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What are trauma-focused therapies?

Eye Movement Desensitisation and Reprocessing (EMDR) therapy and other trauma-focused therapies are generally beneficial for people with post-traumatic stress disorder (PTSD). They are also currently being investigated in patients with other diagnoses who have had exposure to traumatic events.

EMDR therapy involves identifying past events that are causing dysfunction, identifying current circumstances that elicit distress, and desensitising internal and external triggers. During EMDR therapy, patients attend to the emotionally disturbing material in brief sequential doses while simultaneously focusing on an external stimulus, usually therapist-directed lateral eye movements. The therapist may teach the patient a variety of imagery and stress reduction techniques to use during and between sessions. When patients report no distress related to the targeted memory, they are asked to focus on a preferred positive belief instead. Over the course of treatment, patients gain insight about their stressful situations, and the associated emotional distress reduces.

Other trauma-focused therapies include prolonged exposure, which involves cognitive behavioral therapy to teach people to gradually face trauma-related memories, feelings and situations.

What is the evidence for trauma-focused therapies?

Moderate to low quality evidence suggests trauma-focused therapies may have long-term effects for improving delusions and PTSD symptoms and can also improve positive symptoms immediately post-treatment. Exposure-based therapies (prolonged exposure, written exposure, elements of imaginal exposure, and EMDR) may be more effective than non-exposure based therapies (cognitive restructuring interventions).



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While we hope you find this information useful, it is always important to discuss any questions about schizophrenia or its treatment with your doctor or other health care provider.

For more information see the technical table

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