

# **RESOURCE AND DEVELOPMENT INSTALLATION BEYOND VIVIDNESS OF IMAGE**

---

**Taboada, C.; Agustín, G.; Cabaleiro, P.; Varela, I.; Cortés, C.; Ayuso, C.; Laredo, M.;  
Aneiros, I.; López, A.; Molina, M; González, A.; Tellado, F; Martínez R.; García, F.**

**EMDR SPAIN**

**chustaboada@yahoo.es**

# Stop the use of Eye Movements in Resource Development and Installation, until their additional value has been proven: A rejoinder to Leeds and Korn (2012)

Hellen K. Hornsveld, Ad de Jongh & Erik ten Broeke

---

- ▶ Hornsveld et al., (2011) found that eye movements (EMs) during recall of positive and resourceful autobiographic memories (such as those used in resource development and installation [RDI]) led to decreases of (a) vividness, (b) pleasantness, and (c) experienced strength of the intended quality or resource
- ▶ Leeds and Korn stress their positive clinical experience with RDI and emphasize the limitations of that study
- ▶ Given the absence of any confirmatory results, **the authors propose to stop the use of EMs in the RDI and safe place procedures** until their additional value has been proven

# Is BLS helpful in reinforcing positive elements?

---

## HYPOTHESIS 1

Safe place protocol (Shapiro 2001) and Resource Development and Installation use BLS as a part of their procedures, to stimulate the information processing system.

BLS will strengthen positive (adaptive) elements when it is included in these clinical procedures.

## HYPOTHESIS 2

Due to the finding of BLS decreasing image vividness and emotion intensity, it would also decrease positive (adaptive) elements.

When it is included in Safe place and RDI procedures, BLS would be ineffective or even counterproductive for reinforcing these elements.

Safe place installation and RDI would work with BLS because of other active elements, but they would function better without it.

# What we don't know

---



- ▶ Korn and Leeds's study shows how RDI is useful in a clinical sample of complex trauma patients, but we don't know if they improve more using BLS
- ▶ Hornsveld, De Jongh & Broeke's study is developed in a non-clinical sample, and the selection of the resources is more focused on standardization. In the clinical use of RDI the therapist tries to find the most significant resources for each particular patient
- ▶ Image vividness is not the only element that may change
- ▶ It is well established in **basic research** how image and emotion of the **memory decreases with BLS**, and this finding has been related to the working memory hypothesis about the effect of EM, **but this is only one of the hypotheses proposed to explain EMDR effects**, and there is still not a consensus about it
- ▶ There is controversy about when EMDR is safe and effective in dissociative patients

# What is needed in order to know more...

---

- ▶ Studies in clinical samples analysing RDI as a part of a therapeutic process in real patients
- ▶ To compare an active treatment group with a control group
- ▶ To analyse more elements apart from image vividness
- ▶ To see if the procedure can be used safely and effectively in patients with more dissociative symptoms

# RDI is more than an image:

---

- ▶ **The resource is very specific for each client.** It's not just an image that the patient considers positive. **It is something that may help the patient to face a problematic situation**
- ▶ Differences between a clinical setting and an experimental setting:
  - *Sometimes the patient selects something apparently positive because it **was positive previously** (but it is related to a lost figure, and connecting with it activates grief)*
  - *The patient may choose something apparently positive that is dysfunctional, because there is an **idealization** of that figure or situation*
  - *Sometimes the patient is **not aware of resources** that they have, or **they are not aware of them being real resources***
  - *The **therapist's intervention, the knowledge of patient's history, and clinical judgment are essential in order to select an adequate resource***
- ▶ RDI is more than the vividness of image: it includes all the perceptive elements, emotions and sensations, and also **what the resource means to the patient**; this is the essence of that resource.



	Hornsveld et al (2011)	Taboada et al (2016)
Type of subjects	53 healthy subjects (students from the university)	Patients in psychotherapy (private practice), 99 adults, 31 children and 26 adolescents. Patients were selected by randomized trial. And separated into two groups: an active group (RDI with BLS) and a SHAM condition group (RDI with eyes fixed on a point)
Type of the resources	Preselected resources: pride, perseverance and self-confidence	Personalized resources: adapted to the patients' needs it can include memories, figures or symbolic elements
Measurements	Vividness, subjective strength of the resource and emotion	Image vividness, intensity of body sensation, emotional intensity and general well-being. With pre and post analysis
Therapists	People trained in specific RDI aspects	Therapists trained in EMDR, many of them EMDR practitioners and consultants
Checking of the resources	The criteria is that they were positive memories	The criteria is that the resource represents a functional element (not only positive)
Data analysis	Analysis from the same team	Analysis external to the research group

# ... Our Results

---

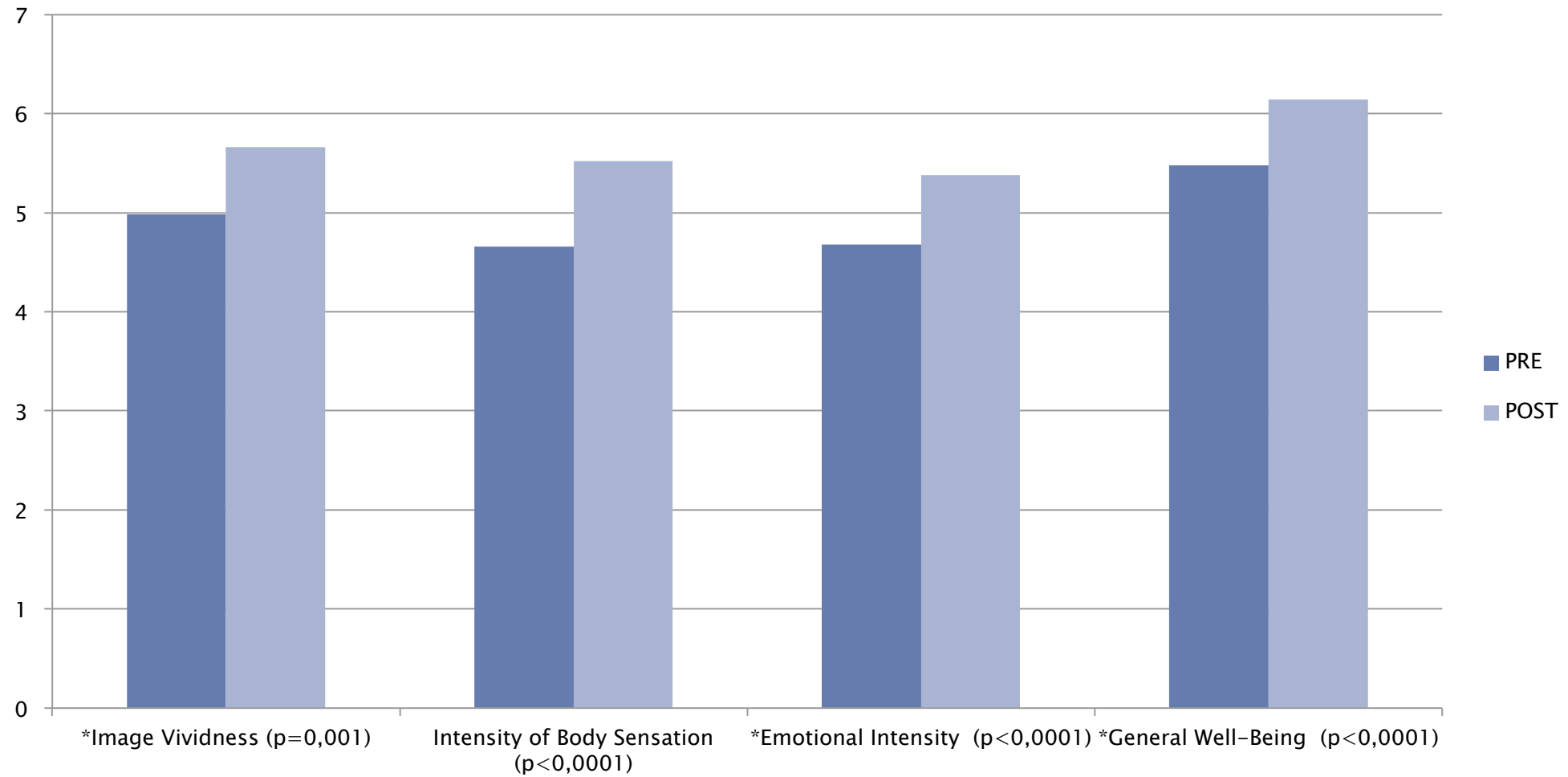
## Adults

- ▶ In the active group ( RDI + BLS) there are statistically significant improvements in all the four variables
- ▶ In the control group (RDI + SHAM condition) there are only changes with statistic significance in the intensity of body sensation



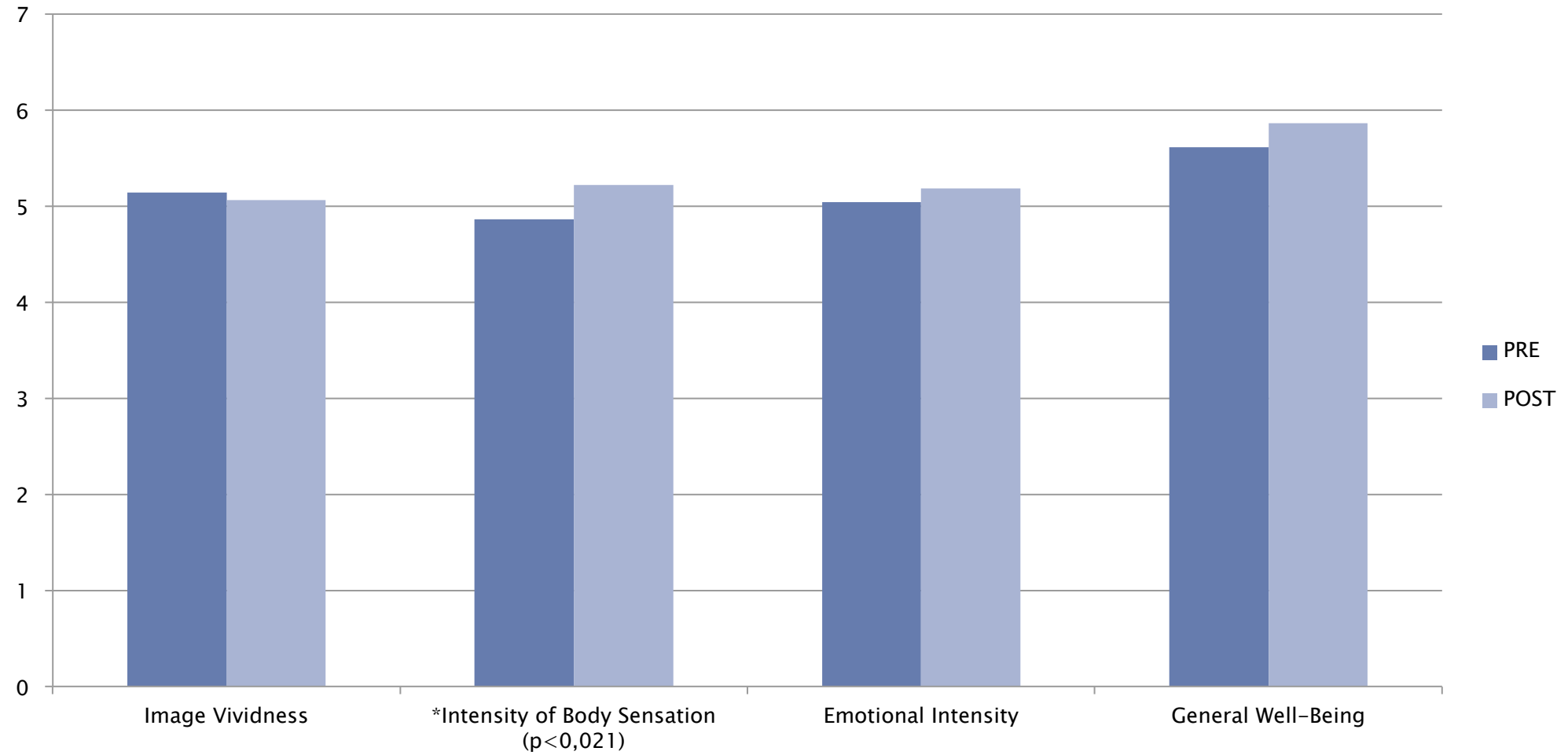
# Adults RDI+ BLS

U of Mann-Whitney



# Adults RDI + SHAM

U of Mann-Whitney



CHI-SQUARE IN ADULTS	BLS	SHAM
<b>*Image vividness improvement (p=0,035)</b>	26 (52%)	13 (26,5%)
Image vividness deterioration or no improvement	24 (48%)	36 (73,5%)
<b>*Intensity body sensation improvement (p=0,035)</b>	37 (74%)	23 (46,9%)
Intensity body sensation, deterioration or no improvement	13 (26%)	26 (53,1%)
Emotional intensity improvement	25 (50%)	19 (38,8%)
Emotional intensity, deterioration or no improvement	25 (50%)	30 (61,2%)
<b>*General well-being improvement (p=0,56)</b>	25 (50%)	15 (30,6%)
General well-being, deterioration or no improvement	25 (50%)	34 (69,4%)

The difference in the improvements of the BLS group is significant or close to significant in all variables, except the improvement in emotional intensity.

# Adolescents

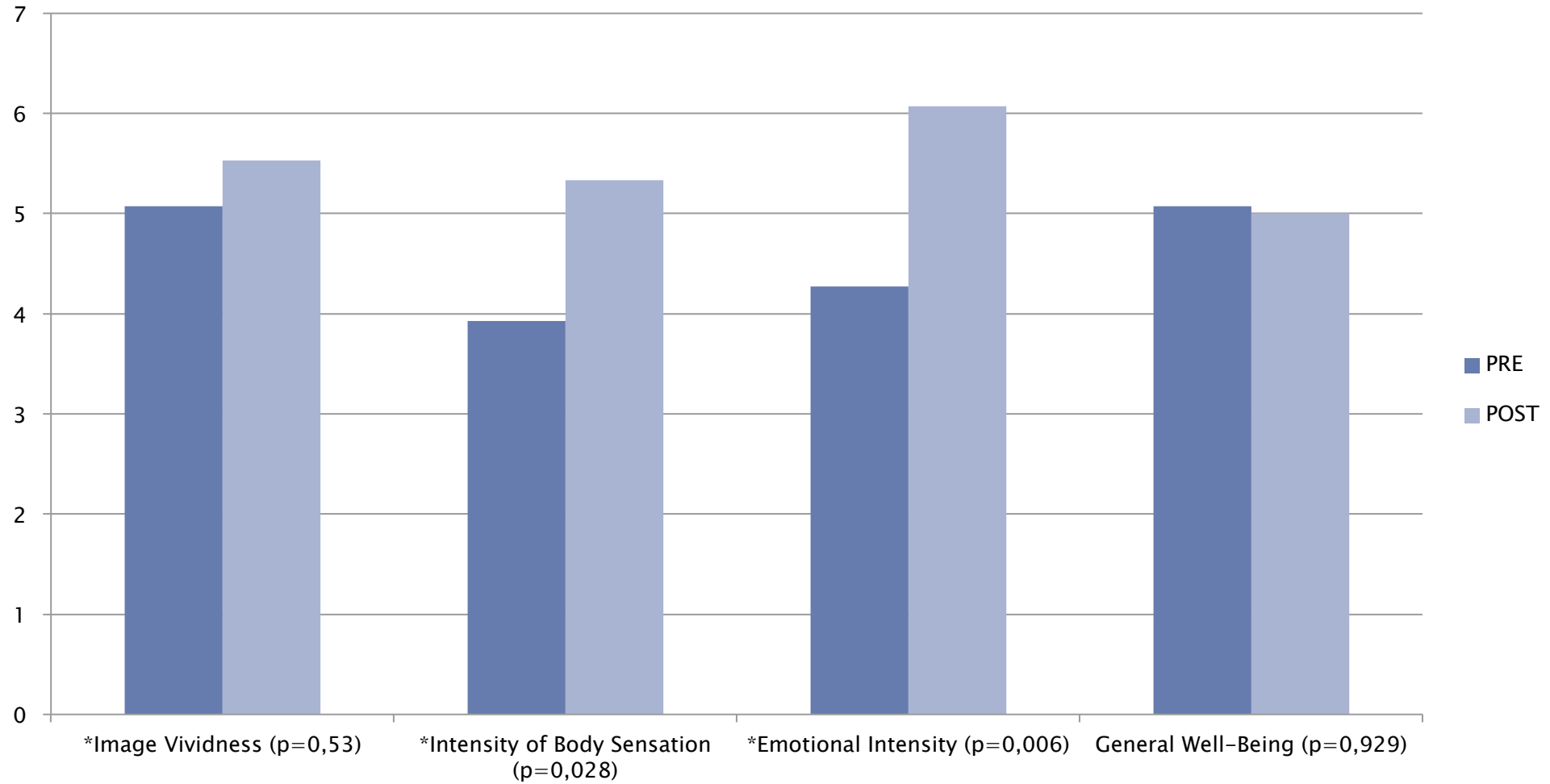
---

- ▶ 15 in the active group (BLS) 11 in the control group (SHAM)
- ▶ No significant differences in DES scoring in the pre-test ( $p=0,413$ )
- ▶ Only in the active group are there pre/post differences with statistical significance
- ▶ The vividness of image is not the variable that improves most.

**Emotional intensity** and **intensity of body sensation** showed the greatest changes.

# Adolescents RDI+ BLS

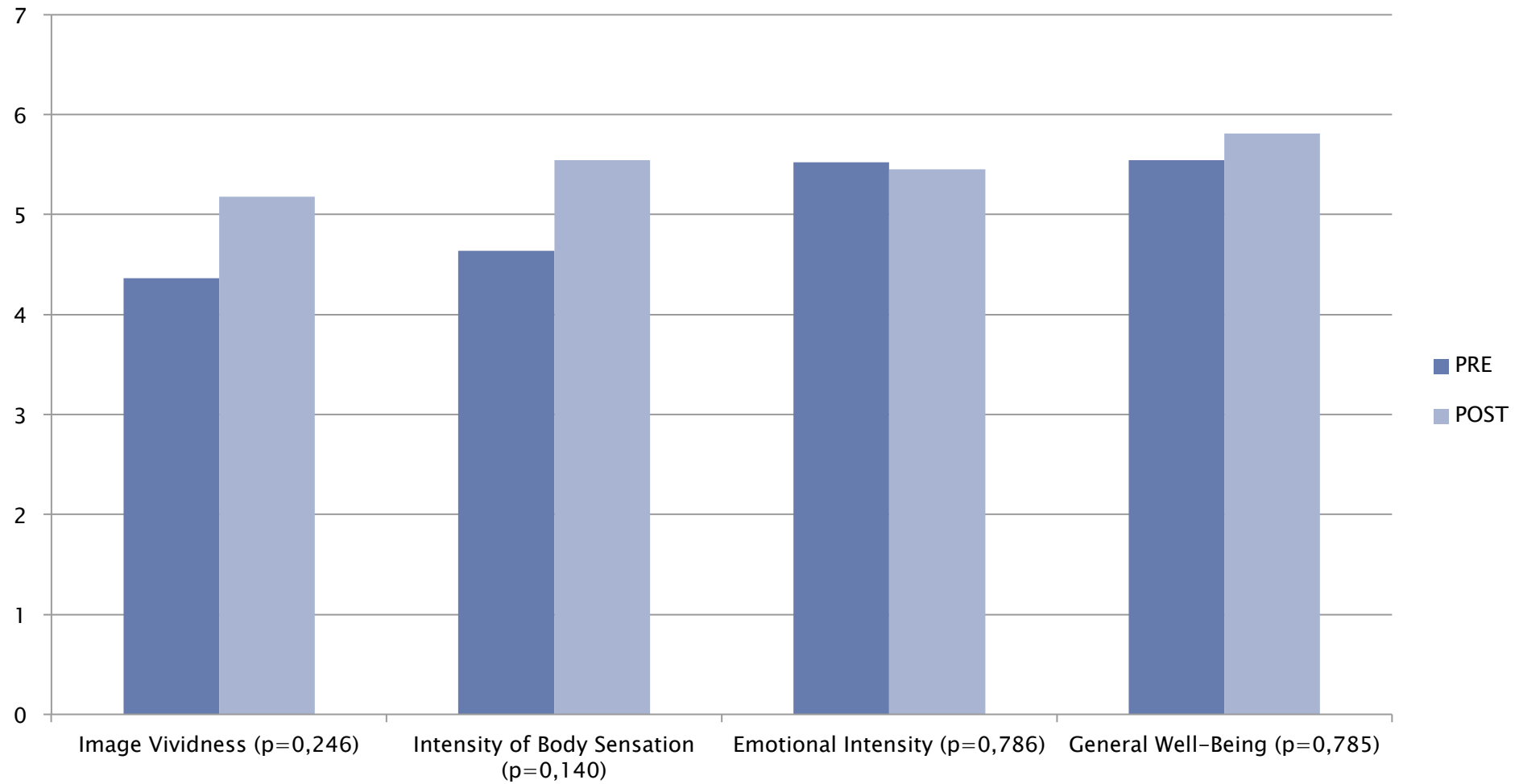
U of Mann-Whitney





# Adolescents RDI+ SHAM

U of Mann-Whitney



CHI-SQUARE IN ADOLESCENTS	BLS	SHAM
Image vividness improvement	6	5
Image vividness deterioration or no improvement	9	6
Intensity body sensation improvement	9	5
Intensity body sensation deterioration or no improvement	6	6
<b>*Emotional intensity improvement</b>	<b>10</b>	<b>3</b>
Emotional intensity deterioration or no improvement	5	8
General well-being improvement	7	2
General well-being deterioration or no improvement	8	9

There is no significant differences in the improvements between the groups. However, the improvement in emotional intensity is the most evident, due to the fact it is a very small sample.

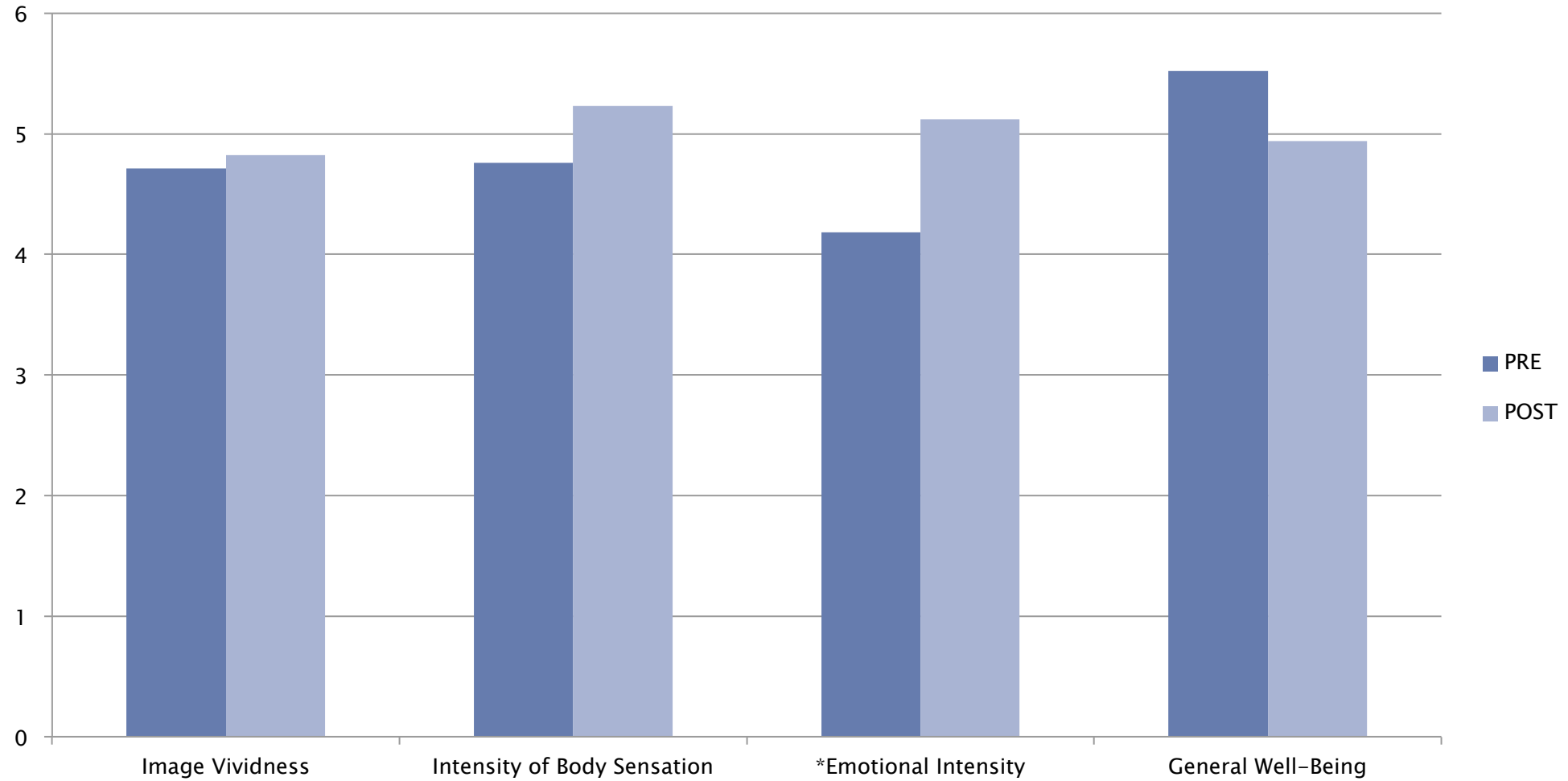
# Children (<12 years old)

---

- ▶ 31 children aged 4-12, 16 in the active group and 15 in the control group
- ▶ No significant differences (Mann-Whitney) in the pre-test regarding age and level of dissociation (CDC)
- ▶ Improvement in emotional intensity is statistically significant in both groups
- ▶ The control group also improves significantly in image vividness
- ▶ **The benefits of BLS are not evident in the active group, probably due to the need of adaptations in the procedure for little children**

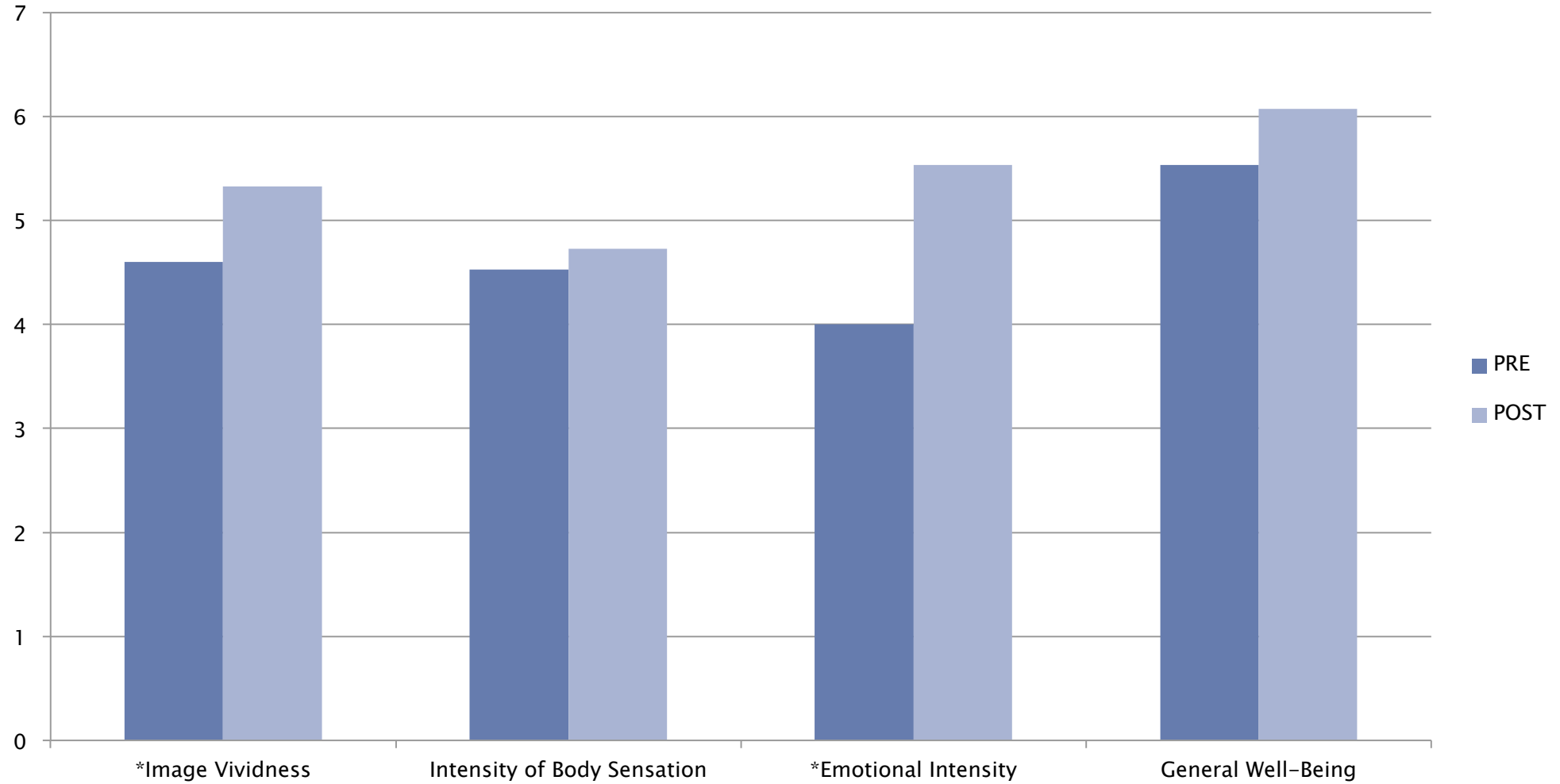
# Children RDI+ BLS

U of Mann-Whitney



# Children RDI+ SHAM

U of Mann-Whitney





# Conclusions

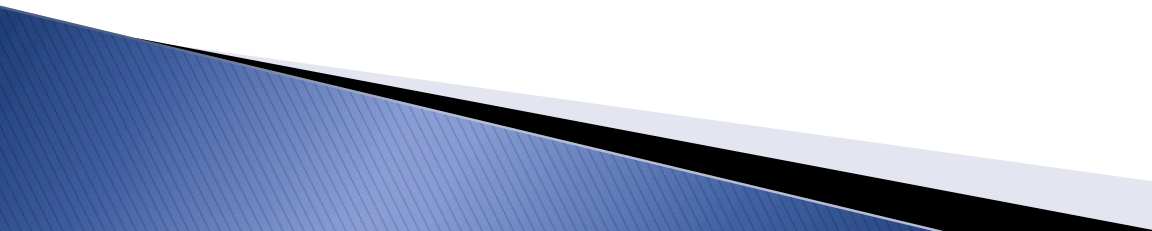
---

**The hypothesis 1** (BLS in the RDI procedure activates the AIP system) **is more supported by our data than the hypothesis 2** (BLS would be counterproductive in RDI because it has decreased image vividness and emotional intensity in basic research).

- ▶ In adults, the improvement is bigger in the active group (RDI + BLS) in all the variables except emotional intensity
- ▶ In adolescents the improvement is bigger in the active group in emotional intensity and intensity of body sensation, but only reaches statistical significance in emotional intensity
- ▶ In children only the emotional intensity improves in the post measures at a significant level, but the control group improves in emotional intensity and image vividness. The differences between the active and sham condition group did not reach statistical significances when they are compared in the post-test.

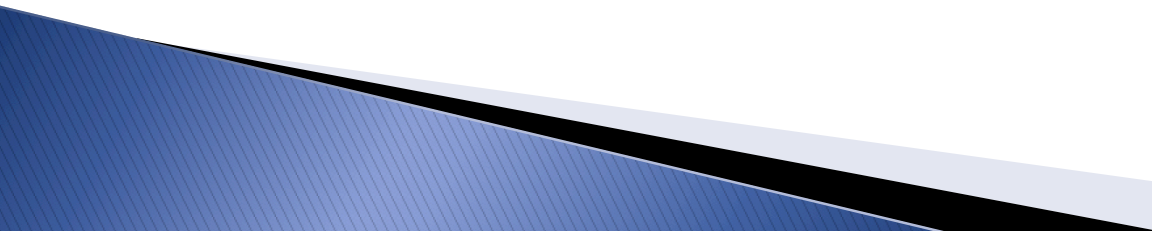
# Discussion

---

- ▶ The groups of adolescents and children offer only preliminary results (small sample)
  - ▶ Introducing BLS in the RDI procedure seems to be beneficial in adults and adolescents
  - ▶ Basic research cannot be directly translated to clinical situations
  - ▶ Children need adaptations of protocols, and the results are difficult to generalize due to the different ages and developmental stages
- 

# Reflections for future studies

---

- ▶ We need a Specific protocol to work with children of similar developmental stage and needs
  - ▶ The clinical effect of the RDI intervention (not only changes in the resource characteristics) needs to be analysed
  - ▶ Those results should be also analysed using subjects with different diagnoses
- 

# References

---

- ▶ Shapiro, F (2012)The New York Times, march 2
- ▶ Davidson and Parker, 2001. Eye Movement Desensitization and Reprocessing (EMDR): A Meta-Analysis, Journal of Counselling and Clinical Psychological, 69 (2), 305-316
- ▶ Hornsveld et al. (2012). Stop the Use of Eye Movements in Resource Development and Installation, until their additional value has been proven: A rejoinder to Leeds and Korn (2012)
- ▶ Hornsveld et al. (2011) Journal of EMDR Practice and Research, vol. 5 number 4
- ▶ Leeds, A.; Korn, D. (2012) Journal of EMDR Practice and Research, vol. 6 number 4