

HOW PSYCHOLOGISTS EXPERIENCE AND PERCEIVE EMDR?

Lejla Hasandedić-Đapo

Psychology Department, Akdeniz University, Antalya, Turkey

SUMMARY

This qualitative, phenomenological study describes the perceptions and experiences of psychologists from Bosnia and Herzegovina and Turkey regarding an Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy.

In order to understand how psychologists perceive this treatment method, 20 psychologists from Bosnia and Herzegovina and Turkey were recruited through an online survey.

The participants were asked to describe their perception and experience of EMDR. Qualitative analysis of the responses revealed five common themes, which described the phenomenon. These themes included: positive personal or anecdotal experiences with EMDR, perception that EMDR is primarily used for trauma, EMDR is used as an adjunct therapy, obstacles to EMDR training/certification, and limited knowledge and information about EMDR among psychologists and the general population.

Findings from this study may provide a foundation for future research that may help in better understanding of psychologist perception and experience with the EMDR approach and especially about differences and similarities between psychologists in different countries such as Bosnia and Herzegovina and Turkey. Besides this, it can also help to gain an understanding of the variables involved in psychologists choosing to pursue training in different treatment modalities.

Key words: EMDR - psychologists perceptions - psychologists experience - Bosnia and Herzegovina - Turkey

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INTRODUCTION

Eye Movement Desensitization and Reprocessing (EMDR) was created by Francine Shapiro (1989) as a therapeutic treatment modality to aid in desensitizing distressing emotions related to past disturbing or traumatic events (Shapiro et al. 2007, Pašalčić & Hasanović 2018, Omeragić & Hasanović 2015, Smajić-Hodžić & Hasanović 2018, Hrvčić & Hasanović 2018).

In an effort to standardize the application of EMDR, Shapiro (1989) created a set of protocols, which incorporated elements from other treatment approaches, such as cognitive-behavioral treatment and systematic desensitization, into the use of EMDR. The EMDR integrative psychotherapeutic approach emerged as an eight-stage, three-pronged (past, present, future), standardized protocol that focuses directly on all of the perceptual components of memory (cognitive, affective, somatic). EMDR was designed to also assist in the “restructuring of related negative cognitions, while simultaneously relieving accompanying physiological arousal” (Maxfield & Melnyk 2000: p. 87). It is hypothesized (Shapiro 2001) that the technique creates new links with previously stored information contained in other memory networks. The goal is to free the participant from the damaging experiences that contributed to the current pathology and then to integrate the participant’s full range of effect with his or her stored memories. Shapiro (2001) further hypothesized that this reprocessing results in an adaptive resolution of the experience as indicated by the desensitization to traumatic thoughts, reduction of emotional distress, elicitation of insight, relief of distressing physiological arousal, and the enhancement of personal growth and functional behaviors.

Since its development, EMDR has been evaluated primarily as a treatment for posttraumatic stress disorder (Aduriz et al 2009, American Psychiatric Association 2004, Shapiro 1989). However, with research focusing on its expanded use, EMDR is now being used to effectively reduce the symptoms of other conditions, such as phobias (Howard & Cox 2006), obsessive-compulsive disorder (Marr 2012), addictions (Marich 2010), performance and test anxiety (Barker & Barker 2007), low self-esteem and body image disturbance (Maxwell 2003), behavioral disorders (Wanders et al. 2008), generalized anxiety and panic disorders (Farima et al. 2015), and depression (Hofmann et al. 2014).

It is important to note that since EMDR was introduced in 1989, the technique has received much criticism. Herbert et al. (2000) asserted that the effects of EMDR have been exaggerated within the mental health community and that advocates of this treatment method have helped EMDR gain popularity through careful dissemination of information and clever marketing. Herbert et al. (2000) concluded that although EMDR was more efficacious than no treatment or waitlist controls, it was less effective than other established cognitive-behavioral treatment modalities. The authors also brought into question whether or not the research on EMDR fulfills the criteria to be called “scientific” or should more appropriately be called “pseudoscientific” (Herbert et al. 2000).

Also in an evaluation of the efficacy of EMDR, DeVilly (2005) examined previous meta-analyses and concluded that EMDR showed only non-specific efficacy. Furthermore, DeVilly (2005) questioned if the eye movements used in EMDR offered anything more than serving as a marketing accessory designed to make the treatment modality more appealing to practitioners and clients.

In response to critics, Shapiro (2007) claims that when trained and certified EMDR clinicians adhere to the EMDR protocols, the treatment is effective. Whether or not EMDR is unique or holds up to the rigors of scientific scrutiny, it would appear that the potential for efficient symptom relief can be useful in a variety of contexts, beyond the treatment of trauma. While there exists some controversy and variable support about both the efficacy of EMDR, and whether the bilateral stimulation is a necessary part of the technique (Herbert et al. 2000), other research indicates a statistically significant reduction in anxiety and trauma-related symptoms across a variety of client populations. Some of them include military veterans suffering from PTSD (Department of Veterans Affairs & Department of Defense 2004), those affected by natural disasters (Adúriz et al 2009) or geopolitical unrest (Jarero & Artigas 2010), people suffering from situational anxiety (Barker & Barker 2007), and children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) (Withers 2000).

Over 100,000 clinicians throughout the world use the EMDR therapy (EMDR Institute 2018). Because participants from Bosnia and Herzegovina and Turkey took part in this study, it is important to shortly mention EMDR history in both countries. So in Turkey, it started with the first EMDR training that was conducted in 1997 (EMDR Derneği Türkiye) and then in 2010 EMDR association was established. In Bosnia and Herzegovina, EMDR was introduced in 1998 just three years after the war (1992-1995), but the first training was organized in 2009, and in 2014 Association of EMDR Therapists in Bosnia and Herzegovina was established (Hasanović et al. 2018, 2021).

SUBJECTS AND METHODS

This study is a qualitative design utilizing data from interviews with psychologists about their knowledge and perceptions of EMDR. This data was compiled, coded, and examined using phenomenological qualitative data analysis as described by Creswell (2007).

Participants were 20 psychologists from Bosnia and Herzegovina and Turkey who were recruited through an online survey. They are 25 to 50 years old and all of them are having at least a master's degree in psychology.

The questionnaire consisted of the open-ended questions about the participant's background in psychology and his/her experience or perception of Eye Movement Desensitization and Reprocessing.

A qualitative phenomenological approach was used to investigate the thoughts and experiences of psychologists regarding EMDR. Phenomenological research allows for the exploration of experiences through an individual's own words which may yield insights into the usefulness of EMDR treatment that a quantitative approach may miss (Patton 2002).

Skype interviews were conducted and on average they lasted about one hour.

All recorded interviews were reviewed in order to acquire an overall understanding of the phenomenon being studied. The researcher then extracted significant statements about the phenomenon from each interview to develop a list of unique statements. The statements were then organized to form meaning units, which allowed for common themes to emerge. The validity of these themes was established by referring back to the participants' original verbatim statements. These themes were then categorized and integrated to create a detailed description of the experienced phenomenon.

RESULTS

Qualitative analysis of the responses revealed five common themes, which described the phenomenon. These themes included: positive personal or anecdotal experiences with EMDR, perception that EMDR is primarily used for trauma, EMDR is used as an adjunct therapy, obstacles to EMDR training/certification, and limited knowledge and information about EMDR among psychologists and the general population (Table 1).

While each participant stated that he or she was aware of EMDR as a treatment modality, individual differences emerged as each person discussed his or her perception of EMDR. The participants' own language will be provided in this section to present a thorough and accurate depiction of each person's perception of EMDR.

Positive personal or anecdotal experiences with EMDR

Ten of the twenty psychologists (50%) who were interviewed had a positive perception of EMDR. A Positive perception was present as evidenced by some participants who discussed using the EMDR approach in their work, having known a colleague who has had positive experiences with EMDR; or through participants stating that while he or she may not personally use EMDR as a treatment modality, the participant would (or has already) readily refer patients to colleagues who are trained in EMDR.

For example, P1 is trained in EMDR and had a very positive experience in work with the clients. So P1 explained *"I'm trained and I'm using the EMDR approach for the last 2 years with great success. I'm very happy to see how EMDR can help my clients in a short time and I think that EMDR is very powerful psychotherapy."* Also, P12 described a positive personal experience with EMDR. *"I went to the first level of EMDR training in which someone was trying to demonstrate, and I was the person they were demonstrating on, and while I didn't have very deep trauma, it helped with the memory that I had. So I feel pretty positive about it and I want to continue my education in EMDR."* P16 described becoming certified in EMDR and stated, *"My perception is that it is a very effective tool and I'm using it in my everyday practice."*

Table 1. The specific themes that were endorsed by each participant

Participants	Positive personal or anecdotal experiences with EMDR	EMDR is primarily used for trauma	EMDR is used as an adjunct therapy	Obstacles to EMDR training/certification	Limited knowledge and information about EMDR
P1 – BH*	X		X	X	X
P2 – BH	X	X	X	X	X
P3 – BH		X	X	X	
P4 – BH		X		X	X
P5 – BH		X	X		
P6 – BH		X		X	X
P7 – BH		X	X	X	
P8 – BH	X	X			X
P9 – BH		X	X	X	
P10 – BH	X	X	X	X	X
P11 – TR**			X	X	
P12 – TR	X		X		X
P13 – TR		X	X	X	
P14 – TR	X		X	X	X
P15 – TR		X		X	
P16 – TR	X	X	X		X
P17 – TR	X		X		X
P18 – TR		X		X	X
P19 – TR	X	X	X	X	X
P20 – TR	x		X		X
Total	10 (50%)	14 (70%)	15 (75%)	14 (70%)	13 (65%)

X – data supporting the themes; * participants from Bosnia and Herzegovina; ** participants from Turkey

On the other side, although not personally trained or certified in EMDR, P8 has referred clients to a colleague for it in the past with positive results. P8 explained, *“I have a couple of clients in particular who feel they’ve benefitted greatly from it and I happily recommend them to visit my colleague who is using EMDR in his work.”* Another participant recognized the utility of EMDR with clients experiencing a variety of symptoms such as those associated with specific trauma, phobias, and anxiety. P20 explained: *“I had a person who had a fear of height and EMDR was very effective for that. Also, I had someone who had a fear of public speaking that was required in her job, and it was very effective with that as well.”*

Whether the experience was personal or anecdotal half of the participants had a positive perception of EMDR. But those who did not endorse this theme usually highlight that they either don’t know anyone who is using EMDR or that they didn’t hear about some positive experience with using it. So the one participant (P5) who did not endorse this theme said *“I don’t have any experience with EMDR either positive or negative, I just have theoretical knowledge about it but not any experience with it...”*

Participants from both countries had a positive experience with EMDR, but slightly more participants from Turkey than from Bosnia and Herzegovina stated their positive experience because they have more experience with EMDR.

EMDR is primarily used for trauma

Another theme, which was endorsed by fourteen of the twenty participants (70%), was the perception that EMDR is a specific treatment for trauma. In discussing the perception of EMDR, P2 stated, *“I didn’t think that EMDR was used for anything else. I haven’t read any studies that support its use for anything other than trauma.”* Another participant (P10, P11, P17) described a perception of EMDR as a treatment used strictly for trauma. P10 explained that EMDR was a trauma-specific treatment, describing it as, *“Very helpful in terms of healing trauma.”* Likewise, P19 explained that *“EMDR is widely known as a good approach for helping clients to resolve their traumas and it can be used for a variety of traumas.”* On the other side, P16 who is certified in EMDR stated that *“It’s very useful for specific trauma, but EMDR can be used to help clients resolve other problems, not just traumas.”*

Those who did not endorse this theme are either certified in EMDR or had more information about this approach and they usually mentioned that EMDR is a very effective treatment for traumas but it is not exclusively used for traumas, because it can be used for other problems as well.

The majority of participants from both countries shared that from their point of view EMDR is primarily used for trauma, but this statement was more shared by participants from B&H (9 out of 10) than from Turkey (5 out of 10).

EMDR is used as an adjunct therapy

Fifteen out of the twenty participants (75%), viewed EMDR as an adjunctive treatment. Adjunctive treatment is a term used to describe any treatment which is used in addition to other treatment modalities. P5 and P7 described viewing EMDR as a “complementary therapy.”

P9 explained: „I get the impression that it's used as more of an adjunct therapy...it seems to be the kind of thing that is used along with other approaches. Like if someone is trained in gestalt therapy, they would provide therapy from their orientation and, if needed, add in EMDR to deal with a trauma that the client may have experienced.“

Another participant (P13) described: „I think that I will refer some of my clients to EMDR but just in case that they need some additional help for example with their traumas or something similar. But I think that EMDR is not treatment on its own it is more like an additional approach if I may say like that. So you can reduce symptoms with it, but you don't get meaning out of what's happening. You need the therapy for that.“

P14 shared a similar idea describing EMDR as a supportive approach to some other therapy like the psychoanalytic approach stating “I'm using psychoanalytic approach and if my client is having some current problems and need fast solution I will refer him or her to EMDR to one or two sessions, but I don't think that it can provide long term solutions, it is additional help.”

The majority of participants from both countries shared that from their point of view EMDR is used as an adjunct therapy.

Obstacles to EMDR training/certification

Fourteen out of twenty participants (70%) mentioned obstacles to training and/or certification in EMDR as part of their impressions of the therapy. These obstacles included financial and time limitations, but also lack of information about training opportunities.

As one participant (P15) explained, “To be completely honest, I've been put off by how expensive these seminars really are. I cannot afford that money and also I need to travel to another city, so in the end, it is a lot of money that I will need to invest in this education.”

Other participants noted the expense as an obstacle to training and/or certification and also referenced the time required to attend such trainings. P18 stated, “It's pretty expensive to get certified, and it took a lot of time, usually entire weekends to go through the trainings, which not many people can afford to devote. And the majority of people in Turkey need to travel to another city for the training, which then requires more time and money.”

But on the other side P9 explained, “I would like to become certified in EMDR but I'm not familiar with opportunities in Bosnia and Herzegovina. Maybe because I'm from a small city and all these opportunities

are in the capital city. But I didn't even hear about education possibilities, cost, and so on.“

So participants from Turkey are mainly facing financial and time issues, but participants from B&H are stating that they don't have information about training possibilities and that is a big obstacle for them.

Limited knowledge and information about EMDR

A final theme, which emerged during analysis, in thirteen out of twenty interviews (65%) was limitation in knowledge and information about EMDR among psychologists and the general population.

This theme was shared by participants from both countries.

P4 said, “When I mentioned EMDR in discussion with my colleagues that are working as psychologist and psychiatrist, majority of them are not familiar with it, and they told me that they either never hear about it or if they hear they don't know a lot about this approach.”

Also, P6 mentioned, “Few times I wanted to recommend EMDR to some of my clients but they told me that they never heard about it and some others told me that it is very hard to find somebody that is working with EMDR approach.”

Similarly, P20 mentioned, “I was telling one of my colleague to refer his client to somebody who is using EMDR, but then my colleague told me that he is not familiar with this approach and that he is pretty sure that his clients are not aware of it as well.”

DISCUSSION

While there is research evaluating the efficacy of EMDR as a treatment for a variety of mental health disorders, little is known about the experience and perception of EMDR from a psychologist's perspective. This study was designed to give contributions in this field and data collected via interviews with twenty psychologists produced a total of five themes, which collectively described how psychologists experience and perceive EMDR treatment.

While ten out of the twenty psychologists interviewed perceived EMDR as an effective technique, only four had undergone the formal training required to use EMDR. The perceptions of those psychologists who were not trained seem to be based on things that they read or discussed with other colleagues.

Just half of the participants perceived EMDR as an effective technique, but the other half didn't mention that they had a negative experience with EMDR, but that they don't have any experience or a lot of information about this approach.

Also, the majority of participants reported little interest in becoming trained in EMDR. A possible reason why EMDR was not of interest to these participants

may have to do with the historical foundation of psychology. Clinical psychology is largely based on the interactive dialogue between therapist and client. EMDR does not rely on this mode of communication as much as other popular treatment modalities such as psychodynamic psychotherapy, cognitive behavioral therapy, and integrative therapy.

As this study investigated participants' perceptions of EMDR, it was interesting that a major perception was that EMDR is used primarily as a treatment for trauma. This may be due to EMDR being originally marketed as a useful trauma treatment. It is possible that these participant perceptions formed when the treatment was first emerging, as it was touted as being an effective treatment for the anxiety portion of PTSD (Shapiro 1989).

Given the origins and original focus of the treatment, it is not unexpected that EMDR is viewed as primarily a treatment for trauma and/or anxiety.

Although EMDR was initially marketed as a way to eliminate symptoms of trauma (Shapiro 1989), more recent research has focused on its expanded use. In addition to trauma, research has found EMDR to be an effective treatment for phobias (Howard & Cox 2006), obsessive-compulsive disorder (Marr 2012), addictions (Marich 2010), performance and test anxiety (Barker & Barker, 2007), low self-esteem and body image disturbance (Maxwell 2003) and so on.

In addition to the perceptions of the limited usefulness of EMDR, the majority of participants interviewed shared the perception that EMDR is not a treatment in its own right; rather it only serves to supplement other treatment modalities. While EMDR is often used in conjunction with other therapeutic modalities, numerous studies (Barker & Barker 2007, Howard & Cox 2006, Maxfield & Melnyk 2010, Hofmann et al. 2014) have found the use of EMDR to be effective as a stand-alone treatment in alleviating distressing symptoms when adhering to its eight-stage protocol.

The reason for this perception can be explained by lack of information about EMDR because during their formal education participants did not learn anything about EMDR and this lack of information can lead to the conclusion that EMDR is used as an adjunct therapy.

Also, participants shared that there were financial and time limitations to EMDR certification and training. This is partly true because EMDR education is expensive and it requires a few weekends and a lot of practical work. But on the other side, some other approaches like CBT and gestalt requires years of education and are much more expensive.

This brings us to the last highlighted topic of limited knowledge and information about EMDR among psychologists and the general population. As we could

see there is a lot of misunderstanding and lack of knowledge about EMDR even among professionals such as psychologists and psychiatrists. Part of the reason is that this is a relatively new approach comparing to more known ones like psychoanalytic and gestalt therapy which are having a much longer history and they are very well known among not just professionals but also the general population. Also for the general population, it is a new approach that is slightly different from ones that they used to know about. Besides this in the majority of Universities in Bosnia and Herzegovina and Turkey psychology students are not taught about EMDR, or they just hear about it in a few sentences.

CONCLUSION

EMDR is a relatively new treatment modality and while there are researches that are evaluating the efficacy of EMDR as a treatment, very little is known about the experience and perception of EMDR from a psychologist's perspective. So this study tried to give contribution in this field and qualitative analysis of the participant's responses in this study revealed five common themes.

This provided a description of the phenomenon and highlighted that even all twenty participants were familiar with EMDR, just four of them are certificated EMDR therapists. Also majority of participants are sharing their view that EMDR is primarily used for trauma and as an adjunct therapy.

Besides, these participants mentioned a lot of obstacles to EMDR training/certification and there is limited knowledge and information about EMDR among psychologists and the general population.

All these themes occurred equally among participants from Bosnia and Herzegovina and Turkey.

So these lead us to the conclusion that there is a huge need for more education and popularization of the approach, especially in the two countries where the study was done.

As the scope of this study did not allow for further investigation, additional research is recommended in order to explore the possible reasons as to why their use of EMDR is not more broadly accepted. Moreover, this study may serve as a good starting point for research regarding how psychologists choose what techniques to study as well as an invitation to EMDR therapist communities to share more knowledge and information about EMDR among their colleagues and the general population.

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Correspondence:

Lejla Hasandedić-Đapo, MD
Psychology Department, Akdeniz University
Antalya, Turkey
E-mail: l.hasandedic@gmail.com