RANDOMIZED CONTROLLED TRIALS EVALUATING EMDR THERAPY FOR TRAUMA/PTSD IN ADULTS


  "EMDR is effective in reducing earthquake anxiety and negative emotions (e.g. PTSD, grief, fear, intrusive thoughts, depression, etc) resulting from earthquake experience. Furthermore, results show that, improvement due to EMDR was maintained at a one month follow up."


  All participants met the criteria for PTSD on assessment and demonstrated a significant reduction of PTSD and depression symptoms at post-treatment as well as at the 5-week follow-up. At follow-up, 49% were no longer diagnosed with PTSD


  "Forty-two patients undergoing cardiac rehabilitation . . . were randomized to a 4-week treatment of EMDR or imaginal exposure (IE). . . . EMDR was effective in reducing PTSD, depressive, and anxiety symptoms and performed significantly better than IE for all variables. . . Because the standardized IE procedures used were those employed in-session during [prolonged exposure] the results are also instructive regarding the relative efficacy of both treatments without the addition of homework."


  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."


  In the EMDR condition, measurements at posttest and follow-up revealed 85% and 100% PTSD remission, respectively.

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Twelve sessions of EMDR eliminated post-traumatic stress disorder in 77.7% of the multiply traumatized combat veterans studied. There was 100% retention in the EMDR condition. Effects were maintained at follow-up. This is the only randomized study to provide a full course of treatment with combat veterans. Other studies (e.g., Boudewyns/Devilly/Jensen/Pitman et al./Macklin et al.) evaluated treatment of only one or two memories, which, according to the International Society for Traumatic Stress Studies Practice Guidelines (2000), is inappropriate for multiple-trauma survivors. The VA/DoD Practice Guideline (2004) also indicates these studies (often with only two sessions) offered insufficient treatment doses for veterans. EMDR therapy is listed as an “A” level treatment in the VA/DoD Practice Guideline (2004, 2010, 2017).


EMDR treatment of disturbing life events (small “t” trauma) was compared to active listening, and wait list. EMDR produced significantly lower scores on the Impact of Event Scale (mean reduced from “moderate” to “subclinical”) and a significantly smaller increase on the STAI after memory recall.


“In patients with chronic psychotic disorders PE and EMDR not only reduced PTSD symptoms, but also paranoid thoughts. Importantly, in PE and EMDR more patients accomplished the status of their psychotic disorder in remission.” A secondary analysis reported “It is concluded that even in a population with severe mental illness, patients with the dissociative subtype of PTSD do benefit from trauma-focused treatments without a pre-phase of emotion regulation skill training and should not be excluded from these treatments.” van Minnen et al. (2016). Effectiveness of trauma-focused treatment for patients with psychosis with and without the dissociative subtype of post-traumatic stress disorder. *The British Journal of Psychiatry, bjp-bp*.


“An intention-to-treat analysis of the 10 patients starting treatment showed that the PTSD treatment protocols of PE and EMDR significantly reduced PTSD symptom severity”

EMDR was compared to Trauma Treatment Protocol (composed of prolonged imaginal exposure, in vivo exposure, stress inoculation training and additional cognitive restructuring procedures) developed by the first author (and primary research therapist). Subjects were assigned in nonrandom blocks to eight treatment sessions. TTP was reported significantly more effective.

  
  *EMDR treatment resulted in lower scores (fewer clinical symptoms) on all four of the outcome measures at the three-month follow-up, compared to those in the routine treatment condition. The EMDR group also improved on all standardized measures at 18 months follow up.* Edmond, T., & Rubin, A. (2004). Assessing the long-term effects of EMDR: Results from an 18-month follow up study with adult female survivors of CSA. *Journal of Childhood Sexual Abuse, 13*, 69–86.

  
  Combination of qualitative and quantitative analyses of treatment outcomes with important implications for future rigorous research. Survivors’ narratives indicate that EMDR produces greater trauma resolution, while within eclectic therapy, survivors more highly value their relationship with their therapist, through whom they learn effective coping strategies.

  
  *Employees who had experienced “person-under-train accident or had been assaulted at work were recruited.” Six sessions of EMDR resulted in remission of PTSD in 67% compared to 11% in the wait list control. Significant effects were documented in Global Assessment of Function (GAF) and Hamilton Depression (HAM-D) score. Follow-up: Högberg, G. et al. (2008). Treatment of post-traumatic stress disorder with eye movement desensitization and reprocessing: Outcome is stable in 35-month follow-up. Psychiatry Research. 159, 101-108.*

  
  *Both EMDR and prolonged exposure produced a significant reduction in PTSD and depression symptoms. This is the only research comparing EMDR and exposure therapy that added in vivo homework to the EMDR condition. The study found that 70% of EMDR participants achieved a good outcome in three active treatment sessions, compared to 17% of persons in the prolonged exposure condition. EMDR also had fewer dropouts (0 v 30%).*


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Participants were treated two weeks following a 7.2 earthquake in Mexico. “One session of EMDR-PRECI produced significant improvement on symptoms of posttraumatic stress for both the immediate-treatment and waitlist/delayed treatment groups, with results maintained at 12-week follow-up, even though frightening aftershocks continued to occur frequently.”


  Evaluation of co-workers 10 days after they witnessed seven people killed in an explosion revealed a mean of 22 on the SPRINT, indicating severe PTSD symptoms. After two consecutive-day 60-minute EMDR sessions the mean SPRINT scores for immediate and delayed treatment groups declined to equally low levels on both posttest and follow-up.


  Reported the effects of 10 sessions of PE (plus homework) versus 6 sessions of EMDR versus 6 sessions of CM with nine participants in each condition who were also receiving on-going supportive individual psychotherapy. Results indicated equal positive effects on trauma symptoms.


  Both EMDR and stress inoculation therapy plus prolonged exposure (SITPE) produced significant improvement, with EMDR achieving greater improvement on PTSD intrusive symptoms. Participants in the EMDR condition showed greater gains at three-month follow-up. EMDR condition used three hours of homework compared to 28 hours for SITPE.


  Funded by Kaiser Permanente. Results show that 100% of single-trauma and 77% of multiple-trauma survivors were no longer diagnosed with post-traumatic stress disorder after six 50-minute sessions.


  Funded by Kaiser Permanente, follow-up evaluation indicates that a relatively small number of EMDR sessions result in substantial benefits that are maintained over time.

A comparison of “the efficacy and response pattern of a trauma-focused CBT modality, brief eclectic psychotherapy for PTSD, with EMDR . . . Although both treatments are effective, EMDR results in a faster recovery compared with the more gradual improvement with brief eclectic psychotherapy.”


  "Although preliminary, our findings support the utility of this treatment approach and suggest that Eye Movement Desensitization and Reprocessing therapy could be a promising and safe therapeutic strategy to reduce trauma symptoms and stabilize mood in traumatized bipolar patients with subsyndromal symptoms.”


  Both EMDR and exposure therapy plus cognitive restructuring (with daily homework) produced significant improvement. EMDR was more beneficial for depression, and social functioning, and required fewer treatment sessions. Subsequent reevaluation of the data indicated that “For pre- to post-treatment IES mean change score, EMDR patients also appeared to have had better treatment outcome than E+CR patients” and EMDR therapy was a predictor of positive outcome: **Karatzias, A., Power, K., McGoldrick, T., Brown, K., Buchanan, R., Sharp, D. & Swanson, V.** (2006). Predicting treatment outcome on three measures for post-traumatic stress disorder. *Eur Arch Psychiatry Clin Neuroscience, 20,* 1-7.


  Three 90-minute sessions of EMDR eliminated post-traumatic stress disorder in 90% of rape victims.


  *In this NIMH funded study both treatments were effective: “An interesting potential clinical implication is that EMDR seemed to do equally well in the main despite less exposure and no homework. It will be important for future research to explore these issues.”* (p. 614)


  *Two sessions of EMDR reduced psychological distress in traumatized adolescents/ young women and brought scores within one standard deviation of the norm.*

  “At 1 week posttreatment, the scores of the immediate treatment group were significantly improved on the IES-R compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. At 3 months follow-up, results on the IES-R were maintained and there was a significant improvement on PHQ-9 scores.”


  Seminal study appeared the same year as first controlled studies of CBT treatments. Three-month follow-up indicated substantial effects on distress and behavioral reports. Marred by lack of standardized measures and the originator serving as sole therapist.


  “Results showed that after 3 months PCLS and SUDS scores were significantly lower with EMDR-RE and delayed EMDR-RE compared to CISD. After 48 hours and 3 months, none of the EMDR-RE-treated victims showed PTSD symptoms.”


  Exposure therapy was statistically superior to EMDR on some measures. This study used therapist assisted “in vivo” exposure, where the therapist takes the person to previously avoided areas, in addition to imaginal exposure and one hour of daily homework (@ 50 hours). The EMDR group used only standard sessions and no homework.


  Six EMDR processing sessions were used to treat participants with unstable living conditions and a mean of 14 traumatic memories: “Intention-to-treat analyses found no differences in safety (one severe adverse event in the stabilisation condition only) or efficacy.”


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Standard PE and EMDR therapy protocols are effective, safe, and feasible in patients with PTSD and severe psychotic disorders, including current symptoms. Additional evaluation indicated trauma-focused treatment was associated with significantly less exacerbation, less adverse events, and reduced revictimization compared with the WL condition: van den Berg D.P.G., et al. (2016).


  EMDR was superior to both control conditions in the amelioration of both PTSD symptoms and depression. Upon termination of therapy, the EMDR group continued to improve while Fluoxetine participants again became symptomatic.


  All treatments led to significant decreases in PTSD symptoms for subjects in the treatment groups as compared to those on a waiting list, with a greater (albeit non-significant) reduction in the EMDR group, particularly with respect to intrusive symptoms. In the 2-3 weeks of the study, 40-60 additional minutes of daily homework were part of the treatment in the other two conditions.


  Three sessions of EMDR produced clinically significant change in traumatized civilians on multiple measures.


  Follow-up at 15 months showed maintenance of positive treatment effects with 84% remission of PTSD diagnosis.

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