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**Q: What is eye movement desensitization and reprocessing?**

**A:** Eye movement desensitization and reprocessing (EMDR) is a trauma-focused psychotherapy for posttraumatic stress disorder (PTSD) composed of imaginal exposure and the use of bilateral stimuli (e.g., eye movements, tapping, tones; VA/DoD, 2023). In session, patients are asked to briefly recall an aspect of the trauma (e.g., mental images, trauma-related thoughts, physical anxiety response) and then engage with the bilateral stimulus to facilitate processing and relaxation (Shapiro, 2001).

**Q: What is the treatment model underlying EMDR for the treatment of PTSD?**

**A:** The use of bilateral stimulation in EMDR is unique to other PTSD treatments and is based upon the adaptive information processing model (Shapiro, 2007). This model posits that PTSD results from past disturbing experiences that were not adequately processed and therefore still cause distress when the individual is reminded of them. These unprocessed memories contain the thoughts, feelings, and physical sensations that occurred contemporaneous to the event. EMDR focuses on changing how the memory is stored in the brain through use of the bilateral stimuli. By briefly recalling the event and then engaging in bilateral stimulation, the intensity of the emotions related to the trauma is reduced (American Psychological Association, 2017). There is discrepancy in the literature regarding this hypothesized mechanism of action, as some studies show that the bilateral stimulation is a necessary part of treatment and others do not (Beauvais et al., 2023).

**Q: Is EMDR recommended as a treatment for PTSD in the Military Health System (MHS)?**

**A: Yes.** The 2023 VA/DOD *Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder and Acute Stress Disorder* recommends EMDR, with a “Strong For” strength of recommendation. *The MHS relies on the VA/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 authoritative reviews recommend EMDR as a treatment for PTSD?**

**A: Yes.** The National Institute for Health and Care Excellence (NICE) in the United Kingdom recommends considering EMDR for individuals with a non-combat-related trauma who have a preference for EMDR. The American Psychological Association suggests EMDR for PTSD. One relevant Cochrane review was found:

- A systematic review (Bisson et al. 2013) 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.

*Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare.*

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

**A:** EMDR is recommended as an initial treatment for PTSD. Clinicians should consider several factors when choosing an evidence-based treatment with 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.

**References**

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