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Eye movement desensitization and reprocessing (EMDR) for post-traumatic stress disorder: a randomized, placebo-controlled trial. Eye movement desensitization and reprocessing (EMDR) has been advocated as a psychotherapeutic treatment for post-traumatic stress disorder (PTSD). However, previous EMDR studies are limited by small samples, lack of random allocation, and lack of a placebo group. To assess the efficacy of a short version of EMDR (EMDR-TS) for PTSD. A randomized, double-blind, placebo-controlled trial was conducted in patients with PTSD (N = 140, mean [SD] age, 45 [11] years, 85 women). Patients were randomly allocated to 1 of 3 groups: (a) 4 EMDR-TS sessions, (b) 4 placebo EMDR-TS sessions, or (c) wait-list control. Primary outcome was PTSD severity on the Clinician-Administered PTSD Scale (CAPS). Secondary outcomes were the Impact of Events Scale-Revised (IES-R) and its 2 subcomponents, negative cognitions and emotional responses. Compared with wait-list controls, patients in both EMDR groups showed significantly greater symptom reduction at posttreatment and 1-year follow-up. However, EMDR-TS was no better than placebo-EMDR on the CAPS and the IES-R. The large ESs (effect sizes) for both EMDR

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