

Summary of the EMDRIA Delphi Survey: The EMDR Definition

The purpose of this study was to refine and achieve consensus on the EMDRIA Definition of Eye Movement Desensitization and Reprocessing (EMDR). The EMDRIA Definition of EMDR is important because it is used to guide the development of Educational Programs, Standards and Training for clinicians, EMDRIA policies, and in addition, provides information to clients, other health providers, insurers, and the public. It is therefore essential that the definition reflect accuracy, scientific integrity, specificity, breadth, and relevance to guide practice standards, education, research, and policy for the EMDRIA community.

The impetus for the revision of the Definition of EMDR stemmed from ongoing member feedback about inconsistencies and contradictions in the Definition. Some members reported that the Definition was too rigid and prescriptive, and curbed innovation and flexibility; while others believed it was not strict enough. In addition, others said that it did not account for recent research in information processing and EMDR. A central issue revolved around whether the Adaptive Information Processing (AIP) model should be the guiding framework for EMDR practice and research.

Revision of the EMDR Definition began in 2008 when the President of the EMDRIA Board appointed a subgroup of 5 Board members to form the Education Task Group (ETG). Over the next 2 years, Board members and the ETG examined research and theory on neuroscience and information processing and EMDR methodology and practice. 24 experts in EMDR research, theory and practice from the U.S.A., as well as the international community, were identified and asked to provide feedback anonymously on the then current Definition especially with respect to the AIP model guiding EMDR. This qualitative data was summarized and incorporated into the revised Definition. After the publication of the revised Definition in 2009, numerous members voiced concern about various aspects of the Definition. EMDRIA's Administrative Committees reviewed the 2009 Definition with the Research Committee and the Standards & Training Committee providing input and suggested changes, which were incorporated into a further revision.

The EMDRIA Board approved the Delphi Survey in order to achieve consensus of this revised Definition of EMDR. A web-based modified Delphi Survey methodology was used to gain consensus on the Definition. The goal was to seek at least a 70% majority agreement within 3 rounds. After Institutional Review Board approval was obtained, the invitation to participate was sent to 50 national and international Expert Panel members who were identified by the Board as those who have conducted or published EMDR research and/or are EMDR trainers and/or facilitators and who are considered well-known to the EMDRIA community. There was a 62% response rate with 31 of the 50 invited members of the Expert Panel who agreed to participate. Round # 1 was a qualitative survey asking Expert Panel members whether they agreed or disagreed on each paragraph of the Definition and asked respondents to state the reasons for their agreement or disagreement. Round #1 results achieved 70% or greater consensus on 15 out of the 25 paragraphs.

For Round #2, the edited consensus paragraphs and the 10 non- consensus paragraphs, with the comments from Round #1, were sent to the Expert Panel. Panel members were asked to consider others' responses and to indicate again agreement or disagreement on each item and to add any comments about their rationale for agreement or disagreement. Results from Round #2 found that all 10 non- consensus paragraphs achieved less consensus in Round #2 with 65.46% consensus in Round 1 vs. 46.89% consensus in Round #2. Based on the Panel's responses and comments, the ETG revised these paragraphs for Round #3.

Round #3 was then sent to participants and consisted of a 5 point Likert type survey asking respondents to rate each paragraph with respect to that paragraph's relevance, accuracy and specificity. In addition, Round #3 asked participants to rate the overall comprehensiveness and scientific accuracy of the Definition as a whole. Results from Round #3 found consensus on all paragraphs for relevance (86%), accuracy (85%), and specificity (86%) with 87% agreement on the overall comprehensiveness of the Definition and 70% agreement on the scientific accuracy of the Definition. Thus, the results from Round #3 indicated greater than 70% consensus for all ratings on all

paragraphs of the Definition. The respondents were also asked for comments on the overall Delphi process as well as content comments.

After review of the relevant research, further suggestions were incorporated and the Definition was again sent to the Expert Panel requesting response on the comprehensiveness and scientific accuracy of the definition. 78% agreed that the Definition was comprehensive while 70% agreed that it was scientifically accurate with 8% neutral. This reflected a decrease of 9% in comprehensiveness and the same agreement on scientific accuracy from Round #3. The final response rate for the Expert Panel was n = 23 or 46%. A pulse survey was sent to those who did not participate in order to determine the reason for nonparticipation on Round #1 and Round #2. The most common reason for not participating was lack of time.

The Board endorsed the Definition. We are pleased to present the EMDRIA Definition of EMDR and appreciate the participation of the Expert Panel.

Expert Panel Members

Susan Brown, LCSW, BCD

Esly Carvalho, MS, LPC

Carol Forgash, MSW, LCSW, BCD

Karen Forte, LCSW, DCSW

Ana Gomez, MC, LPC

David Grand, Ph.D.

John Hartung, Psy.D.

L. Sue Hoffman, MSSW, LCSW, LMFT

Arne Hofmann, M.D., Ph.D.

Roy Kiessling, LISW

Jim Knipe, Ph.D.

Deborah Korn, Psy.D.

Andrew Leeds, Ph.D.

Sushma Mehrotra, clinical psychologist

Katy Murray, LICSW, BCD

Udi Oren, Ph.D.

Curt Rouanzoin, Ph.D.

Steven Silver, Ph.D.

Rosalie Thomas, RN, Ph.D.

Bennet Wolper, LMSW