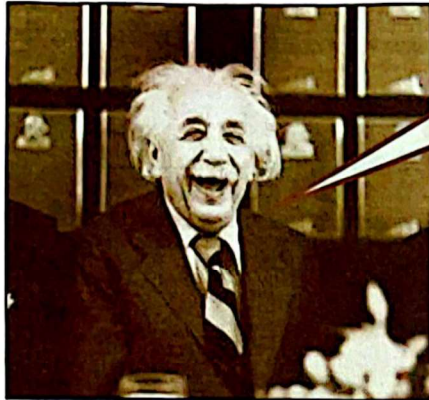


EVIDENCE BASE OF EMDR THERAPY



*Come on!
Does this stuff
really work?*

See our video discussing the evidence base of EMDR therapy and proposed mechanisms of action at <https://tinyurl.com/emdr-institute-research>

CONTROLLED OUTCOME STUDIES

For an up-to-date database of research citations, go to the Francine Shapiro Library at <https://emdria.omeka.net/>. The EMDR Foundation provides additional research related information and resources at <https://emdrfoundation.org>.

1. Over 44 randomized controlled trials (RCTs) support the use of EMDR therapy with a wide range of trauma presentations.
2. EMDR compared to Prozac demonstrates that EMDR therapy is superior; patients continued to improve beyond termination of treatment while many Prozac patients became symptomatic again (van der Kolk, et al., 2007).
3. Bisson, et al., (2013). Psychological therapies for chronic post-traumatic stress disorder (PTSD) in adults. *Cochrane Database of Systematic Reviews* 2013, DOI: 10.1002/14651858.CD003388.pub4.
4. In several randomized controlled trials, EMDR proves an effective treatment for PTSD symptoms in children (de Roos, et al., 2017; Diehle, et al., 2015).
5. While 90-minute sessions are optimal; 50-60-minute sessions are usually sufficient (Marcus et al., 1997, 2004) and typical.
6. In an early study (Wilson et al., 1995, 1997) it was demonstrated that three 90-minute sessions of EMDR resulted in an 84% reduction in PTSD diagnosis and a 68% reduction in PTSD symptoms with single trauma.
7. Twelve (12) or more sessions needed for multiple trauma victims, such as combat veterans (Carlson et al., 1998).
8. For positive results, there is a need for adequate fidelity and treatment dose.
9. Meta-analysis (Maxfield & Hyer, 2002) indicates that the more rigorous the study, the larger the effect sizes.

MODEL

THE ADAPTIVE INFORMATION PROCESSING MODEL (AIP)

The AIP model provides a framework for treatment, understanding the development of pathology, making associations, coming to a resolution, and guiding future actions. Other psychotherapy approaches are guided by other theoretical models. See *"Differentiating EMDR therapy from other psychotherapy models"* in the Appendix.

While the AIP model is unique to EMDR therapy, it is nested into antecedent, historical models of emotional information processing. (Lang, 1977; Rachman, 1980; Bower, 1981; Foa and Kozak, 1986.) See *"Antecedent, historical models of emotional information processing"* in the Appendix.

The AIP Model:

- Memory networks are the basis of pathology and health.
- Physical information processing system, like other body systems, is naturally geared toward health (e.g., cuts that heal, etc.). The body has an intrinsic capacity for psychological self-healing.
- When an experience (whether positive or negative) is successfully processed, it is adaptively stored, integrating with other, similar experiences about self and other.
- Disruptions to the information processing system due to high arousal states from adverse life experiences result in memories that are **inadequately processed** and **maladaptively stored** in state-specific form.
- As stimuli/information from the present situation (unconsciously) link to negative experiences in the past, these similarities can **trigger** a reaction to the present *as if* it were the same situation as the past.
- **The past is present:** Maladaptive conclusions from past negative experiences that are inadequately processed interpret the present.
- These **inadequately** processed memories and their stored components (images, thoughts, emotions, physical sensations, and beliefs) transmute during reprocessing.
- When the information processing system is activated, combined with **BLS**, an associative process allows relevant connections to be made and moves the system toward an adaptive resolution.
- When reprocessing is successful, the previously disturbing memories are neutralized and affectively integrated with other similar experiences.
- What is useful is stored, available to inform future experiences; what is no longer adaptive is discarded (e.g., negative images, feelings, beliefs, etc.).