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Guide to Treatments for PTSD

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Eye Movement Desensitization and Reprocessing

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DESCRIPTION

Eye movement desensitization and reprocessing (EMDR) is an integrative treatment for posttraumatic stress disorder (PTSD) during which the patient is asked to hold in mind a disturbing image, an associated negative cognition, and bodily sensations associated with a traumatic memory, while tracking the clinician's moving finger in front of his or her visual field. Variations of the procedure are repeated until distressing aspects of the traumatic memory are reduced and more adaptive cognitions emerge regarding the trauma. Similar procedures are used to install alternate positive cognitions, coping strategies, and adaptive behaviors.

GENERAL STRENGTH OF THE EVIDENCE

EMDR was found to be an efficacious treatment for PTSD. It is assigned an AHCPR Level A/B rating. The "A" component of the rating means that based upon a review of seven published, randomized, controlled studies with overall large effect sizes, one of which included children, EMDR was found to be more efficacious for PTSD than wait-list, routine-care, and active-treatment controls. The "B" component means that additional studies that em-

ploy more extensive controls addressing the limitations of studies to date, and that compare EMDR to other focused PTSD treatments, are needed to establish the highest level of confidence in EMDR's efficacy. As might be expected for any treatment, the evidence is stronger for the beneficial effect of EMDR on persons with single-event civilian trauma than on multiply traumatized, treatment-refractory, chronically ill war veterans.

Support for EMDR's therapeutic efficacy does not necessarily imply support for the postulated role of eye movements. Randomized dismantling studies provide little support for the hypothesis that eye movements are critical to the effects of EMDR. However, methodological limitations of these studies preclude a final conclusion regarding this issue.

RECOMMENDATIONS

Clinical

It is important to distinguish the treatment of a single traumatic memory from the treatment of PTSD. In some early studies, this distinction was not preserved, leading to unrealistic expectations. Accordingly, the number of EMDR sessions administered should be consistent with the complexity of the trauma and the number of traumatic memories. Studies demonstrating EMDR's efficacy have generally followed the structured procedure articulated by Shapiro (1995). Clinical deviations from this procedure may not produce comparable results.

Because inadequate data are available to identify which patients will respond more or less favorably to EMDR compared to other treatments, choice of treatment modality needs to be based upon such considerations as the skills and training of the therapist, and the desires of the patient. Few data are available regarding any contraindications to EMDR. Patients with comorbid psychopathology (e.g., substance abuse) or acute problems (e.g., suicide potential) should undergo comprehensive clinical assessment and treatment planning, with careful consideration of all options. Skill in EMDR supplements but does not replace general skill in the treatment of psychopathology.

Research

Additional, properly designed dismantling studies need to be conducted in order to identify what components of EMDR are beneficial. Comparisons of EMDR with other PTSD treatments in larger samples are indicated. These should not be restricted to efficacy, but should also examine other important issues such as treatment efficiency, and patient tolerance and comfort, which may be advantages of this therapy. EMDR's apparent efficacy in the treat-

ment of childhood PTSD needs to be further explored. EMDR has resulted in the training of an extraordinarily large number of practitioners in a highly standardized treatment modality. These therapists represent a potentially valuable resource for mounting large, field-based effectiveness trials of PTSD treatment.

REFERENCE

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SUGGESTED READINGS

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