

## CASE REPORT

# Use of Therapist Rotation Model for Eye Movement Desensitization and Reprocessing (EMDR) in a Patient with Atopic Dermatitis

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## Abstract

Atopic dermatitis (AD) is described by lichenification, pruritus and excoriation of the skin. Up to 70% of patients may experience stressful life events before onset of AD. In this study, we aimed to present use of Eye Movement Desensitization and Reprocessing (EMDR) for psychotherapy of an AD patient. Our second goal is to demonstrate the effect of therapist rotation model (TRM) for this group of patients. We used EMDR and TRM based on Van Minnen's model. We compared test results including depression, anxiety, and AD disease severity before and after EMDR sessions. Our patient's depression and anxiety scores decreased after EMDR therapy. EMDR may be useful for psychogenic component and itching complaint of AD. TRM may be rational, effective and tolerable for these patients.

**Keywords:** EMDR, Atopic Dermatitis, Trauma, Psychogenic Stress

## INTRODUCTION

Atopic dermatitis (AD) is an inflammatory skin disease, and it has a chronic relapsing course (1). AD is characterized by pruritus, erythema, lichenification, and excoriation of the skin (2). Bidirectional association has been demonstrated between AD and psychiatric conditions. While AD contributes to depression and anxiety disorders, psychosocial stressors are considered as risk factors for AD (3,4,5).

Multidisciplinary approaches have been offered and various psychotherapy models have been performed for AD patients (6,7).

Eye Movement Desensitization and Reprocessing (EMDR) is a validated psychotherapeutic Approach, the goal of which is to treat traumatic memories and related symptoms. Despite its initial use for trauma-related disorders, EMDR therapy is now effectively applied for a

wide variety of stress related physical disorders such as chronic pain and psychogenic seizures (8,9).

The key aspect of EMDR is the patient's attention being directed to an external stimuli, such as doing conjugate eye movements or exposing the patient to alternating bilateral audio stimulation while the patient is simultaneously focused on a recognized source of emotional distress. The therapy parameters were the mental image of the traumatic or stressful situation; the negative cognition (NC) associated with the image, the positive cognition (PC) with which the patient wishes to replace the negative cognition. PC is estimated by using validity of cognition (VOC) scale. The amount of disturbance associated with the emotion is measured using subjective units of disturbance (SUD) scale (10). The therapist rotation model (TRM) is a novel approach for EMDR (10). The aim of this model is to increase use of trauma-focused therapies (TFTs) by group supervision of the therapists. TRM was successfully used for patients with post-traumatic stress disorder (PTSD) (11). We found only two case reports of EMDR therapy for the dermatologic diseases (12,13). Thus, in this study, we aim to demonstrate the effect of EMDR on AD patients. Our second goal is to use TRM in these patients.

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**Citation:** Yasar AB, Yanartas O, Cam Sahin C, Budak C, Topcuoglu V, Ergun T. Use of Therapist Rotation Model for Eye Movement Desensitization and Reprocessing (EMDR) in a Patient with Atopic Dermatitis. Psychiatry and Behavioral Sciences 2022;12(1):45-47.

Doi: 10.5455/PBS.20211215090126

**Received:** Dec 15, 2021

**Accepted:** Mar 16, 2022

## CASE

This case is a 54-years old male patient who works as a municipal worker and lives with his family, and was diagnosed with AD. Despite having topical dermatologic treatment, the patient's symptoms could not be controlled and was considered to be related to psychogenic stress. Thus, he was consulted to psychiatry clinic.

His dermatologic complaints first started 3 years ago after having a conflict with his family. He was admitted to a dermatology clinic with pruritus and skin lesions, and his symptoms were relieved with the topical corticosteroids. At that time, he did not have psychiatric symptoms. After a 2 years symptom free period, pruritus and eczematous lesions re-appeared and he was re-admitted to a dermatology clinic and suggested topical corticosteroids and oral antihistaminic treatment; but he did not want to take the oral treatment. He reported that his symptoms started after occupational stress.

In his mental state examination, his mood was depressive and anxious. Thoughts of worthlessness and pathologic guilt, loss of motivation, and anhedonia were determined. He did not have any suicidal thoughts, sleep, or appetite problems. His itching symptoms were considered to be correlated with his mental stress. After the psychiatric assessment, depressive disorder with anxious distress diagnosis was made according to DSM-5, but the patient did not want to take suggested antidepressant medication.

The patient accepted therapy sessions with TRM after being informed. Our therapist rotation team (TRT) consisted of five EMDR certified therapists. TRT members changed respectively after each session and all sessions were assessed by TRT weekly. We administered 90-minute sessions once-weekly for 8 weeks.

EMDR therapy approach considers presenting problems are related to earliest memories with similar negative cognitions and feelings; hence processing those key memories would help current problems. In this case, feeling worthless was one of the presenting problems and the earliest memory connected to this cognition was his father shouting at him when he was 7 years old. Thus in the first session this image was targeted, and related to this image the NC was 'I am worthless' and the PC was 'I am worthwhile'. He scored 1/7 in VOC and 7/10 in SUD. His emotion was fear, and he located these feelings in his hands. At the end of the first session, SUD and VOC were 2 and 5, respectively. Pre-post test results were as follows; Beck Depression Inventory:37-3, Beck

Anxiety Inventory:25-3, Clinician-Administered PTSD Scale for DSM-5(CAPS-5):11-3, VAS-I (Visual Analog Scale for itching):10-2, EASI (Eczema Area and Severity Index):14-14. After follow-up for 3 months, he did not report any stress related symptom exacerbation. EASI evaluates the severity of erythema, induration, excoriation and lichenification; we believe that despite pruritus improved, skin lesions were not yet regressed at the time of evaluation; thus, EASI score did not change. The patient was not diagnosed with PTSD, nonetheless CAPS-5 was used to evaluate the efficacy of treatment, since a traumatic memory was targeted.

## DISCUSSION

In this study, we demonstrated the effect of TRM model of EMDR on an AD patient. The patient's symptoms were relieved, and the therapists were satisfied with the TRM. We found two case reports of EMDR therapy for dermatologic patients; however, only one case was AD (12,13). In AD, stress-related itching may be observed. CBT and hypnosis were effective for itching intensity and scratching behavior. (6,7). During therapy, the patient felt fear related to childhood image of his father and itching in his hands. After the sessions, the patient's itching complaint was less sensitive to emotional disturbance and his scratching behavior decreased and the patient was more aware of the association between his emotional stress and lesions on his hands. The therapists and the patient easily adapted to TRM model. The therapists felt supported, and more adapted to the therapy. EMDR is a safe and effective psychotherapeutic approach. AD patients frequently reported high stressful life events before the onset of AD. Thus, EMDR may be useful for stress-related flare up in AD. TRM may be adaptable for AD patients and therapists. To demonstrate the effectiveness of EMDR and TRM in AD patients, further detailed case control studies should be done.

## REFERENCES

- [1] Williams H, Robertson C, Stewart A. Worldwide variations in the prevalence of symptoms of atopic eczema in the international study of asthma and allergies in childhood. *Journal of Allergy and Clinical Immunology* 1999;103:125-138.
- [2] Girolomoni G, de Bruin-Weller M, Aoki V, Kabashima K, Deleuran M, Puig L, Bansal A, Rossi AB. Nomenclature and clinical phenotypes of atopic dermatitis. *Therapeutic Advances in Chronic Disease* 2021;12:1-20.
- [3] Pauli-Pott U, Darui A, Beckmann D. Infants with atopic dermatitis: maternal hopelessness, child-rearing attitudes

- and perceived infant temperament. *Psychotherapy and Psychosomatics* 1999;68: 39-45.
- [4] Kodama A, Horikawa T, Suzuki T. The effect of stress on atopic dermatitis: investigation in patients and the great Hanshin earthquake. *Journal of Allergy and Clinical Immunology* 1999; 104 (1):173-176.
- [5] J.I. Silverberg JM, Gelfand DJ, Margolis M, Boguniewicz L, Fonacier MH, Grayson PY, Ong ZC, Chiesa Fuxench ELSimpson. Symptoms and diagnosis of anxiety and depression in atopic dermatitis in US adults. *British Journal of Dermatology* 2019;181(3): 554–565.
- [6] Hedman-Lagerlöf E, Bergman A, Lindefors N, Bradley M. Exposure-based cognitive behavior therapy for atopic dermatitis: an open trial. *Cognitive Behaviour Therapy* 2019;48(4):300-310.
- [7] Delaitre L, Denis J, Maillard H. Hypnosis in treatment of atopic dermatitis: A clinical study. *International Journal of Clinical and Experimental Hypnosis* 2020;68(4):412-418.
- [8] Suárez NA, Pérez JM, Redolar-Ripoll D, Hogg BM, Gardoki-Souto I, Guerrero FG, Moreno-Alcázar A. EMDR versus treatment-as-usual in patients with chronic non-malignant pain: a randomized controlled pilot study. *Journal of EMDR Practice and Research* 2020;14:190-205.
- [9] Chemali Z, Meadows ME. The use of eye movement desensitization and reprocessing in the treatment of psychogenic seizures. *Epilepsy & Behavior* 2004; 5(5): 784-787.
- [10] Shapiro F. Eye movement desensitization: A new treatment for post traumatic stress disorder. *Journal of Behavior Therapy and Experimental Psychiatry* 1989;20:211-217.
- [11] Van Minnen A, Hendriks L, De Kleine R, Hendriks GJ, Verhagen M, De Jongh A. Therapist rotation: a novel approach for implementation of trauma-focused treatment in post-traumatic stress disorder. *European Journal of Psychotraumatology*, 2018; 9(1):1-8.
- [12] Gupta MA, Gupta AK. Use of Eye Movement Desensitization and Reprocessing (EMDR) in the treatment of dermatologic disorders. *Journal of Cutaneous Medicine and Surgery* 2002; 6(5):415-421.
- [13] Kontic K, Bogdanovic V, Maric NP. Eye movement desensitization and reprocessing-EMDR in therapy of alopecia areata – a case report. *Engrami* 2012; 34(2):45-51.