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CLINICAL REPORT

An Intensive Design Investigation of Eye Movement Desensitization and Reprocessing of Claustrophobia

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Abstract — Two claustrophobic subjects were treated with eye movement desensitization and reprocessing (EMDR), a new treatment for induced anxiety disorders. Both subjects were interviewed to construct detailed images of fear-related events before treatment. The treatment followed a within-series phase-change design to examine the effects of eye movement added to the general treatment protocol. Both subjects' verbal reports of fear changed substantially when eye movements were added to the general treatment protocol. It was concluded that the addition of eye movement was necessary to reduce the aversiveness of some phobic imagery. No change in heart rate was observed for either subject. These results are discussed within the framework of the growing number of EMDR outcome studies.

Since the first published account (Shapiro, 1989), the promotion of eye movement desensitization has prompted a large number of clinical case reports describing the effects of treatment. However, three methodological reviews (Acierno, Hersen, Van Hasselt, Tremont, & Mueser, 1994; Herbert & Mueser, 1992; Lohr, Kleinknecht, Conley, Dal Cerro, Schmidt, & Sonntag, 1992) concluded that empirical support for its efficacy is meager.

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Following the critiques, several controlled experiments with improved methodologies have been published. Boudewyns, Stwertka, Hyer, Albrecht, and Sperr (1993) randomly assigned veterans' hospital patients with PTSD to one of three groups: EMDR, exposure control, or milieu-only control group. Results indicated that posttreatment subjective units of discomfort (SUD) ratings were lowest for the EMDR group. Therapist ratings of treatment responders versus nonresponders also favored the EMDR group. However, standardized self-report measures showed no differential effect of treatment, and no form of treatment appeared to affect physiological measures of anxiety.

In a controlled treatment outcome study, Jensen (1994) randomly assigned combat veterans with PTSD to either an EMDR condition or a milieu control group. As with Boudewyns et al. (1992), analysis of the SUD ratings revealed lower scores in the EMDR group. However, the results also showed there was no difference between the two groups on standardized measures of posttraumatic stress disorder (PTSD) or on the attainment of individualized treatment goals.

Two additional studies have compared the effect of EMDR with control conditions manipulating eye movement content (Renfrey & Spates, 1994) and with alternative treatments (Vaughan et al., 1994). Renfrey and Spates (1994) showed reductions in verbal report and standardized measures of symptoms with EMDR, but the reductions were no greater than those in the control conditions. Vaughan et al. (1994) compared EMDR to imagery habituation training (Vaughan & Tarrier, 1992) and applied muscle relaxation training (Öst, 1987). Impact of event-intrusion scores were reduced at posttreatment only in the EMDR group, but were no different from the other conditions at a 3-month follow up. Comparisons between treatments on PTSD symptoms and depression showed reliable reductions from pretreatment to posttreatment but no differential effect of treatments. Despite the absence of the necessary treatment by measurement interaction, post hoc multiple *t*-tests showed that EMDR resulted in fewer flashbacks and nightmares and avoidance symptoms. Because the *t*-tests increase the risk of Type I error, however, the effects of EMDR must be interpreted with caution. Moreover, the apparent improvement in symptoms could be the result of nonspecific effects of treatment for which no controls were implemented.

Montgomery and Ayllon (1994a) have reported the first single-subject experiment investigating the effect of EMDR on PTSD. A multiple baseline across images was used to treat separate traumatic incidents of an automobile accident and an armed robbery. Visual inspection of the within-series (A-B) manipulation on each image revealed parallel reductions in SUD ratings, heart rate, and systolic blood pressure during the EMDR phase for each image. Comparisons between images revealed that the effective treatment of the first image did not generalize to the second image. A similar study using a multiple baseline design (Acierno, Tremont, Last, & Montgomery, 1994) failed to show any change in behavioral, physiologic, or cognitive assessment domains.

The second study (Montgomery & Ayllon, 1994b) used a multiple baseline across six individuals diagnosed with PTSD. Within-series treatment phase

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