

## Current EMDR Research

### 2013 • EMDR Meta-analysis:

EMDR compared to exposure: exposure therapy uses one to two hours of daily homework and EMDR uses none.

- **Watts, B.V. et al. (2013).** Meta-analysis of the efficacy of treatments for Post-Traumatic Stress Disorder. *Journal of Clinical Psychiatry*, 74, e541-550. doi: 10.4088/JCP.12r08225
  - CBT and eye movement desensitization and reprocessing were the most often studied types of psychotherapy. Both were effective.

### 2013 • Randomized Clinical Trials (currently over 25):

Capezzani et al. (2013). EMDR and CBT for cancer patients: Comparative study of effects on PTSD, anxiety, and depression. *Journal of EMDR Practice and Research*, 5, 2-13.

- This randomized pilot study reported that after eight sessions of treatment, EMDR therapy was superior to a variety of CBT techniques. "Almost all the patients (20 out of 21, 95.2%) did not have PTSD after the EMDR treatment."

### 2014 • Mechanism of Action:

EMDR contains many procedures and elements that contribute to treatment effects. While the methodology used in EMDR has been extensively validated, questions still remain regarding mechanism of action.

- Leer, A., Engelhard, I. M., & van den Hout, M. A. (2014). How eye movements in EMDR work: changes in memory vividness and emotionality. *Journal of behavior therapy and experimental psychiatry*, 45 (3), 396-401.
  - This study provides corroborating evidence that EM during recall causes reductions in memory vividness and emotionality at a delayed post-test and that the magnitude of these effects is related to intervention duration.

### Current processing mechanism considerations

- REM
- Orienting Response
- DAS Distracting (\*Dual) Attention Stimulation

## Evidence-based Practice

**American Psychiatric Association (2004):** *EMDR given the same status as CBT as an effective treatment for reducing symptoms for both acute and chronic PTSD.*

**Department of Veterans Affairs & Department of Defense (2010):** *EMDR was one of four therapies given the highest level of evidence and recommended for treatment of PTSD.*

**SAMHSA's National Registry of Evidence-based Programs and Practices (2011):** *Cites EMDR as an evidence-based practice for treatment of PTSD, anxiety, and depression symptoms.*

**World Health Organization (2013):** *Trauma-focused CBT and EMDR are the only psychotherapies recommended for children, adolescents, and adults with PTSD. Unlike CBT with a trauma focus, EMDR does not involve:*

- Detailed descriptions of the event,
- Direct challenging of beliefs,
- Extended exposure, or
- Homework.

### Research on Different Client Populations

- 1993 Sexual dysfunction (Wernik)
- 1997 Body Dysmorphic Disorder (Brown, et al)
- 2001 Grief and Mourning (Sprang, Solomon & Rando-2007)
- 2002 Chronic Pain (Grant & Threlfo)
- 2002 Conduct Problems and Self-Esteem (Soberman, et al)
- 2002 Phobia (de Jongh, et al)
- 2006 Pedophilia (Ricci, et al)
- 2007 Panic Disorder (Fernandex & Faretta)
- 2008 Generalized Anxiety Disorder (Gauvreau & Bouchard-2008)
- 2008 Migrane Headaches (Marcus)
- 2008 Phantom Limb Pain (Schneider et al, De Ross et al-2010)
- 2009 Unexplained somatic Symptoms (van Rood & de Roos)
- 2013 Attachment Disorders (Zaccagnino & Cussino)
- 2015 Psychotic Disorder (Van den Berg, et al)
- 2015 Depression (Hoffman)

**Additional Research: See Appendix E**