

Effectiveness of EMDR therapy as an adjunct to treatment as usual (TAU) in adults with autism and a history of adverse events

Background. Evidence suggests that clinicians tend to overlook symptoms of post-traumatic stress disorder (PTSD) in adults with an autism spectrum disorder (ASD). Until now, the effects of Eye Movement Desensitization and Reprocessing (EMDR) therapy in adults with ASD suffering from trauma-related symptoms are not studied.

Objectives. The aim of this study was to determine the effectiveness of a maximum of 8 sessions EMDR therapy in addition to treatment as usual (TAU) in reducing trauma related symptoms and general psychopathological symptoms. Our hypothesis was that these symptoms would decrease significantly following treatment with EMDR in comparison with TAU only, and that the results would be maintained at 6 up to 8 weeks follow-up. We also investigated whether the treatment would impact on patients' autistic features.

Methods. Adults with ASD ($n=21$) get 6 up to 8 weeks TAU in the waiting period for EMDR, in the intervention period a maximum of 8 sessions EMDR in addition to TAU, and in the follow-up TAU only. The Impact of Event Scale-Revised (IES-R), the Brief Symptom Inventory (BSI) and the Social Responsiveness Scale-Adult version (SRS-A) were filled out at 4 moments. Possible differences in mean scores over time were studied.

Results. Results showed a significant reduction of symptoms of post-traumatic stress (IES-R: $d=1.16$), psychopathological symptoms (BSI: $d=0.93$) and autistic features (SRS-A: $d=0.39$), associated with the application of EMDR therapy. Positive results were maintained at follow-up.

Conclusions. It is possible that symptoms routinely ascribed to ASD are in fact stress reactions to a history of adverse events. This phenomenon of diagnostic overshadowing is significant for clinical practice, because it may result in under-treatment of trauma in adults with ASD. We hope that the results may assist clinicians to recognize the impact of adverse events in people with ASD and to apply EMDR.

Authors

Ella Lobregt-van Buuren¹, Bram Sizoo¹, Liesbeth Mevissen² and Ad De Jongh^{3,4,5}

Affiliations:

¹ Dimence Institute of Mental Health, Nico Bolkesteinlaan 1, Deventer, The Netherlands.

² Accare, Centre for Child and Adolescent Psychiatry, Smilde, The Netherlands.

³ Department of Social Dentistry and Behavioral Sciences, Academic Centre for Dentistry Amsterdam (ACTA), University of Amsterdam and VU University Amsterdam, The Netherlands.

⁴ School of Health Sciences, Salford University, Manchester, United Kingdom.

⁵ Institute of Health and Society, University of Worcester, United Kingdom.

Corresponding author:

Mrs. Ella Lobregt-van Buuren, clinical psychologist MSc
Dimence Institute of Mental Health
Nico Bolkesteinlaan 1

7416 SB Deventer
The Netherlands
Tel.: +31 570 604500
E-mail: e.lobregt@dimence.nl