

Which Treatment is better for Post-Traumatic Stress Disorder?

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Abstract

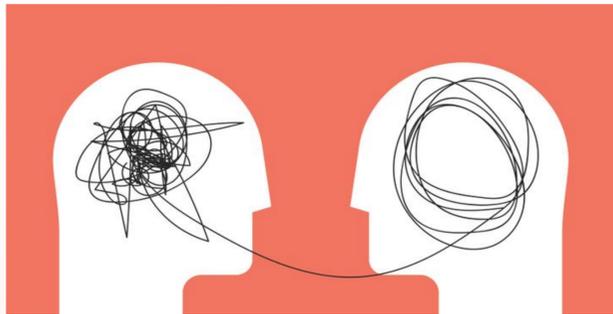
In the psychotherapy world, there is a debate over which therapy is a better treatment for post-traumatic stress disorder (PTSD). CBT and EMDR have been considered to be safe and effective treatments. Although, CBT is effective it is a longer treatment and has significantly higher drop-out rates. Also, there are no CBT research studies with a control group in follow-up studies to determine the long-term effects of CBT. In contrast, EMDR is a better approach based on the higher efficacy, long-term therapeutic gains, short and fast treatment times and low drop-out rates. These factors provide additional financial benefits to client populations that are only able to afford short-term therapy.

Method

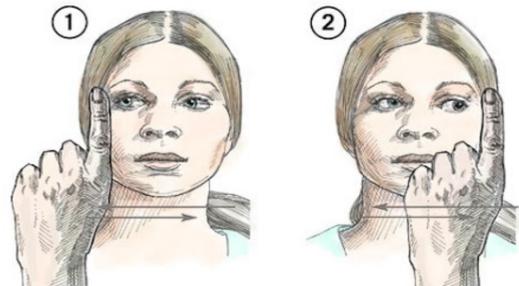
A literature review was conducted to compare the two therapy modalities using PubMed, PsycInfo and other research guides accessed through York University's Library website.

Research Question

Comparing EMDR & CBT, which treatment is a better option for treating PTSD ?



Cognitive Behavioral Therapy (CBT)



Eye Movement Desensitization & Reprocessing (EMDR)

Efficacy & Long-term Maintenance

- In a RCT, 22% of the patients dropped out from treatment (Sijbrandij et al., 2007)
- iCBT study had a 16% drop-out rate due to the participants experiencing high distress from writing about their traumatic event (Knaevelsrud & Maercker, 2007)
- 9% Drop-out rate for children and adolescents with PTSD (Karadag et al., 2019; Mello, 2013)
- Low-drop out rates because the client is not required to reiterate their trauma instead they just have to image it in their mind (Jefferies & Davis, 2012)

Treatment Duration

- 8 to 22 sessions (Kar, 2011)
- More sessions= more time & Money
- 8 to 12 sessions (Kar, 2011)

Drop-out Rates

- A study with cancer patients treated with CBT revealed patients still had PTSD 1-month post-treatment ((Capezzani et al., 2013)
- Absence of control groups in CBT follow-up research so it is unknown if its effective in long-term for PTSD (Macedo et al., 2018)
- In the same cancer study, patients treated with EMDR, no longer fit the PTSD diagnosis after 8 sessions (Capezzani et al., 2013)
- done with female sexual survivors of childhood abuse demonstrates that therapeutic gains of EMDR remained constant at an 18-month follow up (Edmond & Rubin, 2004)

Future Directions

- Larger sample sizes is needed to better understand the treatment outcomes of both therapies
- Future research should focus on verifying if EMDR treatment is effective across various cultures.
- Future directions also suggest that more practitioners need to be trained for EMDR in order to make this therapy available to a variety of client populations.