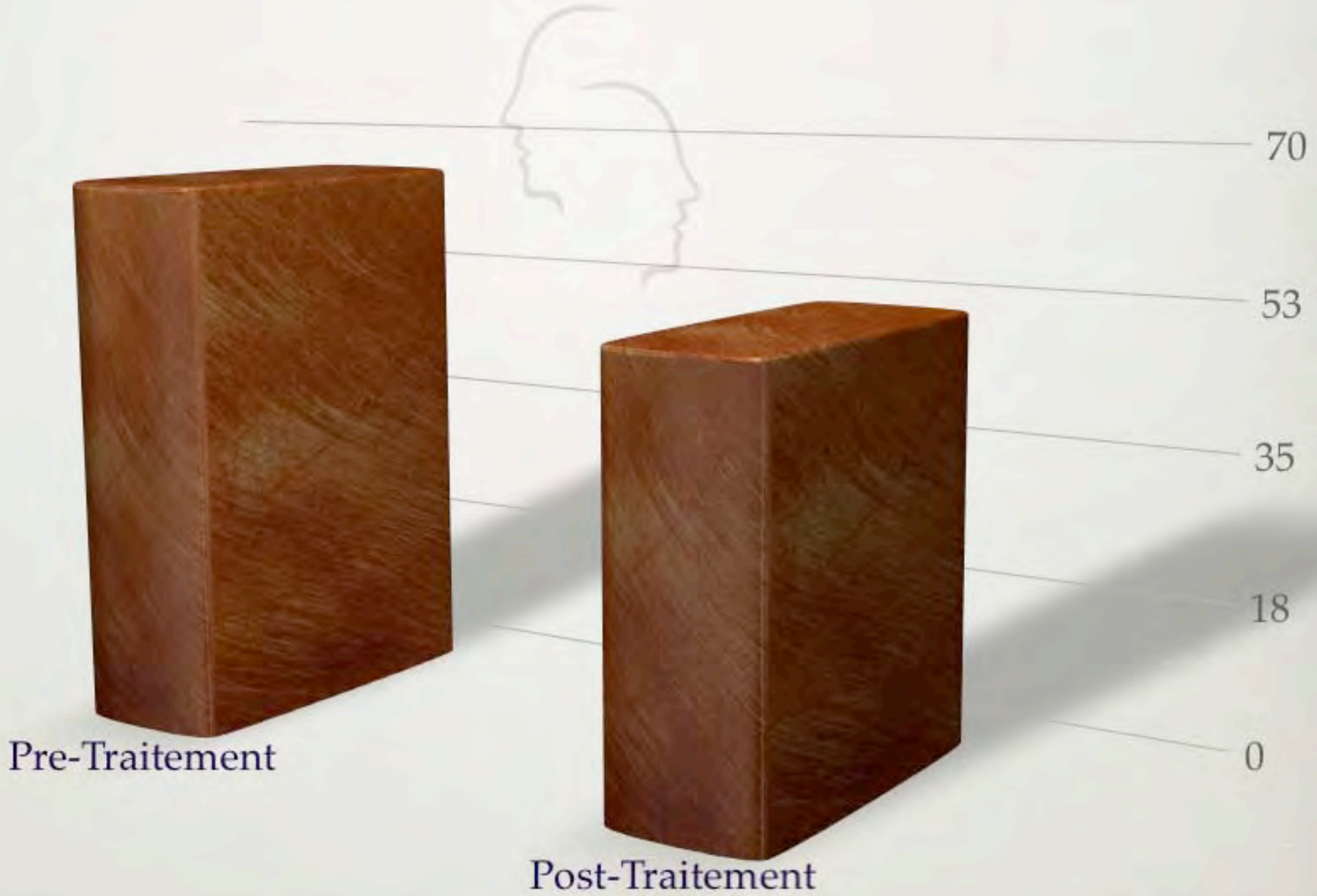
38 patients souffrants de douleurs chroniques

TABLE 2. SF-36 Pre- and Posttreatment Scores, Median, and Range Values

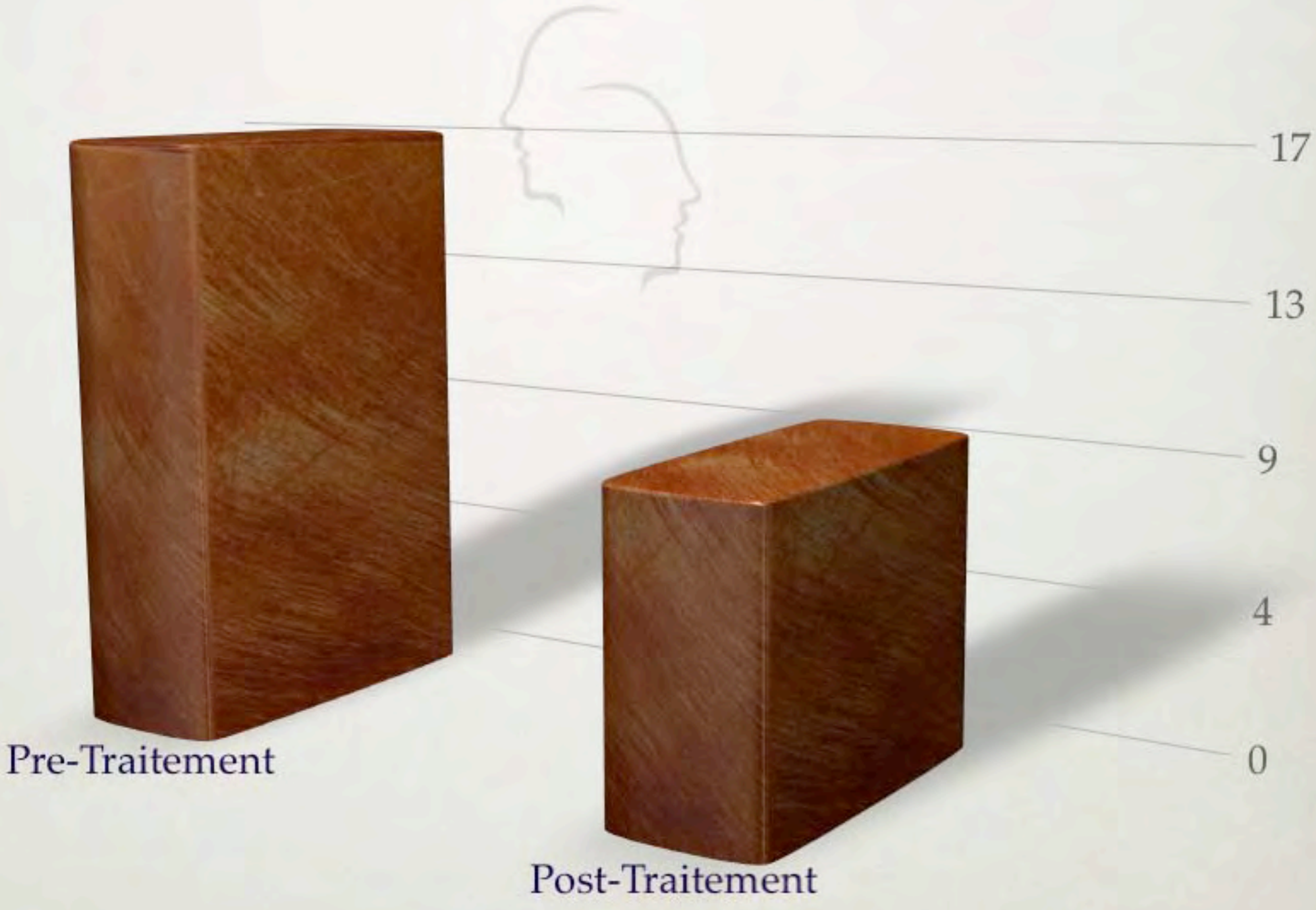
Domain	Initial score Median (Range)	Final score Median (Range)	Significance
Physical Functioning	80 (0–100)	87.5 (30–100)	$p = .0027$
Role-Physical	0 (0–100)	75 (0–100)	$p < .0001$
Bodily Pain	26 (0–74)	52 (0–100)	$p < .0001$
General Health	57 (0–87)	64.5 (5–97)	$p = .0015$
Vitality	37.5 (0–60)	47.5 (10–80)	$p = .0003$
Social Functioning	37.5 (0–100)	68.7 (0–100)	$p < .0001$
Role-Emotional	33.3 (0–100)	100 (0–100)	$p < .0001$
Mental Health	46 (8–76)	60 (16–92)	$p = .0019$



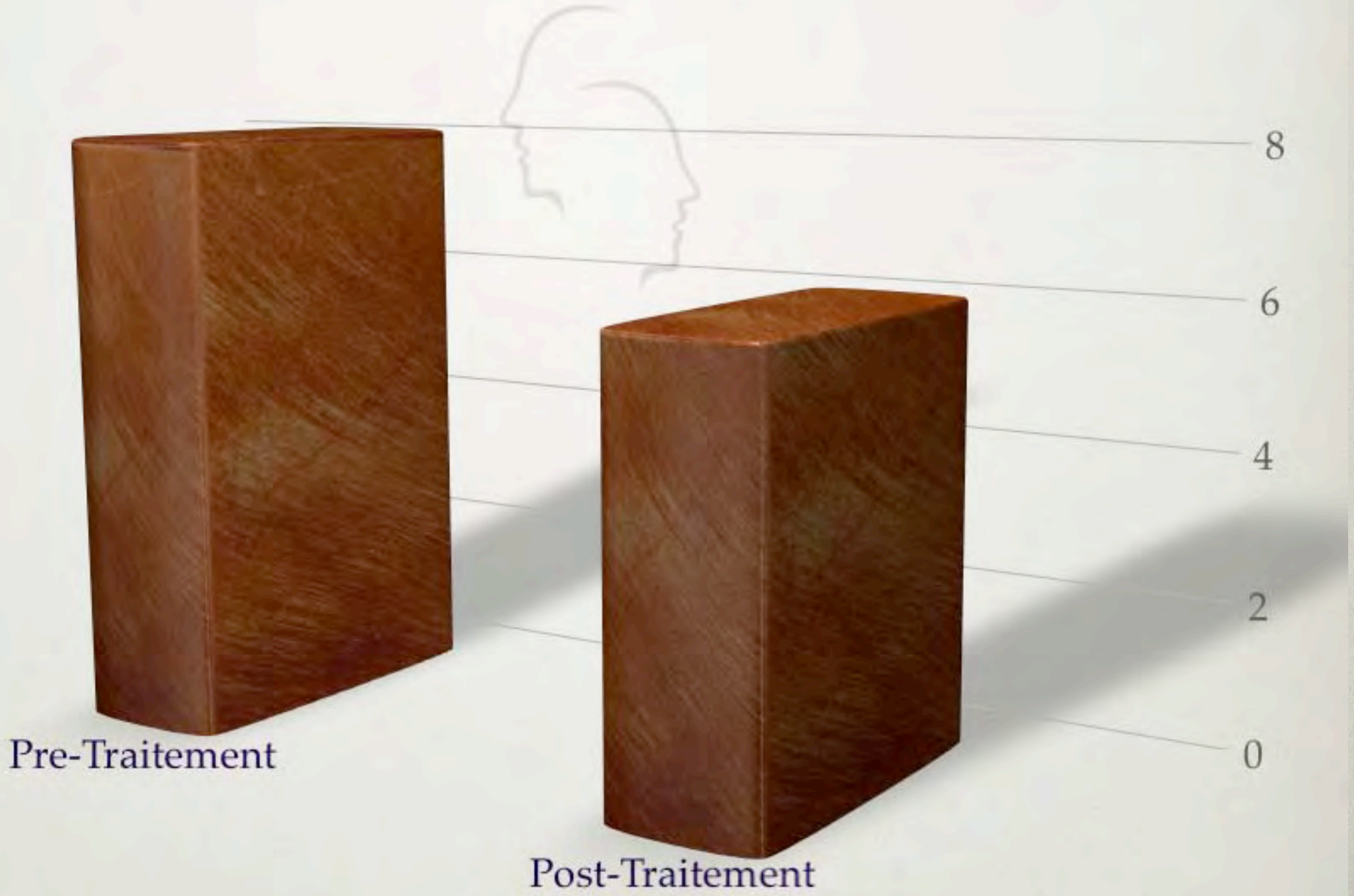
Stai Anxiété Trait



BDI



Douleur VAS

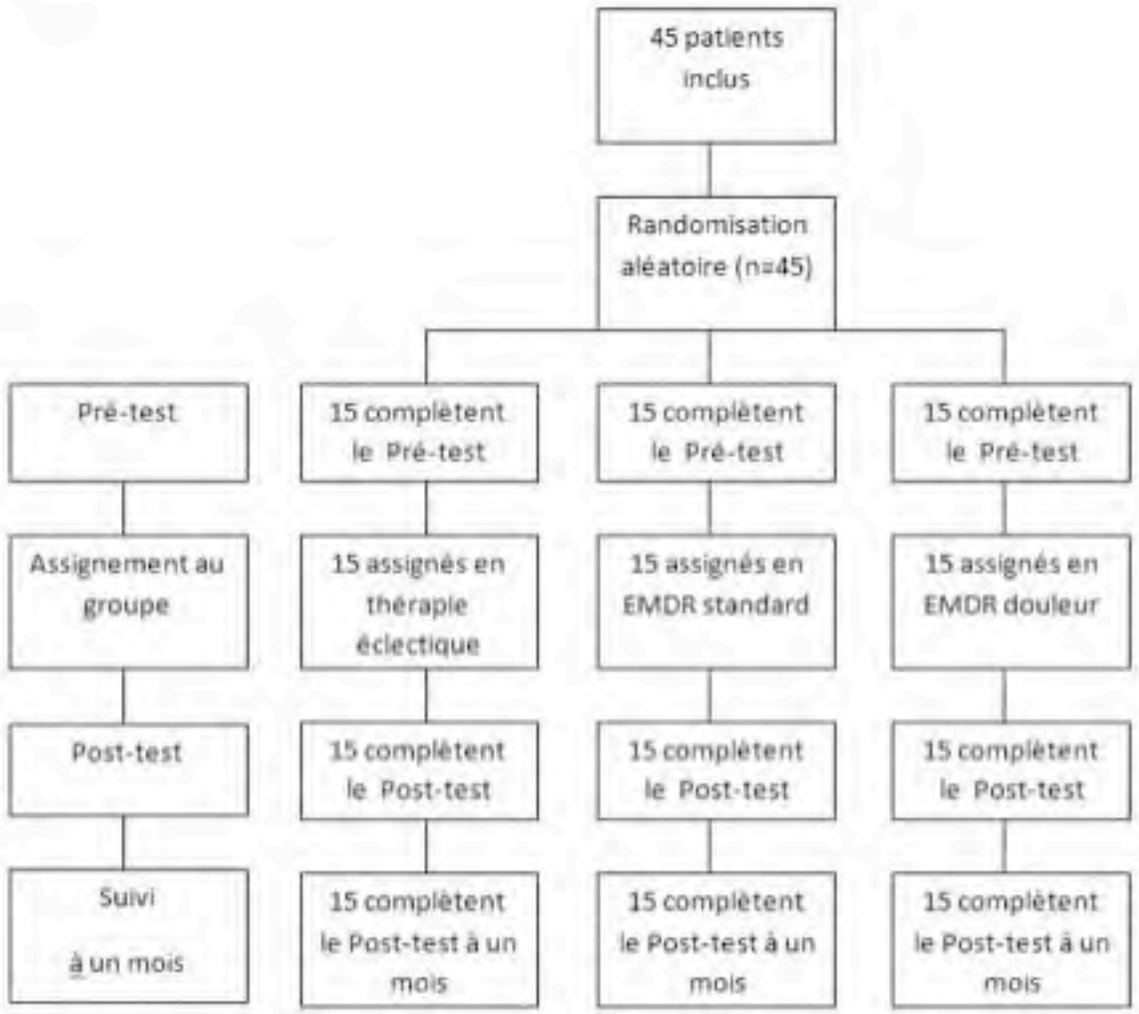


Thèse du laboratoire Marie Joe Brennsthul (2013)

Nous avons ainsi défini 3 groupes de thérapie différents :

- Groupe 1 (groupe contrôle) : thérapie par entretiens cliniques classiques
- Groupe 2 (groupe EMDR standard) : thérapie EMDR protocole standard
- Groupe 3 (groupe EMDR douleur) : thérapie EMDR protocole douleur

Tableau 2 : Protocole de l'étude



5 sessions de 90 minutes

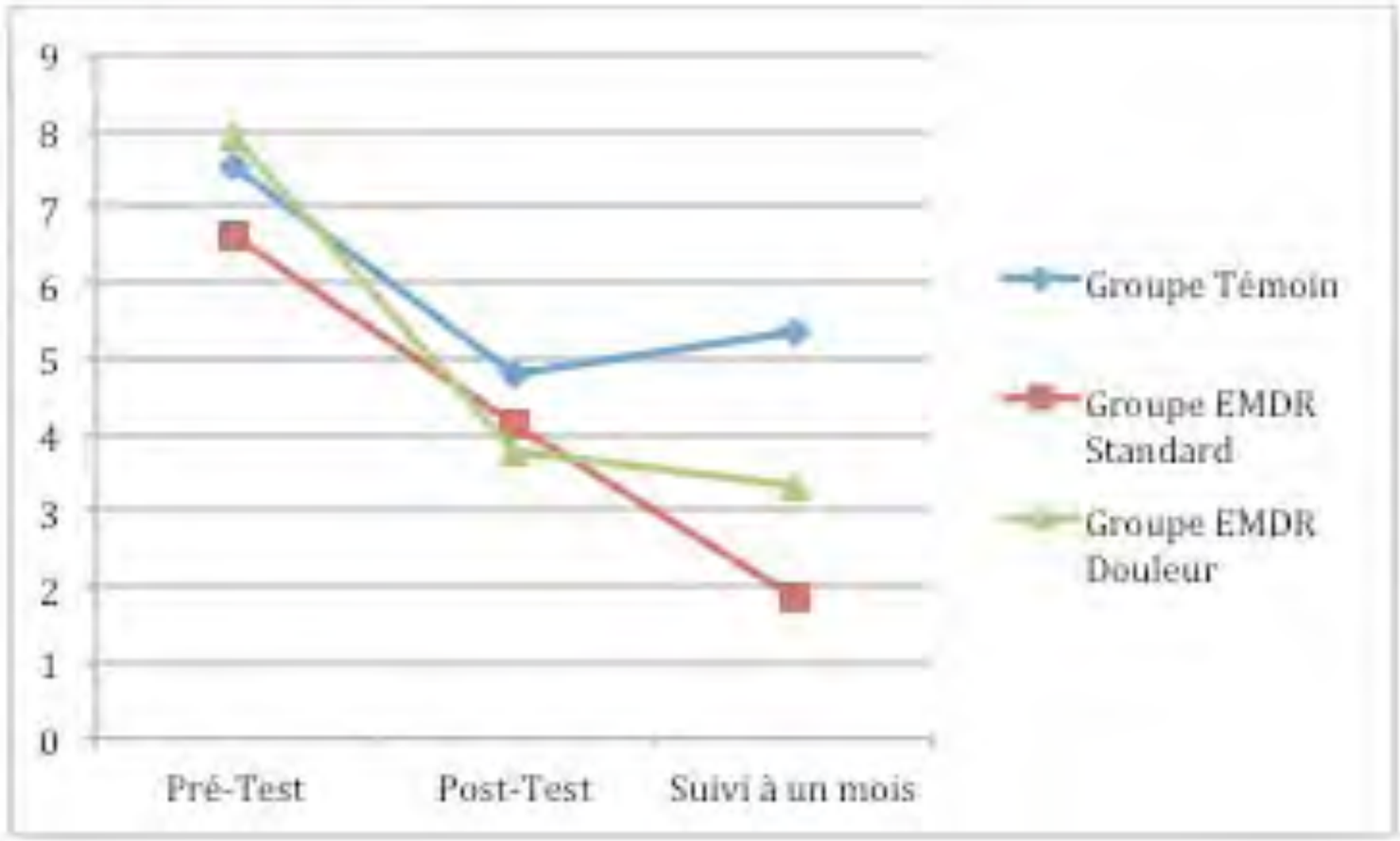
EMDR standard (n=15)

EMDR douleur (n=15)

Eclec (n=15)

Patients douloureux chroniques

Figure 1 : EVA Global



EMDR Treatment of Migraine

Emre Konuk
Hejan Epözdemir
Şirin Hacıömeroğlu Atçeken
Yunus Emre Aydın
Asena Yurtsever
Institute for Behavioral Studies, Istanbul, Turkey

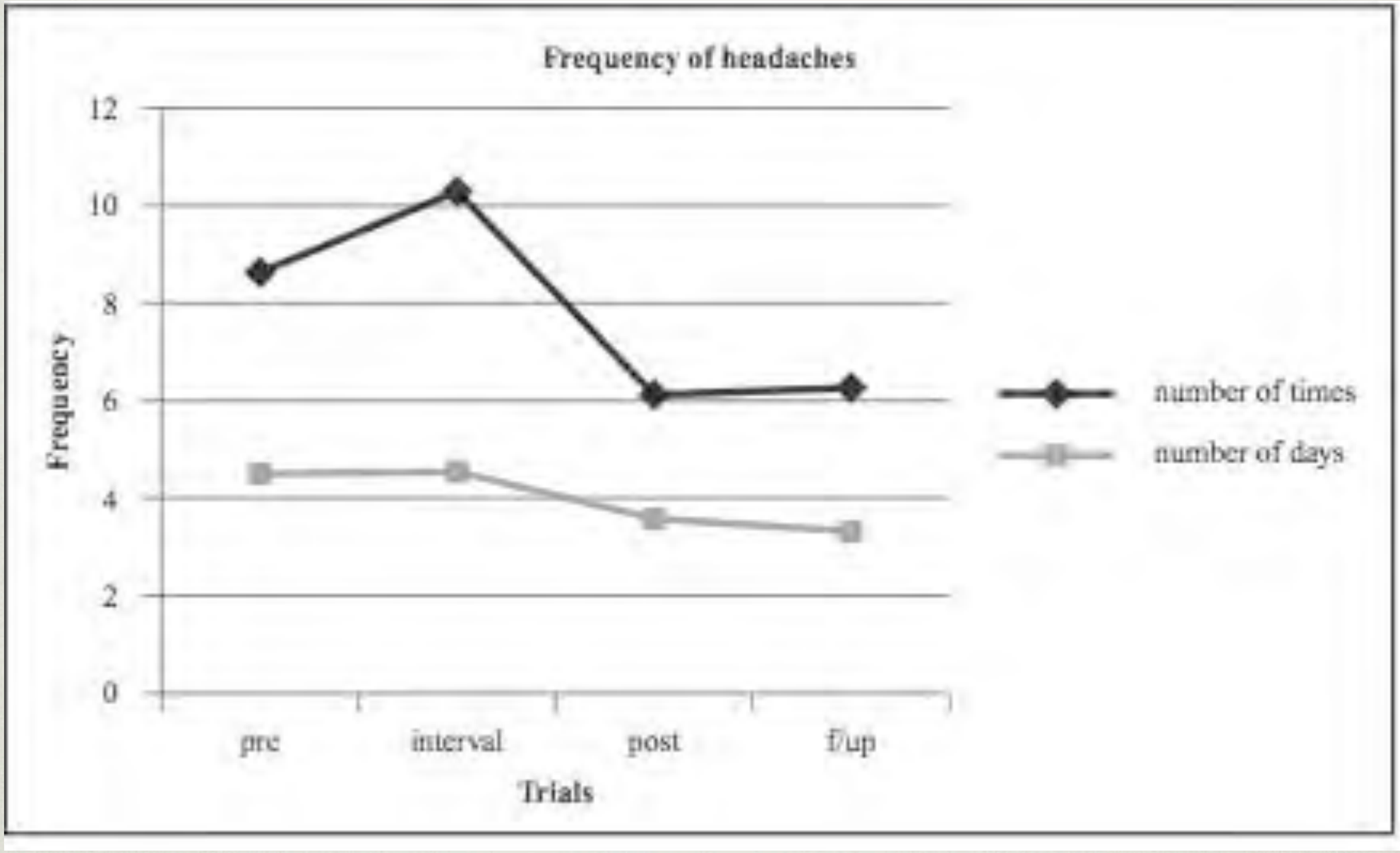
8 sessions

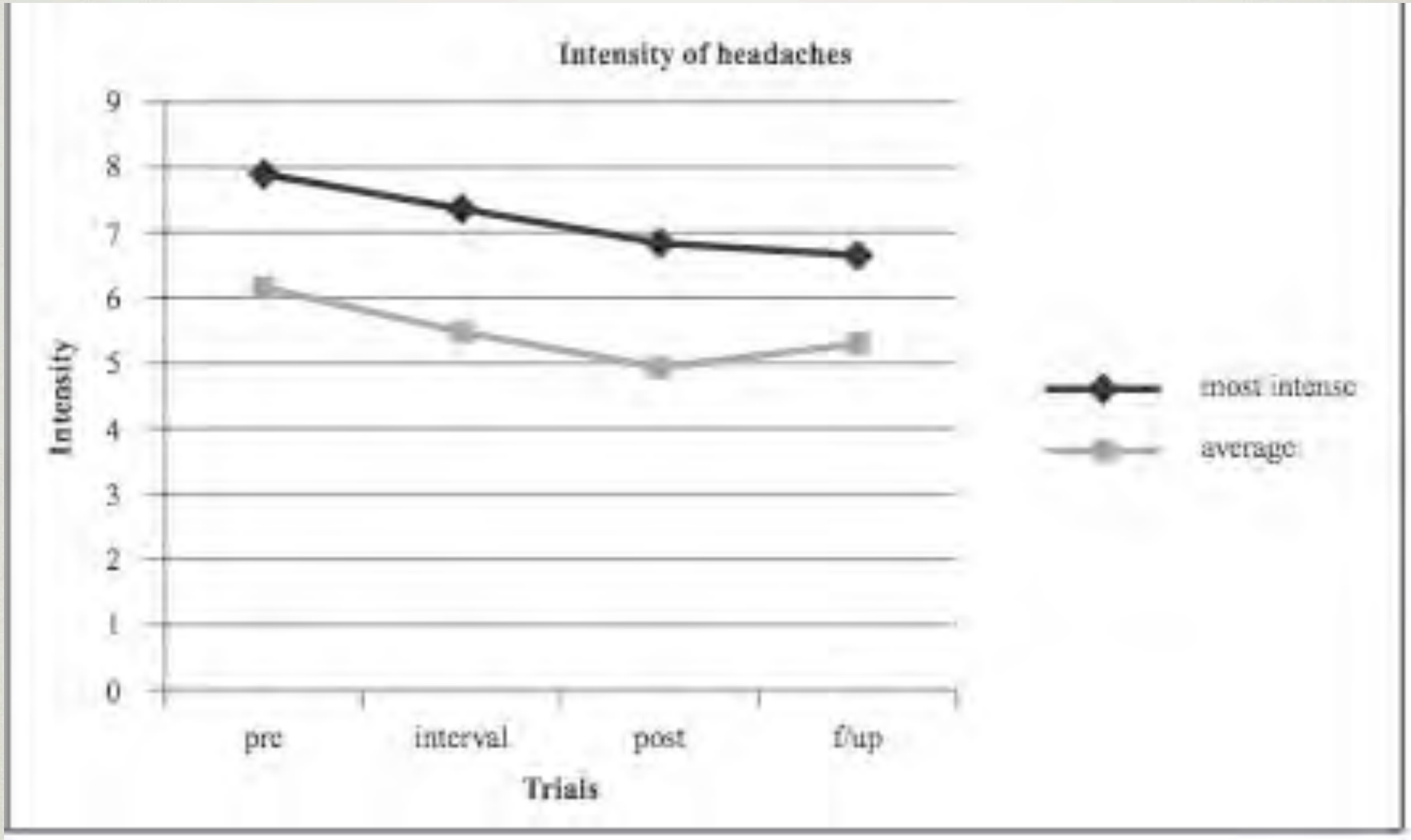
Prétest

Post-test

Après 3 mois

11 sujets


Frequency of headaches
12
10
8
6
4
2
0
Frequency
pre
interval
post
f/up
Trials
number of times
number of days


Intensity of headaches
9
8
7
6
5
4
3
2
1
0
Intensity
most intense
average
pre
interval
post
f/up
Trials

Le cancer

Psychological consequences of breast cancer and EMDR therapy

Tarquinio & al. (submited).

Variables	EMDR group1	EMDR group2
N	10	10
Age (SD)	Mean : 47.5 (6.2)	Mean : 50.8 (4.4)
Gender	Woman : 100% (10/10) Man: 0% (0/10)	Woman : 100% (10/10) Man: 0% (0/10)
Nationality	French : 100% (10/10)	French : 100% (10/10)
Education level	(Under college) : 40% (4/10) (College level) : 40% (4/10) (Higher degree) : 20% (2/10)	(Under college) : 40% (4/10) (College level) : 60% (6/10) (Higher degree) : 0% (0/10)
Marital status	Married : 70% (7/10) In couple : 30% (3/10)	Married : 80% (8/10) In couple : 20% (2/10)
Average of children	Mean: 1.4 (0.6)	Mean: 1.5 (0.7)
Since when do you have the cancer (in weeks)	Mean : 2.3 (0.6)	Mean : 2.8 (0.8)
Mastectomy at the end of the study	Yes: 30% (3/10) No: 70% (7/10)	Yes: 20% (2/10) No: 80% (8/10)

Pré-Evaluation

Post-Evaluation

6

6 séances de 60 minutes

4 5

1 2 3

Phase 1

SUD

IES-R

Mesures

CESD

STAI

Groupe 1

Groupe 2

Pré-Evaluation

Post-Evaluation

6

6 séances de 60 minutes

1 4 2 5 3

Phase 1

SUD IES-R Mesures CESD STAI

Phase 2

1 2 3 4 5

6 séances de 60 minutes

6

Pré-Evaluation

Post-Evaluation

Pré-Evaluation

Post-Evaluation

6

6 séances de 60 minutes

1 2 3 4 5

Phase 1

Mesures

SUD

IES-R

CESD

STAI

6 mois

12 mois

Phase 2

1 2 3 4 5

6 séances de 60 minutes

6

Pré-Evaluation

Post-Evaluation

Phase 3

6 mois

12 mois

Pré-Evaluation

Post-Evaluation

6 mois

12 mois

SUD

IES-R

Mesures

CESD

STAI

6

6 séances de
60 minutes

1 4 2 5 3

Phase 1

Phase 2

1 4 2 5 3

6 séances de
60 minutes

6

Phase 3

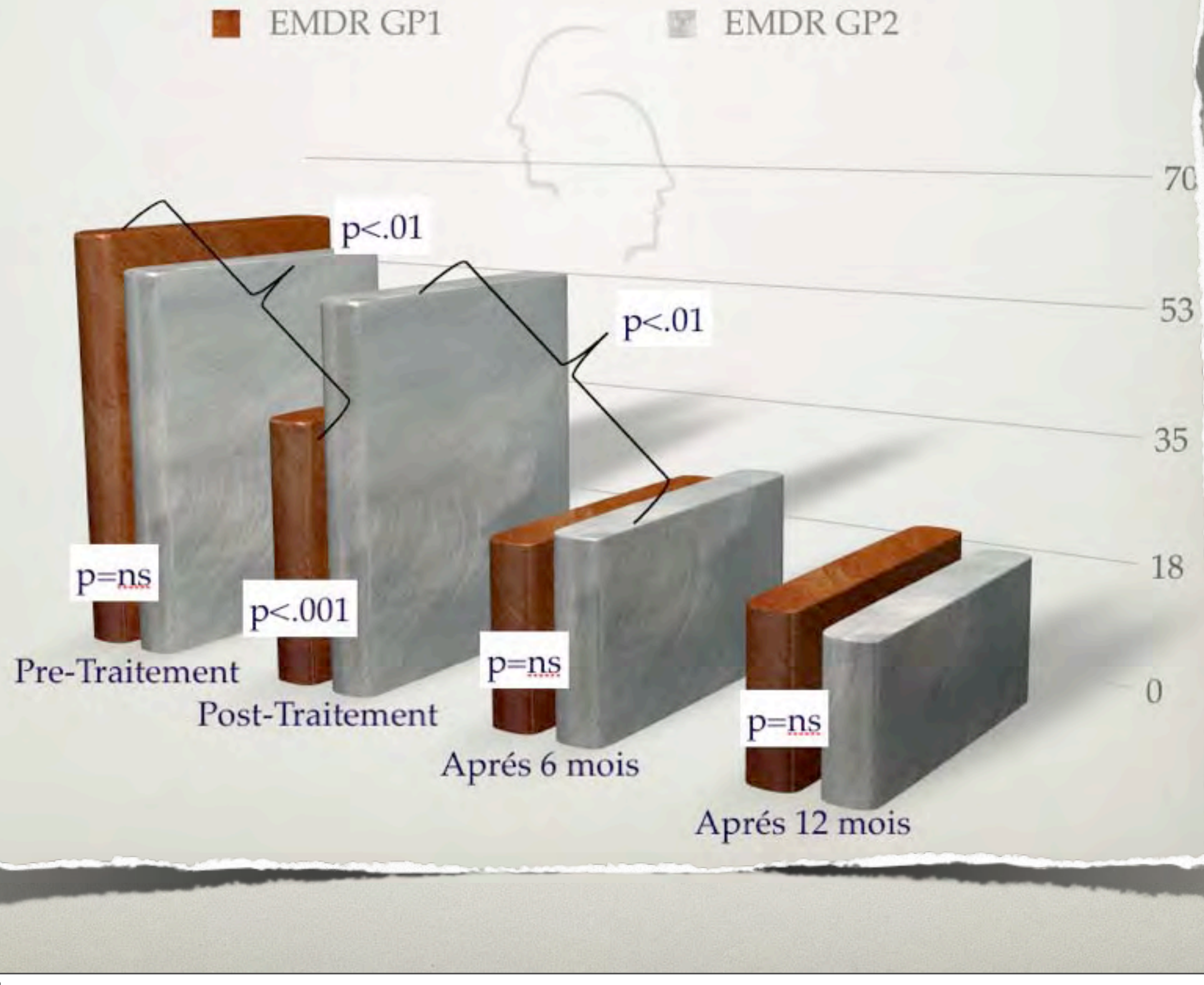
Pré-Evaluation

Post-Evaluation

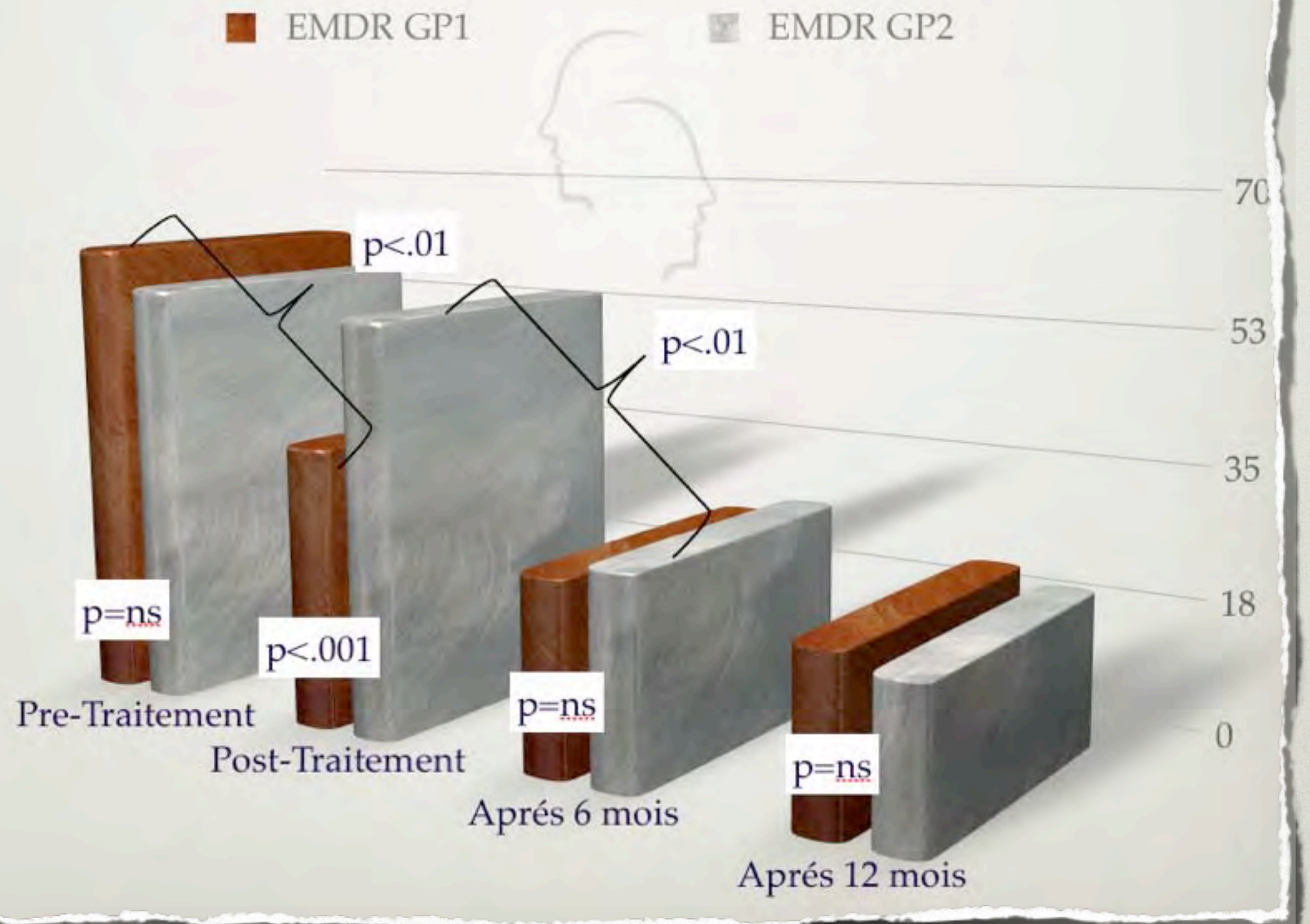
6 mois

12 mois

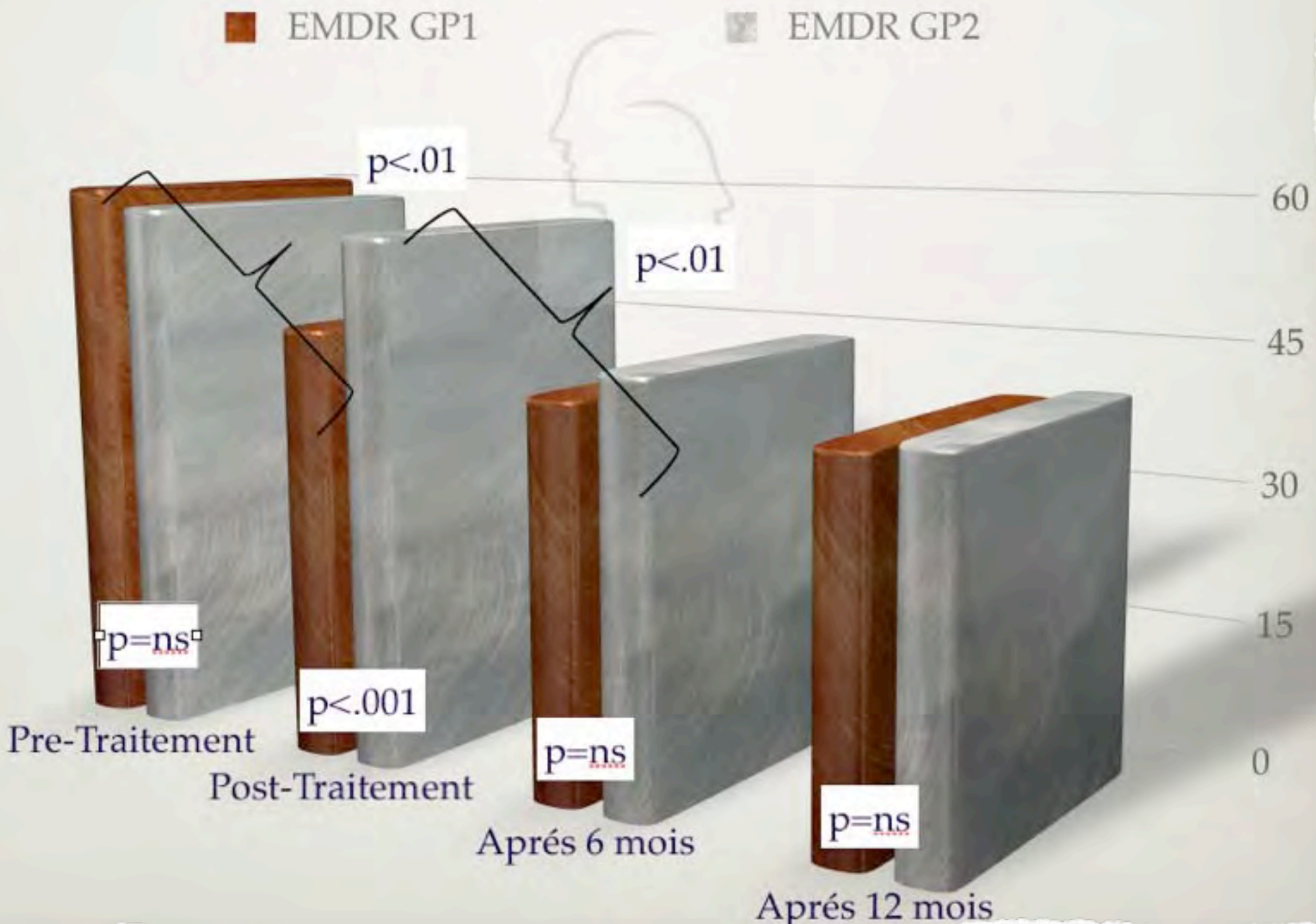
IES-Total


EMDR GP1
EMDR GP2
70
53
35
18
0
p<.01
p<.01
p=ns
p<.001
p=ns
p=ns
Pre-Traitement
Post-Traitement
Aprés 6 mois
Aprés 12 mois

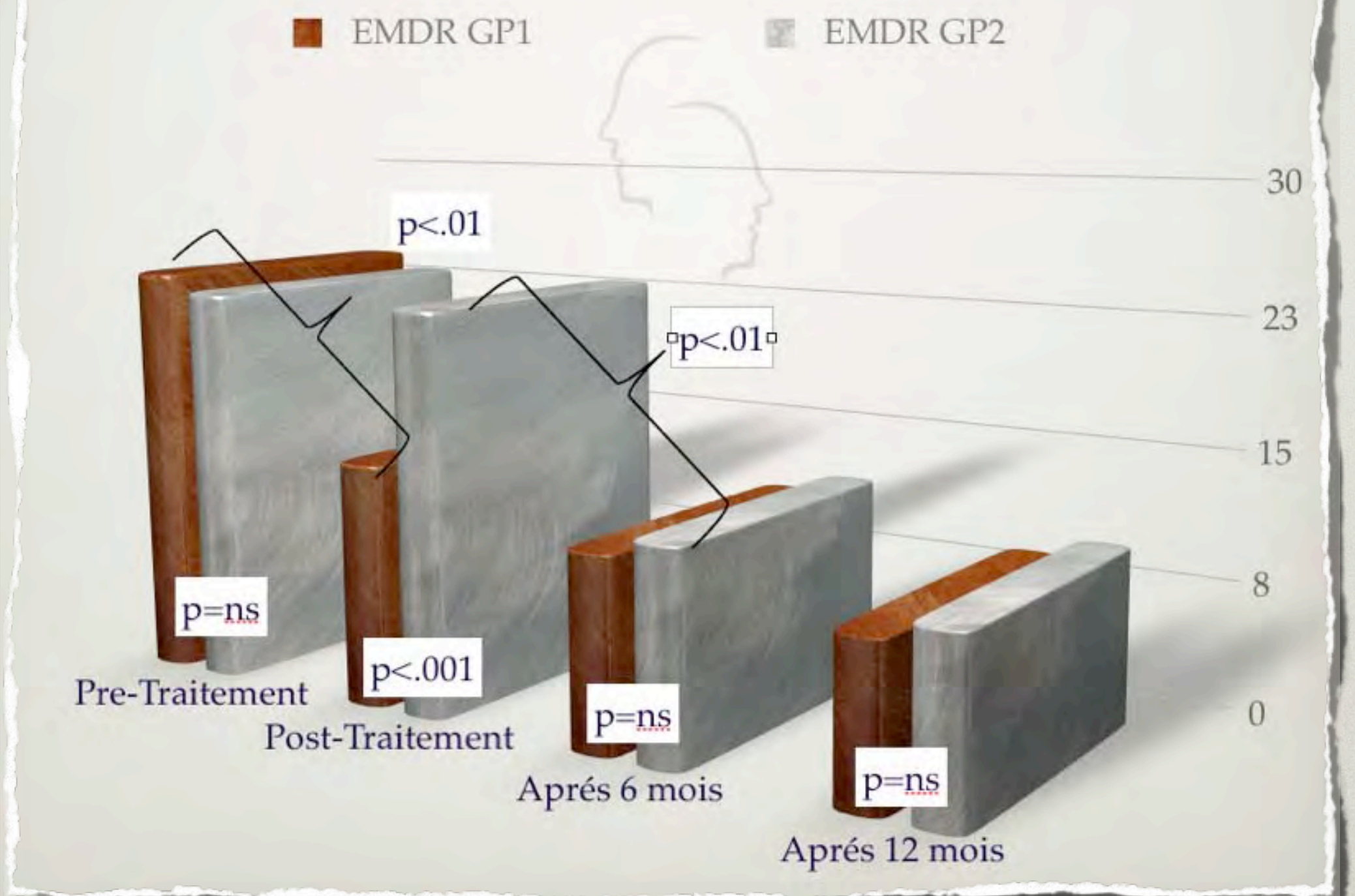
IES-Total


EMDR GP1
EMDR GP2
70
53
35
18
0
p<.01
p<.01
p=ns
p<.001
p=ns
p=ns
Pre-Traitement
Post-Traitement
Aprés 6 mois
Aprés 12 mois

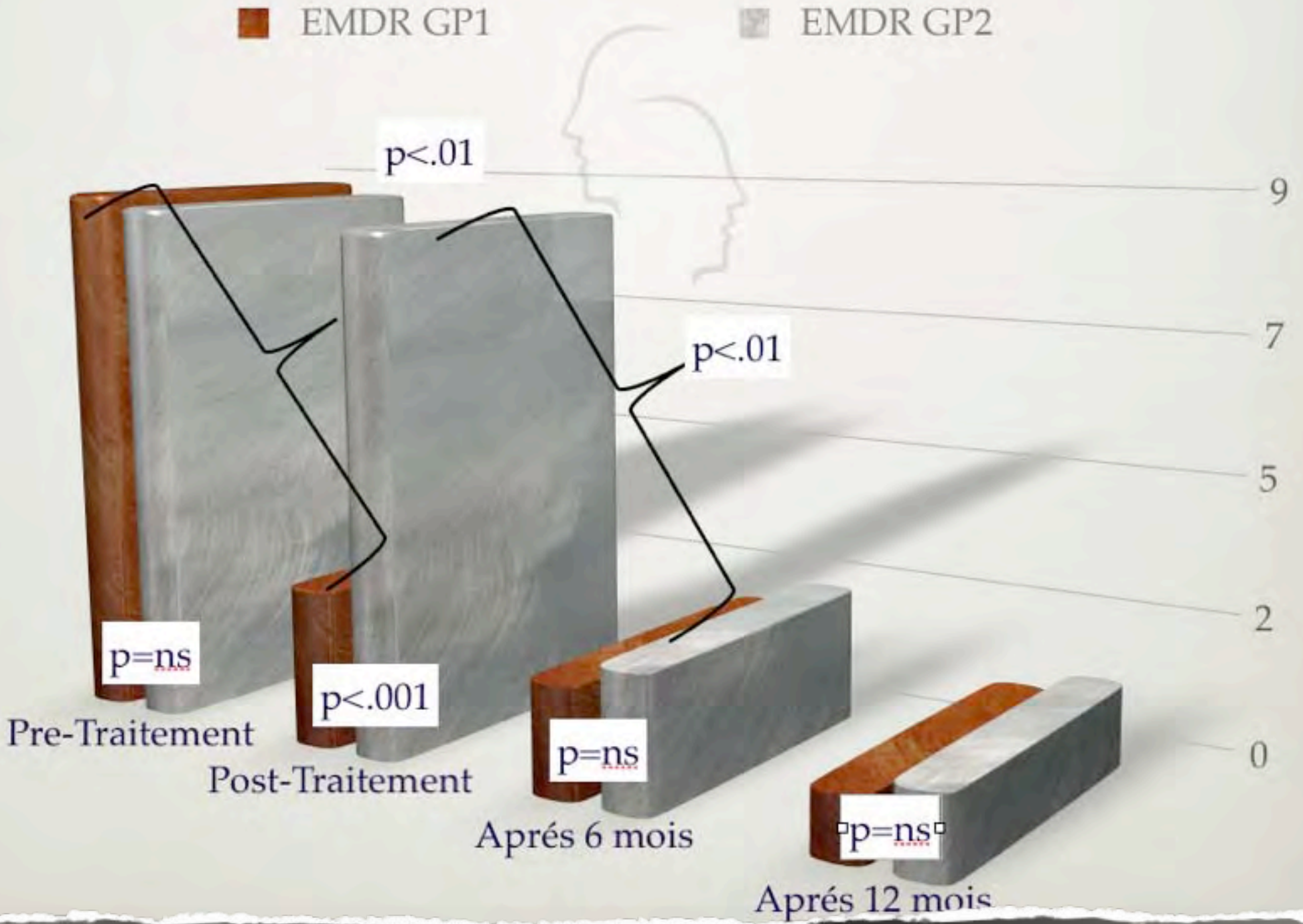
STAI-Etat


EMDR GP1
EMDR GP2
p<.01
p<.01
p=ns
p<.001
p=ns
p=ns
60
45
30
15
0
Pre-Traitement
Post-Traitement
Aprés 6 mois
Aprés 12 mois

CESD


EMDR GP1
EMDR GP2
30
23
15
8
0
p<.01
p<.01
p=ns
p<.001
p=ns
p=ns
Pre-Traitement
Post-Traitement
Aprés 6 mois
Aprés 12 mois

SUD

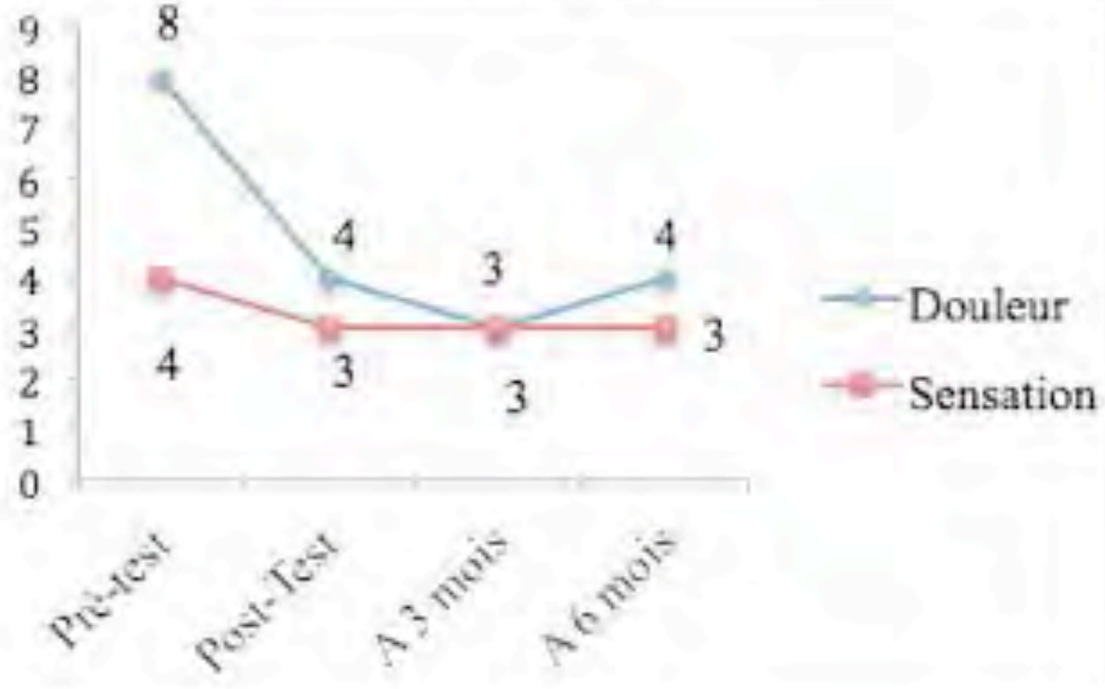

EMDR GP1
EMDR GP2
p<.01
p<.01
9
7
5
2
0
p=ns
p<.001
p=ns
p=ns
Pre-Traitement
Post-Traitement
Aprés 6 mois
Aprés 12 mois

EMDR et prise en charge de la douleur du sein fantôme: étude de cas

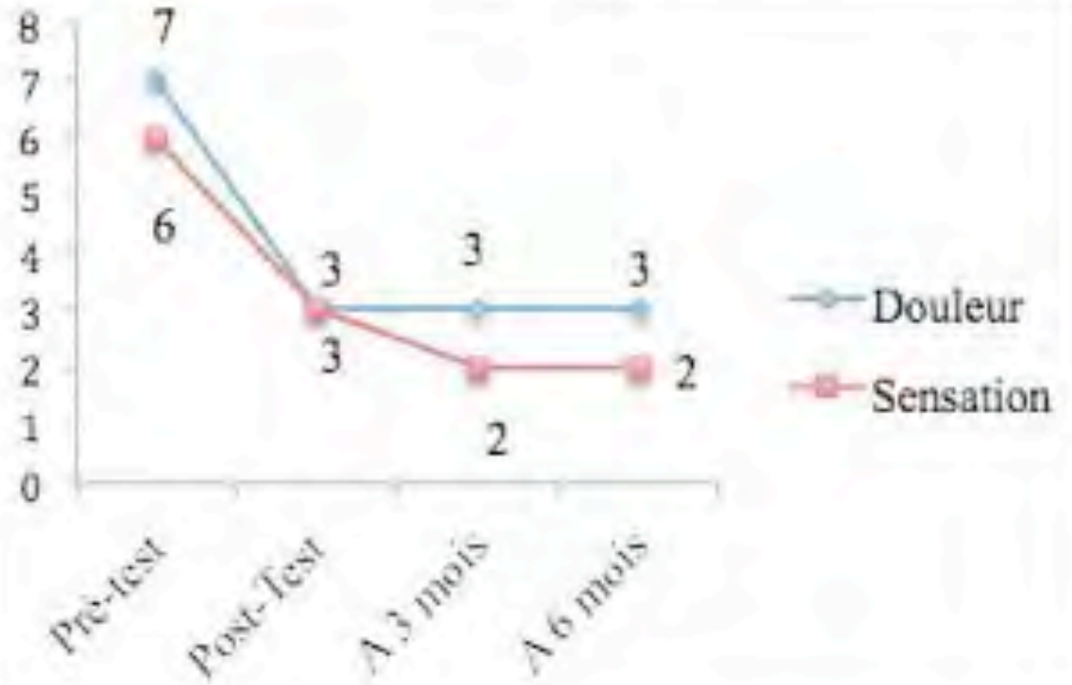
Brennsthul, Tarquinio & al. (submited). l'Evolution Psychiatrique

2 femmes Paule (48 ans, marié deux enfants, secrétaire - 9 séances) et Nora (56 ans, mariée, un enfants, enseignante - 12 séances) ayant subi une mastectomie des deux seins suite à un cancer ont participé à cette étude.
Les deux patientes étaient respectivement opérées depuis 16 et 18 mois.

Cas Paule



Cas Nora



	Cas Paul		Cas Nora
Début 1ère séance EMDR			
Fin dernière séance EMDR			

Treating PBS with EMDR : a pilot study.

Brennsthul, Tarquinio & al. (submited). Journal of Traumatic Stress

Table 1. Demographic and clinical characteristics of the 13 patients

No	Age (Years)	Marital Status	Education Level	Time since the mastect.	Amputation side	Souvenir(s) marquant(s) ou traumatisant(s) liés à la maladie	Type of mastecomy pain	Type of mastecomy sensation	Fréquence héhdomadaire du Phantom breast syndrome (PBS)	Medication	Number of sessions
1	61	Married	<High School	12	Left	2	Pression/ Déchirement	Tension/ Engourdissement	moins de 1	Antidépr	5
2	56	Married	<High School	18	Left/Right	3	Nothing	Picotement/ Pression	de 2 à 3	Paracétamol/ codéine	5
3	45	Single		14	Right	3	Arrachement/ Piqûre	Pression/ Picotement	de 3 à 4	Nothing	9
4	47	Single	<High School	20	Right	3	Torsion/ Crampe	Fourmillement/ Démangeaison	5 et plus	Antidépr/ Paracétamol	10
5	40	In couple	>High School	15	Right	4	Crampe/ Battement	Lourdeur/ Engourdissement	moins de 1	Antidépr/ Anxiolytique	9
6	37	Married	High School	14	Left	2	Contraction/ Etirement	Nothing	moins de 1	Antidépr	5
7	54	Married	<High School	12	Left/Right	1	Coupure/ Brûlure	Démangeaisons/ Chaleur	de 3 à 4	Opiacé	6
8	37	In couple	High School	15	Left	3	Tiraillement/ Eclair	Nothing	de 3 à 4	Antidépr	5
9	35	Single	High School	17	Left	4	Coup d'aiguille/ Arrachement	Pression/ Chatouillis	5 et plus	Paracétamol	9
10	34	Married	High School	15	Right	3	Contraction/ Etirement	Nothing	5 et plus	Paracétamol/ codéine	6
11	45	Married	High School	15	Left/Right	2	Coup d'aiguille/ Déchirement	Picotement/ Pression	moins de 1	Antidépr	5
12	54	Single	High School	17	Left	3	Nothing	Démangeaisons/ Chaleur/	de 3 à 4	Antidépr	4
13	37	In couple	High School	15	Left	2	Contraction/ Ecrasement	Lourdeur/ Engourdissement	5 et plus	Paracétamol/ codéine	9

Variable Group	Pretest	Post-test	3 month follow-up	6 month follow-up
Pain intensity	6.23[a] (1.3)	2.6[b] (1.4)	2.3[b] (1.1)	2.0[b](1.2)
Sensitivity intensity	6.5[a] (1.1)	3.0[b] (1.1)	2.3[b] (1.2)	2.1[b] (1.4)
PCL-S				
Total	43.5[a] (14.19)	31.07[b] (6.7)	28.8[b] (6.7)	26.1[b](5.7)
Intrusion	13.0[a] (5.4)	9.3[b] (2.0)	8.8[b] (1.8)	8.3[b] (1.7)
Avoidance	17.6[a] (5.6)	12.07[b] (3.7)	11.2[b] (3.4)	10.3[b] (3.5)
Neurovegetative	12.9[a] (4.8)	9.6[b] (2.3)	8.7[b] (2.3)	8.2[b] (1.8)
STAI-State	55.9[a] (7.36)	40.1[b] (6.5)	36.07[c] (4.3)	33[c](1.8)
CES-D	18.3[a] (4.9)	13.6[b] (3.5)	13.2[b] (2.04)	11.8[c] (1.9)

Note. Means in the same rows at do not share the same subscript differ at a Bonferroni corrected alpha level of $p < .05$. Total PCL-S = total score on posttraumatic checklist scale. PCL-S intrusion = posttraumatic checklist scale, intrusion subscale. PCL-S avoidance = posttraumatic checklist scale, avoidance subscale. PCL-S neurovegetative activation = posttraumatic checklist scale, neurovegetative subscale. STAI-State : The State Trait Anxiety Inventory State. CES-D= Center for Epidemiologic Studies Depression Scale.

Variable Group	Pretest	Post-test	3 month follow-up	6 month follow-up
Pain intensity	6.23[a] (1.3)	2.6[b] (1.4)	2.3[b] (1.1)	2.0[b](1.2)
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STAI-State	55.9[a] (7.36)	40.1[b] (6.5)	36.07[c] (4.3)	33[c](1.8)
CES-D	18.3[a] (4.9)	13.6[b] (3.5)	13.2[b] (2.04)	11.8[c] (1.9)

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Variable Group	Pretest	Post-test	3 month follow-up	6 month follow-up
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Note. Means in the same rows at do not share the same subscript differ at a Bonferroni corrected alpha level of $p < .05$. Total PCL-S = total score on posttraumatic checklist scale. PCL-S intrusion = posttraumatic checklist scale, intrusion subscale. PCL-S avoidance = posttraumatic checklist scale, avoidance subscale. PCL-S neurovegetative activation = posttraumatic checklist scale, neurovegetative subscale. STAI-State : The State Trait Anxiety Inventory State. CES-D= Center for Epidemiologic Studies Depression Scale.

EMDR and CBT for Cancer Patients: Comparative Study of Effects on PTSD, Anxiety, and Depression

Liuva Capezzani
Psychiatry Department and Area di Supporto alla Persona, Regina Elena National Cancer Institute, Rome, Italy

Luca Ostacoli
Marco Cavallo
Sara Carletto
Department of Mental Health, "San Luigi Gonzaga" Hospital Medical School, University of Turin, ASL TO3, Orbassano, Italy

Isabel Fernandez
EMDR Italy Association, Bovisio Masciago (MI), Italy

Roger Solomon
Buffalo Center for Trauma and Loss, Buffalo, NY

Marco Pagani
Institute of Cognitive Sciences and Technologies, CNR, Rome, Italy

Tonino Cantelmi
Psychiatry Department, Regina Elena National Cancer Institue, Rome, Italy

Patients en oncologie avec ESPT
8 sessions de 90 minutes

EMDR + phase de traitement active contre le cancer
(n=10)

EMDR
(n=11)

CBT
(n=10)

TABLE 1. Clinical Data of Participants in the Follow-up Phase of the Cancer Disease

	Pretreatment		Posttreatment		
	CBT ($N = 10$)	EMDR ($N = 11$)	CBT ($N = 10$)	EMDR ($N = 11$)	Sig.
QPF-R	61.60 (15.71)	57.45 (13.55)	54.50 (13.24)	48.45 (12.18)	*
STAI-1	45.40 (4.95)	44.73 (5.42)	43.90 (5.55)	40.00 (3.41)	*
STAI-2	46.50 (5.34)	45.82 (6.15)	43.80 (4.10)	43.55 (5.70)	
BDI-II	26.30 (8.73)	25.73 (10.89)	20.10 (9.24)	14.45 (9.30)	*
IES-R total	54.70 (10.62)	50.91 (9.45)	46.60 (14.13)	20.55 (17.85)	*, §
CAPS Criterion B	20.90 (7.71)	19.55 (8.15)	15.30 (5.87)	6.18 (6.95)	*, §
CAPS Criterion C	30.30 (8.13)	28.36 (12.19)	20.50 (7.59)	10.45 (7.54)	*
CAPS Criterion D	27.60 (6.22)	24.00 (8.15)	16.20 (9.16)	9.91 (5.61)	*

Note. Data are mean (*SD*). QPF-R = Psychophysiological Questionnaire—Brief Version; STAI-1 = State-Trait Anxiety Inventory—state anxiety; STAI-2 = State-Trait Anxiety Inventory—trait anxiety; BDI-II = Beck Depression Inventory-II; IES-R total = Impact of Event Scale—Revised total score; CAPS Criterion B = Clinician-Administered PTSD Scale—intrusion symptoms; CAPS Criterion C = Clinician-Administered PTSD Scale—avoidance symptoms; CAPS Criterion D = Clinician-Administered PTSD Scale—hyperarousal symptoms.

TABLE 1. Clinical Data of Participants in the Follow-up Phase of the Cancer Disease

	Pretreatment		Posttreatment		
	CBT ($N = 10$)	EMDR ($N = 11$)	CBT ($N = 10$)	EMDR ($N = 11$)	Sig.
QPF-R	61.60 (15.71)	57.45 (13.55)	54.50 (13.24)	48.45 (12.18)	*
STAI-1	45.40 (4.95)	44.73 (5.42)	43.90 (5.55)	40.00 (3.41)	*
STAI-2	46.50 (5.34)	45.82 (6.15)	43.80 (4.10)	43.55 (5.70)	
BDI-II	26.30 (8.73)	25.73 (10.89)	20.10 (9.24)	14.45 (9.30)	*
IES-R total	54.70 (10.62)	50.91 (9.45)	46.60 (14.13)	20.55 (17.85)	*, §
CAPS Criterion B	20.90 (7.71)	19.55 (8.15)	15.30 (5.87)	6.18 (6.95)	*, §
CAPS Criterion C	30.30 (8.13)	28.36 (12.19)	20.50 (7.59)	10.45 (7.54)	*
CAPS Criterion D	27.60 (6.22)	24.00 (8.15)	16.20 (9.16)	9.91 (5.61)	*

Note. Data are mean (*SD*). QPF-R = Psychophysiological Questionnaire—Brief Version; STAI-1 = State-Trait Anxiety Inventory—state anxiety; STAI-2 = State-Trait Anxiety Inventory—trait anxiety; BDI-II = Beck Depression Inventory-II; IES-R total = Impact of Event Scale—Revised total score; CAPS Criterion B = Clinician-Administered PTSD Scale—intrusion symptoms; CAPS Criterion C = Clinician-Administered PTSD Scale—avoidance symptoms; CAPS Criterion D = Clinician-Administered PTSD Scale—hyperarousal symptoms.

TABLE 1. Clinical Data of Participants in the Follow-up Phase of the Cancer Disease

	Pretreatment		Posttreatment		
	CBT ($N = 10$)	EMDR ($N = 11$)	CBT ($N = 10$)	EMDR ($N = 11$)	Sig.
QPF-R	61.60 (15.71)	57.45 (13.55)	54.50 (13.24)	48.45 (12.18)	*
STAI-1	45.40 (4.95)	44.73 (5.42)	43.90 (5.55)	40.00 (3.41)	*
STAI-2	46.50 (5.34)	45.82 (6.15)	43.80 (4.10)	43.55 (5.70)	
BDI-II	26.30 (8.73)	25.73 (10.89)	20.10 (9.24)	14.45 (9.30)	*
IES-R total	54.70 (10.62)	50.91 (9.45)	46.60 (14.13)	20.55 (17.85)	*, §
CAPS Criterion B	20.90 (7.71)	19.55 (8.15)	15.30 (5.87)	6.18 (6.95)	*, §
CAPS Criterion C	30.30 (8.13)	28.36 (12.19)	20.50 (7.59)	10.45 (7.54)	*
CAPS Criterion D	27.60 (6.22)	24.00 (8.15)	16.20 (9.16)	9.91 (5.61)	*

Note. Data are mean (*SD*). QPF-R = Psychophysiological Questionnaire—Brief Version; STAI-1 = State-Trait Anxiety Inventory—state anxiety; STAI-2 = State-Trait Anxiety Inventory—trait anxiety; BDI-II = Beck Depression Inventory-II; IES-R total = Impact of Event Scale—Revised total score; CAPS Criterion B = Clinician-Administered PTSD Scale—intrusion symptoms; CAPS Criterion C = Clinician-Administered PTSD Scale—avoidance symptoms; CAPS Criterion D = Clinician-Administered PTSD Scale—hyperarousal symptoms.

TABLE 2. Clinical Variables of the Groups Treated With EMDR at Pre and Posttreatment

	Pretreatment		Posttreatment		
	Active Cancer Treatment ($N = 10$)	Follow-up Cancer Treatment ($N = 11$)	Active Cancer Treatment ($N = 10$)	Follow-up Cancer Treatment ($N = 11$)	Sig.
QPF-R	58.50 (9.70)	57.45 (13.55)	48.30 (9.65)	48.45 (12.18)	*
STAI-1	43.70 (3.37)	44.73 (5.42)	42.70 (3.50)	40.00 (3.41)	*
STAI-2	46.10 (5.65)	45.82 (6.15)	43.30 (4.55)	43.55 (5.70)	
BDI-II	27.00 (7.70)	25.73 (10.89)	15.50 (8.33)	14.45 (9.30)	*
IES-R total	48.50 (14.74)	50.91 (9.45)	28.60 (9.38)	20.55 (17.85)	*
CAPS Criterion B	20.70 (6.82)	19.55 (8.15)	6.20 (3.08)	6.18 (6.95)	*
CAPS Criterion C	22.50 (4.09)	28.36 (12.19)	7.40 (3.89)	10.45 (7.54)	*
CAPS Criterion D	19.90 (9.25)	24.00 (8.15)	6.60 (4.22)	9.91 (5.61)	*

Note. Data are mean (*SD*) or *N* (%). QPF-R = Psychophysiological Questionnaire—Brief Version; STAI-1 = State-Trait Anxiety Inventory—state anxiety; STAI-2 = State-Trait Anxiety Inventory—trait anxiety; BDI-II = Beck Depression Inventory-II; IES-R total = Impact of Event Scale—Revised total score; CAPS Criterion B = Clinician-Administered PTSD Scale—intrusion symptoms; CAPS Criterion C = Clinician-Administered PTSD Scale—avoidance symptoms; CAPS Criterion D = Clinician-Administered PTSD Scale—hyperarousal symptoms.

* significant pre–post effect, independent of the phase of the disease (active treatment vs. follow-up)

TABLE 2. Clinical Variables of the Groups Treated With EMDR at Pre and Posttreatment

	Pretreatment		Posttreatment		
	Active Cancer Treatment ($N = 10$)	Follow-up Cancer Treatment ($N = 11$)	Active Cancer Treatment ($N = 10$)	Follow-up Cancer Treatment ($N = 11$)	Sig.
QPF-R	58.50 (9.70)	57.45 (13.55)	48.30 (9.65)	48.45 (12.18)	*
STAI-1	43.70 (3.37)	44.73 (5.42)	42.70 (3.50)	40.00 (3.41)	*
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* significant pre–post effect, independent of the phase of the disease (active treatment vs. follow-up)

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CAPS Criterion D	19.90 (9.25)	24.00 (8.15)	6.60 (4.22)	9.91 (5.61)	*

Note. Data are mean (*SD*) or *N* (%). QPF-R = Psychophysiological Questionnaire—Brief Version; STAI-1 = State-Trait Anxiety Inventory—state anxiety; STAI-2 = State-Trait Anxiety Inventory—trait anxiety; BDI-II = Beck Depression Inventory-II; IES-R total = Impact of Event Scale—Revised total score; CAPS Criterion B = Clinician-Administered PTSD Scale—intrusion symptoms; CAPS Criterion C = Clinician-Administered PTSD Scale—avoidance symptoms; CAPS Criterion D = Clinician-Administered PTSD Scale—hyperarousal symptoms.

* significant pre–post effect, independent of the phase of the disease (active treatment vs. follow-up)

5. Questions et perspectives pour la recherche et la clinique

- EMDR et principe(s) actif(s)
- EMDR et approches qualitatives
- EMDR efficacité versus efficience
- EMDR et maladies chroniques (ETP)
- L'EMDR la psychothérapie de l'ESPT??

MERCI pour votre attention !

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Avancées de la recherche dans le domaine de la thérapie EMDR

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