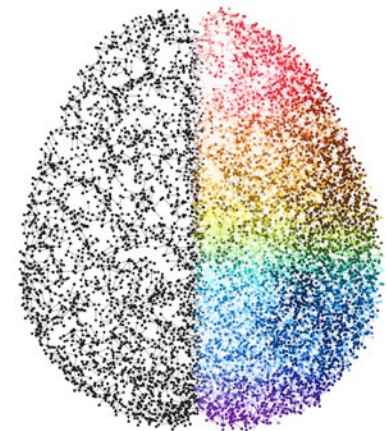


# RESEARCH ON THE TREATMENT OF SOCIAL ANXIETY DISORDER WITH EMDR: A REVIEW AT #EMDRVIRTUAL2021

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# Introduction of the Co-Authors of the Review

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# Content of this Lecture

- 1. Theoretical update on Social Anxiety Disorder (SAD) regarding EMDR
- 2. Review on the research about EMDR and SAD
- 3. Literature

# ICD-10: F40.1 Social Phobias

- Fear of scrutiny by other people leading to **avoidance of social situations**. More pervasive social phobias are usually associated with **low self-esteem and fear of criticism**. They may present as a **complaint of blushing, hand tremor, nausea, or urgency of micturition**, the patient sometimes being convinced that one of these secondary manifestations of their anxiety is the primary problem. **Symptoms may progress to panic attacks.**

# DSM V: Social Anxiety Disorder (1)

- A. A persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. **The individual fears that he or she will act in a way (or show anxiety symptoms) that will be embarrassing and humiliating.**
- B. Exposure to the feared situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally pre-disposed Panic Attack.
- C. The person recognizes that this fear is unreasonable or excessive.

# DSM V: Social Anxiety Disorder (2)

- D. The feared situations are avoided or else are endured with intense anxiety and distress.
- E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the person's normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

# Epidemiology

- Lifetime prevalence (Demyttenaere et al., 2004, McEvoy, Grove, & Slade 2011, quoted from McEvoy et al., 2018):
- USA 18,2 %
- Australia 8,4 %
- Europe 5,8 – 12 %
- Africa (e.g. Nigeria) 3,3 %
- Asia 2,4 – 5,3 %

# Why EMDR could be a good choice in the treatment of SAD (1)

- In a multicenter publication, the nonresponse rate of CBT was 40 %, psychodynamic psychotherapy was 48 % (Leichsenring et al., 2013).
- Adolescent clients with SAD show a worse response on CBT treatment (Leigh & Clark, 2016).
- Hackmann, Clark & McManus (2000) suggest that the core of pathology of clients with social anxiety disorder is **a negative deformed picture from an observer perspective that occurs in a situation that triggers fright, that is stable over a period of time and which is connected with** awkward social events, that happened about the time the disorder started. **Beck et al. (1985) state that you cannot change a picture with words.**

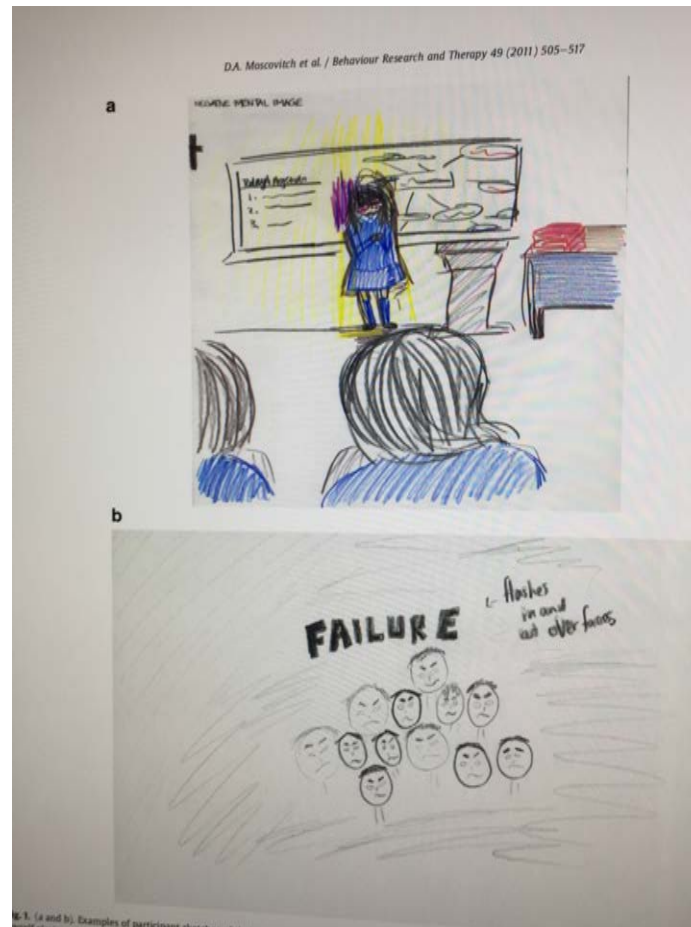


# Why EMDR could be a good choice in the treatment of SAD (2)

- CBT improved the responder rates with implementing Imagery Rescripting into the CBT treatment (e.g. Wild, Hackmann & Clark, 2008, basic model of Arntz & Weertman, 1999, McEvoy et al., 2018)

# Etiology: dissociation of self

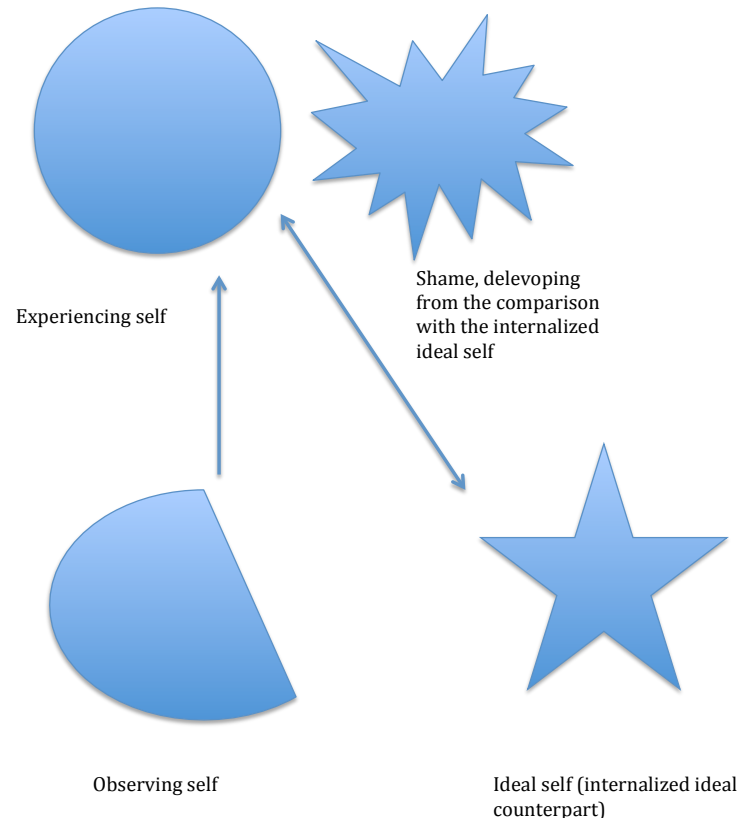
Moscovitch et al., 2011



# Psychoanalytic alterity theory (Seidler, 1990) predicts this dissociation

Formation of a negative distorted self-image referring to the psychoanalytic alterity theory by Seidler (1990, 2000)

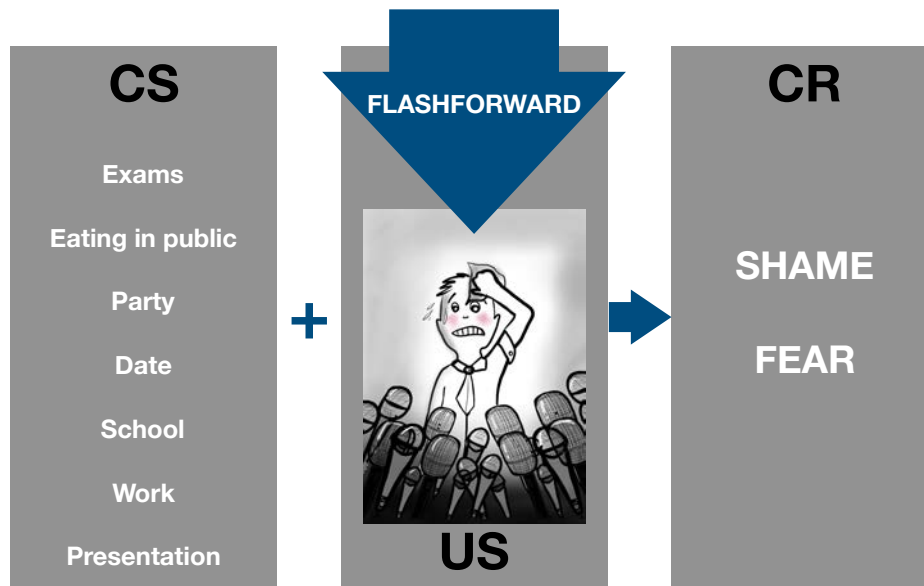
## Intrapsychic Dissociation



## Assumption No. 1 in the Treatment of SAD

Treat the negative distorted self image,  
the consequence of a social traumatic  
dissociation

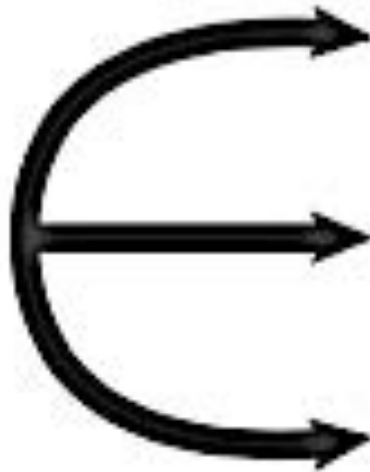
# Assumption No. 2 in the Treatment of SAD: Target the Flashforward of the patients (1)



## Assumption No. 2 in the Treatment of SAD: Target the Flashforward of the patients (2)

The term „Flashforwards“ was used originally by Engelhard et al. (2011): „... **fear of future danger is common after a threatening event, and may take the form of future-oriented mental images.** These may appear like ‚Flashforwards‘, echoing ‚flashbacks“ in posttraumatic stress disorder (PTSD) and **possess sensory qualities, being vivid, compelling, and detailed.**“ (Engelhard et al., 2011, S. 599, quoted by Logie, undated presentation).

# AIP model for Social Anxiety Disorder (Richter, 2018b, 2018d and 2019b)



- a) Memories about past stressful events where patients felt humiliated, social traumas
- b) Negative distorted self image that results from these social traumas

- a) Triggers (speech, flirting, meeting others, groups, introducing oneself) and
- b) Flashforwards (what catastrophe could happen?)

Future template and Flashforward procedure for future worries and catastrophies regarding social situations

# EMDR worksheet for SAD page 1

## EMDR worksheet Social Anxiety Disorder page 1

Richter, A.-K. (2018) [www.zpbt-marburg.de](http://www.zpbt-marburg.de)

Name/Code:

Age:

Date:

### Test and interview alternatives and results:

Interviews	Diagnosis	Date	Tests and cut-offs	Score, Date (Pre)	Score, Date (Post)
SCID-5			SPIN ( $\geq 19$ )		
ADIS-5			SPS ( $\geq 24$ )		
			SIAS ( $\geq 36$ )		
AUDIT Alcohol screening ( $\geq 8$ , $\geq 13$ f, $\geq 15$ m <sup>s</sup> )			BDI-II ( $\geq 10$ , $\geq 16$ , $\geq 20$ , $\geq 30$ , $\geq 40$ , $> 40$ )		
			LSAS ( $\geq 30$ SAD, $\geq 60$ GSAD)		

### Targets 1: Past (keystone) memories:

Experience	Age	SUD	SUD-Control
1.			
2.			
3.			
<i>Negative distorted recurrent image of one's public self from an observer perspective (referred to negative mental images measured with the WIMI by Moscovitch 2011). „How do you perceive others see you?“</i>		<i>Memory linked to the recurrent image (referred to Hackmann, Clark &amp; McManus, 2000), e.g. „Let's link this to one of your memories“</i>	



# 2nd part: Review on the Research Test Anxiety (1)

- Bauman & Melnyk (1994), n=30 students, two treatment groups EMD with eye movement and tapping. Evidence grade III = no sufficient evidence, yet.
- Gosselin & Matthews (1995), N=41 students with test anxiety, two groups eye movement vs. no eye movement, and high vs. low expectation of the intervention. Evidence grade IIb = possible evidence.

# 2nd part: Review on the Research Test Anxiety (2)

- Hampel (1997), n=32 students, treatment group and waiting control group: „results suggest that EMDR is more effective and requires less time than other test anxiety treatment strategy“. Evidence grade IIb = possible evidence.
- Ten Cate (1998), N=18 students, three groups: EMDR, Rational Emotive Behaviour Therapy and Bibliotherapy. No evidence was found.
- Stevens & Florell (1999), n=62 students, EMDR lowered distress at posttest more than RET and information only.
- No evidence was found.

# 2nd part: Review on the Research Test Anxiety (3)

- Maxfield & Melnyk (2000), n=17 psychology students with test anxiety, significant improvement on all scales of the TAI. Evidence grade IIb = possible evidence.
- Enright, Baldo & Wykes (2000), n=35 college students in a treatment or delayed treatment control group: EMDR reduced overall test anxiety, emotionality and worry components of test anxiety. Evidence grade IIb = possible evidence.

# 2nd part: Review on the Research Test Anxiety (4)

- Cook-Vienot & Taylor (2011), RCT with n=30 students with test anxiety: EMDR reduced text anxiety significantly and outperformed the biofeedback/stress inoculation training condition. Evidence grade IIb = possible evidence.
- Munshi & Mehrotra (2014), n=61 12 grade students with test anxiety, significantly different TAI scores after EMDR treatment. Evidence grade IIb = possible evidence.

# 2nd part: Review on the Research Public Speaking Anxiety (1)

- Foley & Spates (1995), RCT,  $N=40$  students with speech anxiety, three groups: EMD, focussing on the hands in the lap, control group. Evidence regarding the self measuring of the participants. Evidence grade IIb = possible evidence.
- Carrigan & Levis (1999), RCT,  $N=71$  psychology students. No significant results of EMDR intervention, which was probably applied to shortly.

# 2nd part: Review on the Research Public Speaking Anxiety (1)

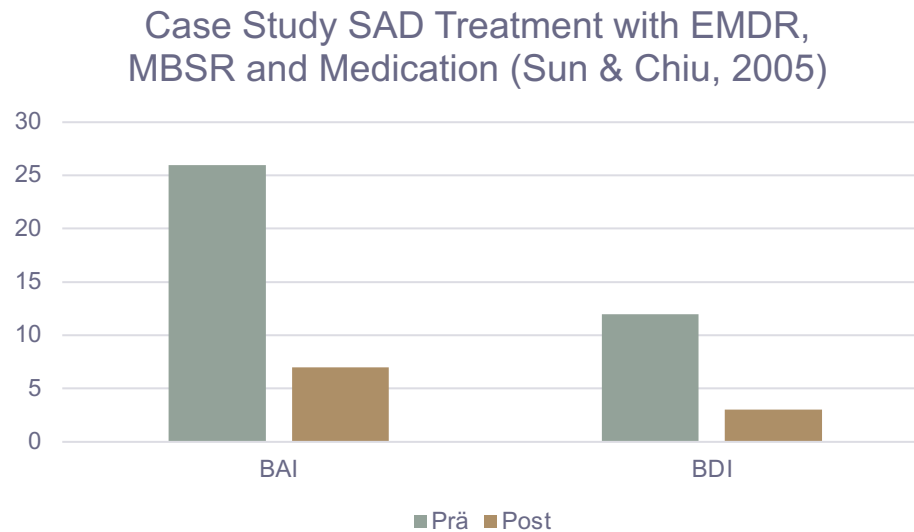
- Aslani, Miratashi & Aslani (2014), quasi-experimental design, n=30 students with speech anxiety, 7 sessions EMDR showed: EMDR reduced public speaking anxiety. „These results suggest that treatment of eye movement desensitization and reprocessing is effective on reducing physiological symptoms of speech anxiety and increasing the speaker’s confidence.“ Evidence grade IIb = possible evidence.
- Brooker (2017), RCT, EMDR group, hypnotherapy group, control group, Evidence grade III = no sufficient evidence, yet.

# 2nd part: Review on the Research Social Phobia, SAD (1)

- Sun & Chiu (2006), single case study, male with long-term social phobia, treatment: EMDR and Mindfulness Meditation, BAI scores changed from high „mild-moderate“ to „normal“ and BDI scores changed from „moderate“ to „minimal“.

# 2nd part: Review on the Research

## Social Phobia, SAD (1)






# 2nd part: Review on the Research Social Phobia, SAD (2)

- Shawky, Hazem (2015). The Effectiveness of Eye Movement Desensitization and Reprocessing Therapy (EMDR for Reducing Social Anxiety Disorder Among College Students.

# 2nd part: Review on the Research Social Phobia, SAD (2)



كلية التربية  
قسم الصحة النفسية

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**خُطة بحث بعنوان:**

**فعالية العلاج بضبط حركة العين وإعادة المعالجة (EMDR) في تخفيف اضطراب القلق الاجتماعي لدى طُلاب الجامعة**

مُقدّمة للتسجيل لدرجة دكتوراه الفلسفة في التربية  
تخصص " صحة نفسية "

**إعداد**

حازم شوقي محمد محمد الطنطاوي  
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# We recommend for Future Research:

- Select full profile Social Anxious patients (not only students with test anxiety or public speaking anxiety), e.g. with the ADIS-5 interview (in German: DIPS-OA download for free)
- Use modern test measures like SPIN, SPS, SIAS, LSAS to identify social anxious patients (in German: SOZAS-Skalen).
- Use the NSPS (Moscovitch & Huyder, 2012) to identify negative distorted self-images (download for free, in German: NSBS, download for free).
- Ask the patients about their Flashforwards for additional targets with the Flashforward-Procedure by Logie & de Jongh (2014, 2015).

# Download the EMDR worksheet for SAD for free here:

- Use the EMDR worksheet for SAD and download for free here:
- **ResearchGate**

<https://www.researchgate.net/publication/327208005> EMDR worksheet for Social Anxiety Disorder SAD

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