

BIBLIOGRAPHIE EMDR ET TOC

Pour ceux qui s'intéressent à la thématique EMDR et TOC, nous vous proposons une liste des principales recherches effectuées dans ce domaine. Recherches publiées sur le thème EMDR et TOC Abyar Hosseini, [...]

Recherches publiées sur le thème EMDR et TOC

Abyar Hosseini, A., Vaziry, S., & Lofti, F (2010, July). **Comparison between combine EMDR and drug with drug only in reduction symptoms and severity of obsessive compulsive disorder.** Poster presented at the 27th International Congress of Applied Psychology, Melbourne, Australia

This study was a comparison between the effects of combine eye movement desensitization and reprocessing (EMDR) and drug, with drug only, in the reduction of symptoms and severity obsessive compulsive disorder. Thirty patients that were assessed as suffering OCD by a psychiatrist were divided in two groups randomly (experimental and control groups). All subjects have been tested by Maudsley obsessive compulsive inventory (MOCI) and Yale-Brown obsessive-compulsive scale (Y-BOCS). The experimental group learned EMDR and across 8 weeks, when they experienced disturb thought, used EMDR without compulsive behavior. During the 8 weeks, the control group just used drugs. Results showed a significant reduction of symptoms and severity of OCD in both groups but in the experimental group, the reduction was more effective and significant. Thus, to conclude, although EMDR has been used for PTSD symptom reduction, the present study revealed that this technique is also effective for the reduction of symptoms and the severity of OCD.

Bae, H., Kim, D., & Ahn, J. (2006, September). [\[A case series of post-traumatic obsessive compulsive disorder: A six month follow-up evaluation\]](#). Journal of the Korean Neuropsychiatric Association, 45(5), 476-480. Korean

A number of recent case reports and series indicate that obsessive compulsive disorder (OCD) can develop after traumatic experience as a comorbid condition to post-traumatic stress disorder (PTSD). These descriptive studies consistently addressed that those patients respond poorly to treatments and had an unfavorable outcome. However, this conclusion was not supported by prospective follow up with objective measurement of symptomatology. This report presents three single trauma-related PTSD patients who developed full-blown OCD concurrently with or after the initiation of PTSD. These patients represent 10% of new PTSD outpatients at a PTSD clinic during one year period and 25% of PTSD patients who had been admitted. In all three cases compulsion seemed to distract or serve as avoidance to intrusive symptoms of PTSD. Despite Eye Movement Desensitization and Reprocessing (EMDR) and/or exposure therapy for PTSD together with at least two antidepressant trials for PTSD and OCD, at six month follow-up PTSD partially improved and OCD remained unchanged. This finding is consistent with previous reports from western literature.

Böhm K, Voderholzer U (2010). [Use of EMDR in Treatment of Obsessiv- Compulsiv Disorders: A Case Series.](#) Verhaltenstherapie; 20: 175-181 (DOI: 10.1159/000319439)

Introduction : Various studies have demonstrated that cognitive behavioural therapy with exposure response prevention is the most effective method to treat obsessive-compulsive disorders. However, 15–40% of patients do not respond to it; they cannot be motivated to undergo treatment, drop out, or experience persisting difficulties in regulating their emotions. In this article, EMDR is presented as an additional method for these specific problems. *Method* : Three case studies are reported and descriptively analysed. Special focus is placed on the patients' motivation and on how they regulate their emotions. Different ways of applying EMDR in the course of psychological treatment are described as well. EMDR before confrontation therapy was applied in the first patient (checking behaviour); the second patient (compulsive thoughts) was first treated with confrontation therapy and then with EMDR; in the third patient, EMDR and confrontation therapy were applied alternately. *Results* : All three patients showed a reduction of symptoms by about 60%. They experienced EMDR as a useful and motivating method. Furthermore, they felt encouraged to deal with their emotions in additional psychological treatments. Confrontation therapy markedly reduced OCD symptoms in two of the patients. *Discussion*: EMDR could be a useful augmentation method in treating patients with OCD, but further controlled and randomised studies are required to validate this conclusion.

Böhm K (2011). **Die Therapiemethode EMDR bei Zwängen**. Z-aktuell; 4: 6-7.

Böhm, Karsten (in press). **Obsessive Compulsive Disorder and EMDR**. In Luber, Marilyn (Hrsg.): Eye Movement Desensitization and Reprocessing (EMDR) Therapy Scripted Protocols and Summery Sheets: Treating Trauma, Anxiety and Mood-Related Conditions, Springer New York, 2. Edition, Chapter 13.

Böhm, Karsten (2014). **EMDR bei Zwangsstörungen**. In Hofmann, Arne (Hrsg.): EMDR: Praxishandbuch zur Behandlung traumatisierter Menschen, Thieme, 5. Auflage, 156-157.

Kawamura. W. (2009, May). **[EMDR sessions of a woman with obsessive-compulsive disorder]**. Japanese Journal of EMDR Research and Practice, 1(1), 44-52. Japanese

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

The subject of this paper is a woman with obsessive-compulsive disorder who had previously worked as a nurse, and underwent EMDR treatment. She obsessively blamed herself, stating "The patient might have died as a result of my mistake". Being convinced of her own guilt, she started showing maladjustment, and subsequently quit working. Her treatment showed modification that strayed from the regular course of standard EMDR sessions due to the uniqueness of the target memories. In all EMDR sessions. she checked the traumatic memories from first to last. The therapist had her visualize images of happiness from her own experience and taught her a technique to suppress negative images. By expressing her feelings in a protected clinical environment, she was able to recover the self-esteem.

Marr John (2013) [Traitement EMDR du trouble obsessionnel compulsif : étude préliminaire](#), Journal of EMDR Practice and Research, Volume 7, Number 2, 2013, pp. 29E-43E(15)

Cet article rapporte les résultats de deux expériences qui examinent chacune un protocole EMDR (désensibilisation et retraitement par les mouvements oculaires) différent pour le trouble obsessionnel-compulsif (TOC), chacune avec deux jeunes participants masculins adultes présentant un TOC sans rémission de longue date. Deux adaptations du protocole pour la phobie de Shapiro (2001) ont été développées à partir de la perspective théorique selon laquelle le TOC est un trouble qui s'autoperpétue, avec des compulsions et des obsessions TOC ainsi que des déclencheurs présents qui renforcent et maintiennent le trouble. Les deux adaptations commencent par viser les obsessions et compulsions actuelles, plutôt que de travailler sur des souvenirs passés ; l'une des stratégies retarde la phase d'installation cognitive tandis que l'autre utilise la lecture mentale d'une vidéo dans la désensibilisation des déclencheurs. Les quatre participants ont bénéficié de 14–16 séances d'une heure, sans tâche à effectuer entre les rendez-vous. Ils ont été évalués à l'aide de l'Echelle obsessionnelle compulsive de Yale-Brown (YaleBrown Obsessive Compulsive Scale [Y-BOCS]), avec des scores lors du prétraitement dans la gamme extrême (moyenne = 35,3). Une amélioration des symptômes était rapportée par les participants après 2 ou 3 séances. Les scores lors du post-traitement étaient dans la gamme infraclinique/légère pour tous les participants (moyenne = 8,5). Des évaluations de suivi ont été réalisées après 4–6 mois, indiquant le maintien des effets thérapeutiques (moyenne = 7,5). La diminution des symptômes était de 70,4% lors du post-traitement et de 76,1% lors du suivi pour le protocole EMDR adapté pour les phobies et de 81,4% lors du post-traitement et du suivi pour le protocole EMDR adapté pour les phobies avec lecture vidéo. Les implications théoriques sont examinées et des recherches futures sont recommandées.

Hedayat Nazari, Nahid Momeni, Mojgan Jariani & Mohammad Javad Tarrahi (2011) [Comparison of eye movement desensitization and reprocessing with citalopram in treatment of obsessive-compulsive disorder](#) International Journal of Psychiatry in Clinical Practice, volume 15, issue 4, 2011

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 after treatment 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 EMRD has better effect in improvement of final outcome of OCD.

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.v4i0.19157

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.

Pozza Andrea, Mazzoni Gian Paolo, Tiziana Neri Maria, Bisciglia Rossano, La Mela Carmelo, Fernandez Isabel, Dettore Davide (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*, vol. 2, n° 5, 114-22

Researchers and clinicians have recently highlighted the usefulness of integrating additional therapeutic approaches into standard intensive cognitive behavioural 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 Eyes 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 behaviours 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.

Thyer, B. A. (2001, January). [Research on social work practice does not benefit from blurry theory: A response to Tomi Gomory](#). *Journal of Social Work Education*, 37(1), 51-66

Cognitive-behavioral therapy is a well-supported evidence-based psychosocial treatment that clinically and significantly helps clients meeting the DSM criteria for obsessive-compulsive disorder (OCD). Dozens of well-controlled clinical trials and dozens of single-subject studies bear this out, many designed and conducted by social workers. Most of these studies have involved Caucasian clients, a few used African Americans. But both groups seem to respond well, as do both males and females. Suppose a social worker has a new client from Mongolia with OCD. Falsificationism may well be the strongest approach to scientific inquiry regarding the validity of theories. The American Psychiatric Association used the following types of evidence in developing its practice guidelines: a randomized clinical trial, prospectively designed with double-blind assessments and treatment and control groups, a clinical trial, similarly prospective, but lacking blind assessments or control groups, cohort or longitudinal studies and case-control studies, retrospective studies of clients. [Author abstract]

Yoshida, T., Akishino, Y., & Shibata, K. (2005, March). **[EMDR was introduced into the reaction of patients exposed to smooth the interference case of OCD]**. *Psychiatry*, 6(3), 285-288. Japanese

Projets de recherche

Leeds Primary Care Mental Health and Improving Access to Psychological Therapies (IAPT) Service : recherche en cours : [Eye movement desensitization and reprocessing \(EMDR\) versus Cognitive behavioural therapy \(CBT\) in the treatment of Obsessive compulsive disorder \(OCD\)](#)

Interventions sur le thème EMDR et TOC

Adler-Tapia, R., & Settle, C. (2009, August). **Case conceptualization: Decision points in EMDR with children for attachment, dissociation, and concurrent diagnosis including OCD, ADHD, and PTSD**. Presentation at the 14th EMDR International Association Conference, Atlanta, GA

This presentation will focus on illustrating decision points in EMDR in case conceptualization with children involving complex diagnoses. Videotapes will include sessions with young children diagnosed with post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), attachment traumas, Traumatic Brain Injury (TBI), dissociation and other diagnoses. This is an interactive workshop where participants are encouraged to bring questions about the protocol and challenging issues in practice. Areas to be discussed: how attachment affects the progression of EMDR, at what point does dissociation impact the protocol, and at what point does the therapist consider installing mastery, resource development, or the Inverse Protocol.

Allemande, K. L. (2009, August). **The use of EMDR with treatment resistant patients suffering from chronic obsessive-compulsive disorder**. Poster presented at the 14th EMDR International Association Conference, Atlanta, GA

The use of Eye Movement Desensitization Reprocessing Therapy in the treatment of trauma and stress is well documented (Shapiro, 2001). Since its inception, several studies documenting the effectiveness of EMDR in the treatment of other mental health issues has also been studied (Parnell, 2006). Bae, Kim, and Ahn's, (2006) clinical case study demonstrates no success with the use of EMDR to treat patients that developed obsessive-compulsive disorder after being diagnosed with posttraumatic stress disorder. Their article suggests little research in support of the use of EMDR in the treatment of OCD. This presentation illustrates two case studies of men diagnosed with chronic OCD, and their inability to find relief from their symptoms from both pharmacological and psychotherapeutic interventions. The study illustrates the use of Parnell's modified EMDR protocol with both patients, and the importance of identifying and resolving feeder memories. Patient A is a male who was diagnosed with OCD twenty years ago. He has received both psychotherapy and psychiatric services from a major university hospital since being diagnosed. Part of the obsessive thoughts include shouting obscenities at his congregation, committing violent acts towards members of the parish, and ultimately jumping over a choir railing with the goal of killing himself. Patient A began psychotherapy using the Parnell's modified protocol of EMDR. The patient was able to tap into core (feeder) memories from childhood where he violated trust and confidence with a friend that had not been fully resolved. This also connected with security issues with his mother, which eventually were completely resolved through EMDR. The patient's obsessive thoughts ceased. The patient has been free of these obsessive thoughts post therapy for one year. Patient B sought therapy for compulsive behaviors related to exposing himself to unsuspecting victims. Additionally, this patient also engaged in compulsive masturbation behaviors for eight to ten hours a day. His actions not only were psychologically distressing to him, but also causing him problems with the local authorities. Patient B had sought psychotherapy and psychiatric services in the past on several occasions, but with no improvement. Patient B demonstrated radical improvement using Parnell's modified EMDR protocol. The patient identified feeder memories that were not initially discussed during the assessment phase. After successful processing, patient B has not engaged in any inappropriate sexual behaviors or compulsive masturbation for three months. While psychodynamic principles rooted in experiences of life are not novel or innovative in the practice of psychotherapy, often therapists will focus on reducing the problematic symptoms accompanying a diagnosis of OCD, without considering the full implication of prior experiences. Continuing advances in the application of EMDR with an ever expanding array of mental and emotional disorders requires researchers to consider the importance of identifying feeder memories as a possible source of problematic symptoms. These results offer promising techniques for EMDR therapists, and new avenues in research exploring the efficacy of EMDR and OCD. This presentation will illustrate the process involved in identifying feeder memories.

Bhadlikar, D. (2014, January). **EMDR with obsessive compulsive disorder ? an Indian experience**. In EMDR in the treatment of fears and phobias/eating disorders/borderline disorder (Derek Farrell, Chair). Presentation at the 2nd EMDR Asia International Conference, Manila, The Philippines

This is a history of a 35 yrs. old man who came with symptoms of OCD. He was initially treated with medication and CBT. He did show some improvement and was maintained on medication. He did not follow-up for a long time. He narrated an incident, which he believed had started it all, on his visit after 3 years. He was being treated by another psychiatrist. Client wanted to decrease the dosage of medicine. This was done and EMDR was tried on that incident. He showed a lot of improvement. Culture specific resources and cognitive interweaves were used. Medication was continued on a low dose. He did not follow-up for 2 years. When he did, the recovery was still maintained. He had continued low-dose medication, intermittently, without advice. The original memory was no longer bothering him.

Bohm, K. (2010, June). [**EMDR in the treatment of obsessive compulsive disorder**]. Presentation at the 11th EMDR Europe Association Conference, Hamburg, Germany

In this practice-oriented workshop the use of EMDR with Obsessive Compulsive Disorder (OCD) will be presented and practiced. During this workshop we will cover the special features of using EMDR as well as the combination thereof with stimulus confrontation (exposure exercises). An altered standard record will be implemented, the “timing of the therapy” of EMDR will be shown and the typical problems relating to the regulation of emotions will be looked into.

Bohm, K. (2011, June). [[EMDR in the treatment of obsessive compulsive disorder](#)]. Presentation at the 12th EMDR Europe Association Conference, Vienna, Austria. German

In this hands-on workshop, the use of EMDR is presented with OCD and practiced. It is specific to the use of EMDR as well as to respond to stimulus combination confrontation (exposure exercises). A modified standard protocol is introduced, demonstrated the “treatment timing” of EMDR and discussed common problems in emotion regulation. Learning objectives: An important focus is always in the therapy on the personality and life history of the patient. You will learn to tailor to the particular personality and EMDR to consider the kind of coercion. Washing compulsions for example, often require different strategies than pure obsessions. The workshop therapy videos are shown, and rehearsed the practical approach and teaches the theory on this vividly. He addresses both behavioral therapy and psychodynamic to working colleagues.

Bohm, K. (2012, June). **Use of EMDR in the treatment of obsessive-compulsive disorders: A case series.** Presentation at the 13th EMDR Europe Association Conference, Madrid, Spain

Bohm, K. (2012, September). [**EMDR in the treatment of obsessive compulsive disorder**]. Presentation at the German Society OCD Conference, Muenster, Germany

In this hands-on workshop, the use of EMDR is presented with OCD and practiced. It is specific to the use of EMDR as well as to respond to stimulus combination confrontation (exposure exercises). A modified standard protocol is introduced, demonstrated the “treatment timing” of EMDR and discussed common problems in emotion regulation. Learning objectives: An important focus is always in the therapy on the personality and life history of the patient. You will learn to tailor to the particular personality and EMDR to consider the kind of coercion. Washing compulsions for example, often require different

strategies than pure obsessions. The workshop therapy videos are shown, and rehearsed the practical approach and teaches the theory on this vividly. He addresses both behavioral therapy and psychodynamic to working colleagues.

Brown Suzan, [EMDR in the treatment of OCD](#)

Crichton, N. (2014, June). [Understanding and treating resistance in OCD through EMDR](#). In EMDR research symposium (Derek Farrell, Chair). Symposium presented at the 15th EMDR Europe Association Conference, Edinburgh, Scotland

Keenan Paul, Keenan Lynn, Hingham Claire, Farrell Drek (2014) [Treating Obsessive Compulsive Disorder \[OCD\], using Eye Movement Desensitisation and Reprocessing \[EMDR\]: A Case Series Design](#), intervention lors de la 15th european conference, Edinburgh.

Obsessive Compulsive Disorder (OCD) is characterised by recurrent obsessions (thoughts, images, impulses that are deemed to be intrusive, unacceptable, uncontrollable and ego dystonic) and compulsions (repetitive behaviours that can be overt or covert, E. G .excessive hand washing or ruminations) (DSM 5. 2013) The main psychological treatment paradigm for OCD is Cognitive Behavioural Psychotherapy (CBP), (NICE 2005, Salkovskis 2008, Deacon et al 2004). However it must be acknowledged that whilst CBP can be effective, not all clients respond well to CBP and even when they do the level of improvement varies (Roth 2006). Rector et al (2009) report high “drop out” rates of up to 40% of people suffering from OCD and receiving CBP. Various studies have demonstrated that interventions that focus upon the way clients appraise the content of their obsessive thoughts, rather than focussing on the thought itself, produce better and longer lasting results (Salkovskis 2008; Deakon et al 2004; Clark 2000 & Rackman 1993) The focus on the clients appraisals of their thoughts, over responsibility (Salkovskis 1998), Issues surrounding control (Clark 2001) and issues surrounding safety (Rachman 1998) rather than fussing on the behaviours and compulsions themselves allows for other forms of psychological interventions such as EMDR to be considered.

Logie, R. (2011, October). **EMDR: A new OCD protocol**. Presentation at the 3rd annual EMDR Autumn Workshop Conference, Durham, England

Marr, J. (2011, October). **EMDR: Developments in the treatment of obsessive compulsive disorder**. Presentation at the 3rd Annual EMDR Yorkshire Autumn Workshop Conference, Durham, England

The use of Eye Movement, Desensitisation and Reprocessing (EMDR) with the addition of a Mental Videotape with any disturbance experience by the client reprocessed with EMDR has been trialled within this research document as an alternative to exposure and response prevention (Ex/RP) or a combination of Ex/RP and CBT, for the treatment of OCD. The main hypothesis addressed was that an adapted form of EMDR with the inclusion of a Mental Videotape could also address OCD, where the Mental Videotape would replace the Exposure and the EMDR used to reprocess the response. (Author abstract)

Marr John (2013 October) [OCD and EMDR](#) Presentation at the 5th Annual EMDR Yorkshire Autumn Workshop Conference, Durham, England

Nisi, A. (2003, May). **Non conventional EMDR protocols in treatment of resistant OCD patients (Non or poor responders).** In **Anxiety disorders.** Symposium conducted at the 4th EMDR Europe Association Conference, Rome, Italy

O'Donnell, I. (2002, June). **EMDR in the treatment of OCD and eating disorders.** Presentation at the 7th EMDR International Association Conference, San Diego, CA

Rijkeboer, M., & van der Mark, W. (2011, April). [**Therapy resistant coercion: How EMDR can provide a solution to OCD**]. Presentation at the 5th Vereniging EMDR Nederland Conference, Nijmegen, The Netherlands. Dutch

The workshop is first a theoretical exposition: why EMDR OCD? New research from cognitive psychology and hypotheses about how EMDR OCD come up for discussion. After a case is presented and also video graphics data.

Sprowls, C., & Marquis, P. (2012, June). **Treatment of OCD.** Presentation at the 13th EMDR Europe Association Conference, Madrid, Spain

Sprowls, C., & Marquis, P. (2013, September). **The neurobiology and treatment of obsessive compulsive disorders utilizing EMDR.** Presentation at the 18th EMDR International Association Conference, Austin, TX

Dr. Marquis and Dr. Sprowls will present on the Neurobiology of OCD and the treatment of Obsessive Compulsive Disorder, using Eye Movement Desensitization and Reprocessing, (EMDR). This treatment is based on clinical research and practice, integrating discussion of current neuroscience about the "Worry Circuit" and Anxiety Disorder treatments such as interoceptive exposure, psycho-education, mindfulness, relaxation training, breathing retraining, cognitive techniques and exposure and response prevention with EMDR.

St. Andre, E. (2009, August). **EMDR and OCD.** Presentation at the 14th EMDR International Association Conference, Atlanta, GA

Obsessive Compulsive Disorder (OCD) is a chronic illness with recurrent obsessions, persistent thoughts and compulsions, such as repetitive behaviors that are performed after obsessions. Current treatment for such a disorder includes antidepressants (SSRI, with additional treatment such as antipsychotics) and psychotherapy, usually cognitive behavioral approaches. Nevertheless, there is a lack of available evidence for the long-term effectiveness of psychological treatment (Cochrane Reviews on OCD treatment will be cited). EMDR can be useful in a severe case of OCD and might be of interest for other therapists struggling with OCD cases in their caseload.

St. Andre, E. (2010, April/May). [**EMDR in the treatment of obsessive compulsive disorder: A case study**]. Presentation at EMDR Canada Conference, Toronto, ON. French

Le trouble obsessionnel compulsif (TOC) est un trouble anxieux généralement chronique se présentant avec des obsessions récurrentes tel des idées persistantes, des images mentales et des compulsions (suivant les obsessions) tel des actes physiques ou mentaux répétitifs. Dans cet atelier, le médecin fournira des indications cliniques sur son utilisation de l'EMDR

dans le traitement d'un patient souffrant de TOC, et donnera quelques exemples tirés de la pratique d'autres cliniciens, en sus d'une révision des notions de base utiles à la compréhension du TOC (théorie neurobiologiques, épidémiologie, etc.). La présentatrice tentera de souligner ce qu'il y a d'unique dans l'utilisation de l'EMDR dans le traitement de l'OCD, les difficultés rencontrées et les solutions utilisées dans ce cas précis. Elle décrira l'utilisation de la méthode de traitement standard en 8 étapes dans un cas spécifique, et dans les modalités de temps (passé, présent, futur), Nous verrons l'identification des cibles de traitement, et la gestion des symptômes de TOC qui entravent le fonctionnement quotidien des patients affectés. Nous verrons aussi les défis proposés par cette population, en clinique. Les participants pourront utiliser certaines stratégies dans un exercice pratique. (Tous les niveaux)

Strom, I., & Christie, H. (2001, May). **Possible EMDR targets when working with children diagnosed with OCD: A case history.** Poster presented at the 2nd EMDR Europe Association Conference, London, England

This poster will describe a girl who is 13 years of age and how she is living with mother and stepfather, her symptoms and her obsessive thought and actions. The poster will give information about a girl who is a very lively and charming person and who is strongly motivated to get help. There will be information about how the girl's life is strongly influenced by obsessions both thoughts and actions and her symptoms. For example, she feels frequently she must ask whether it will be a fire, if there is any risk for her being contaminated, or if she will get different diseases like AIDS, or even getting pregnant. How the girl thinks she can hurt other persons and that she will get hurt herself. For example the girl has to check and dry off the toilet several times before, leaving, she also thinks she must wash her hands several times a day. She could seldom stay or play with her friends. Further the poster will describe how she enjoys school and feels sorry for having to do all the constant asking and the different rituals – how she understands that it is stupid to go on doing what she does – and that she can not help it. The poster will give examples of targets, how and when the EMDR is used in the treatment. Information on the poster about the treatment, and the experience and effect of the EMDR interventions. This information from the therapeutic process will be separately provided and presented from the girl, the mother and the therapist.

Whisman, M. (1993, March). **OCD and EMD/R.** Presentation at the EMDR Network Conference, Sunnyvale, CA

Whisman, M. (1996, June). **EMDR in the treatment of panic, phobia, and obsessive compulsive disorders.** Presentation at the 1st EMDR International Association Conference, Denver, CO

I have been using EMDR to treat Anxiety Disorders for five years now. I received my training back when Francine taught Level I herself. EMDR is to mental health what penicillin was to medicine. It seemed to me that I had traded in a jack hammer for a laser beam.

Whisman, M., & Keller, M. (1999, June). **Integrating EMDR in the treatment of obsessive compulsive disorder.** Presentation at the 4th EMDR International Association Conference, Las Vegas, NV

Whisman, M. (2000, May). **Treatment of obsessive compulsive disorder (OCD) with EMDR**. Presentation at the 1st EMDR Europe Association Conference, Utrecht, Netherlands

Yoeli, F. R. (2001, December). **Uncovering the dissociative ego states under the mask of OCD**. Presentation at the International Society for the Study of Dissociation 18th Annual International Conference, New Orleans, LA

Yoeli, F. R. (2002, May/June). **[Life in the shadow of anxiety; The mask of OCD: and EMDR](#)**. Presentation at the 3rd EMDR Europe Association Conference, Frankfurt, Germany

My focus today is on the etiology of the trauma-based predisposition to OCD. I would like to demonstrate how the obsessive-compulsive disorder serves the dissociative adult as a MASK thereby maintaining the hidden status of both the traumatic memories, and the dissociation; and finally I would like to demonstrate how EMDR can be used to target the OCD as an ego state to uncover the dissociated parts, the anxiety and the original trauma. I would like to share with you some thoughts and examples from my clinic in the form of these goals, which you will find in your handouts:...[Author abstract]

Yoeli, F. R., & Pratto-Spongaldes, T. A. (2004, June). **[OCD: Anxiety, rituals, co-morbidity or altered state? Treatment outcomes with EMDR](#)**. In anxiety disorders and EMDR (A. de Jongh, Chair). Symposium conducted at the 5th EMDR Europe Association Conference, Stockholm, Sweden

Trauma-generated OCD repeats the trauma through its own ritual behavior patterns. This altered state re-traumatizes the core personality through the repetition of rituals similar to the original trauma. The presenters hypothesize that trauma-based OCD is an altered state not co-morbid with diagnosis for dissociative disorders. This OCD persona served the dissociative adult cope with traumatic memories changing and influencing reactions to ongoing trauma, life choices, and other behavior patterns. This aim of this workshop is to focus on the development of trauma-based, anxiety-motivated dissociative states. Life in the shadow of chronic anxiety stemming from living under constant and consistent life-threatening conditions produces a (sub)-population of persons suffering from PTS/D. The anxiety and fear from elements of unprocessed traumatic events are retained and embedded in the body and are repeatedly triggered in daily life. This PTSD population dissociates into anxiety-based altered states ranging along a continuum from mild tension to phobias, panic attacks, denial, PCD, aggression, indifference and apathy and finally full blown trauma generated OCD. The presenters provide cross-cultural examples demonstrating how ongoing threat of man-made or natural disasters often leads to a dissociative OCD state. Case examples are explored which demonstrate how processing with EMDR effectively enables resolution and change. EMDR is particularly useful in processing the "anxiety" via current behavior patterns. Objectives: 1) to examine the co-morbidity aspects of trauma-based OCD and dissociation 2) to present the parallel continuums of types of stress and anxiety (on the intensity and severity axis 3) to compare the differences and similarities in behavioral patterns in different cultures under the stress of constant threat of annihilation (man-made vs. natural threats) 4) to demonstrate the effectiveness of EMDR on trauma induced OCD, through case illustration and discussion.

Newsletter et Magazine EMDR et TOC

Bohm, K. (2009, February/May). [**Use of EMDR in the treatment of obsessive-compulsive disorders**]. EMDRIA Deutschland e.V. Rundbrief, 18, 30-35. German

de Jongh, A. (2014, May). [**EMDR in obsessive compulsive disorder**]. EMDR Magazine, 4, 56-59. Dutch

Grosso, F. C. (1996, June). **Children and OCD: Extending the treatment paradigm**. EMDRIA Newsletter, 1(1), 10-11

Morris, M. (2009, March 4). **OCD & PTSD**. Pulse, 69(7), 25-27, 3

The article focuses on the conditions with obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD). These conditions often have distressing recurrent and persistent thoughts called obsessions. Hence, the author has noted that the use of a technique known as eye movement desensitisation and reprocessing (EMDR) has been gaining popularity on its effectiveness and even claimed to have helped in laying disturbing memories to rest.

Livres EMDR et TOC

Onofri, A. (2010). [**Thinking about the mind of the father. Cognitive Theory guided by attachment and EMDR approach: A clinical case of Obsessive Compulsive Disorder**]. In L. Onnis (a cura di), Legami che creano, legami che curano. Attaccamento: una teoria ponte per la psicoterapia (pp.). Bollati Boringhieri, Torino, Italy. Italian