

Eye Movement Desensitization and Reprocessing (EMDR) for Posttraumatic Stress Disorder

Q. What is eye movement desensitization and reprocessing?

A. Eye movement desensitization and reprocessing (EMDR) is a trauma-focused psychotherapy that includes the use of imaginal exposure in which the client maintains an awareness of an image of the traumatic memory, trauma-related cognitions and/or the physical anxiety response, along with the use of bilateral stimuli, including eye movements, tones, or taps, that facilitate processing and relaxation (Shapiro, 1989; Shapiro, 2001; Veterans Affairs/Department of Defense, 2017).

Q. What is the proposed treatment model underlying EMDR?

A. Although EMDR is considered a trauma-focused psychotherapy, and incorporates elements from traditional exposure treatments, the use of bilateral stimulation in EMDR is different from other exposure treatments. In EMDR, rather than “reliving” the trauma, as is done in traditional trauma-focused cognitive-behavioral therapies, participants engage in “dual focus of attention,” maintaining awareness of the trauma while remaining focused on the external stimulation in the present (Shapiro, 2001). The mechanism of action for the efficacy of EMDR is unclear, and it is unknown whether and how the inclusion of bilateral stimulation adds to the efficacy of EMDR (Lee & Cuijpers, 2013).

Q. Is EMDR recommended in the Military Health System (MHS)?

A. **Yes.** The 2017 VA/DoD *Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* gives the highest strength of recommendation (Strong For) for EMDR. EMDR has met the burden of evidence required by the most recent VA/DoD publications and is recommended as a first-line treatment.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other guidelines and evidence reviews recommend EMDR for PTSD?

A. **Yes.** Other authoritative reviews recommend the use of EMDR for treating PTSD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository, and the Cochrane Database of Systematic Reviews.

- AHRQ: A 2013 AHRQ comparative effectiveness review (Jonas et al.) found evidence of moderate strength supporting the efficacy of EMDR for PTSD.
- Cochrane: A 2013 systematic review (Bisson et al.) found that EMDR was more effective than waitlist/usual care for reduction in the severity of PTSD symptoms, though the quality of the evidence was low.

Q. What conclusions can be drawn about the use of EMDR as a treatment for PTSD in the MHS?

A. EMDR is recommended as a front-line treatment for PTSD. Clinicians should consider several factors when choosing an evidence-based treatment for any given patient. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

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References

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