

# Comparing Overall Success Rates of Cognitive-Behavioral Therapy, Eye Movement Desensitization and Reprocessing, Dialectical Behavior Therapy and Hypnosis

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This study is a comparative analysis of the effectiveness of four psychotherapeutic treatment modalities: Cognitive-Behavioral Therapy (CBT), Eye Movement Desensitization and Reprocessing (EMDR), Dialectical Behavior Therapy (DBT), and Hypnotic methods (HYP). The aim of this study was to determine the independent effectiveness of the four treatment modalities by reviewing the available literature. A total of 26,724 studies were identified by ProQuest search and screened to eliminate studies that did not permit computation of the success rates of their use. Of that total, 648 studies included objective data in some form, with 207 studies qualifying for inclusion in the analysis. The “Success Rate” measure was used as the standard of measurement, and was obtained by comparing the pre-treatment scores with post-treatment scores as published in the qualifying studies. Analysis revealed the most effective treatment modality to be EMDR, with a success rate of 49.4%. CBT was the second most effective at 40.5%, and the success rates of Hypnosis and DBT were 39.2% and 22.4% respectively. The clinical question in therapy should probably be, “How effective can I expect this method of treatment to be?” The findings of this study reveal CBT to be less effective than EMDR and equally effective as Hypnosis; and with DBT being significantly less effective, we are left with the implication that we must expand what we know.

**Keywords:** CBT, EMDR, DBT, hypnosis, effectiveness, efficacy, success rate

Although subjective opinions abound, objective evidence of the actual effectiveness of common psychotherapies is limited and at times produces contrary findings (Barth et al., 2013). Attempts are commonly made to value the benefit of one psychological treatment modality over another using controlled studies. However, considering the respective efficacy of modalities across studies is not common. For example, a meta-analysis by Gloaguen, Cottraux, Cucherat, and Ivy-Marie (1998) found CBT to be more effective than non-CBT approaches in depression treatment. In contrast, a meta-analysis by Leichsenring (2001) indicated no significant difference in efficacy between CBT and psychodynamic therapy for depression.

Rosenzweig (1936) suggested that all the various forms of psychological treatments are equally effective. He further proposed that it is not the technique which makes a difference, but other factors, including the simple presence of a safe space to discuss worries with a skilled and compassionate provider. Lambert (1992) tried to quantify this thesis and estimated that only 15% of client change occurred due to a specific technique.

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He attributed the rest to motivation or severity of the problem (40%), quality of the therapeutic relationship (30%), and placebo effect (15%). The actual benefit of psychotherapy in the treatment of mental health disorders still remains unclear.

Whereas Barth et al. (2013) compared the efficacy of seven interventions for depression alone; this current study was performed to examine the effectiveness of four treatment modalities of psychotherapy across various mental health problems and diagnoses. The modalities examined included Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), and Hypnotic methods (HYP). Without direct comparisons between the effectiveness of psychological treatments across studies and across problem areas, it is difficult to establish the independent merits of each method. Understanding the merit of each treatment modality can further facilitate research into cost-benefit analysis and overall value of the modality.

## Method

This study summarizes data contained in published studies of the methods cited in which the efficacy of each method was compared to one or more alternate methods. A significant percentage of all published papers on these methods, including both case and controlled studies, were identified. Following three succeeding filter steps used to identify the qualifying studies, the raw data were used to compute the success rates quoted. No discrimination was made between the types of problems or psychological disorders treated in the studies; the data represent the combined success rates of all problems reported in those studies.

### Success Rate

The measure used in this study was “Success Rate,” as opposed to Cohen’s  $d$  and/or other effect-size measures, because of the wide variation of the  $n$  for the studies included. This “Success Rate” calculation produced the percentage change in reported mean scores between baseline and post-treatment measurements. Overall success rate for a treatment modality was obtained by averaging the success rates of all studies in which the modality was used. These success rates were then corrected for the wide variation in the  $n$  of the studies.

The analysis is presented without claim of accuracy of the source data provided in the published literature; nevertheless, it reports a substantial portion of existing published studies. Moreover, it constitutes a challenge to the generally held beliefs and expectations regarding the effectiveness of the methods reviewed.

### Sources of the Data

Four prevalent treatment methods were selected for inclusion and comparison: CBT, EMDR, DBT, and Hypnosis. The data were compiled from studies accessed via computer across three widely used electronic databases (*EBSCOHOST’s Psychology and Behavioral Sciences Collection*, *Academic Search Premier*, and *Science Direct*). Initial computer search parameters retrieved only clinical trials published in a peer-reviewed journal from the databases. The exception to this search was for Hypnosis, where an additional online database, *Taylor & Francis*, was searched for viable studies; examining only the first 4,000 results of the *Taylor & Francis* database search.

### Screening the Data

The initial computer search across the three databases yielded 26,724 studies in which one or more of this study’s treatment methods existed. Employing three screenings successively, the data processor filtered out studies that did not meet the criteria for acceptance as defined in Table 1.

Table 1

*Acceptance Criteria for the Studies*

- |   |
|---|
| (a) Studies must be clinical trials published in peer-reviewed academic journals. |
| (b) Studies must not be literature reviews.                                       |
| (c) Studies must not be proposed trials.  |
| (d) Studies must not be meta-analyses.  |
| (e) Studies must be published in the English language.                            |
| (f) Studies must not use an adjunctive treatment method.                          |
| (g) Studies must report treatment time.   |
| (h) Studies must report the number of patients.                                   |
| (g) Studies must contain sufficient raw data to calculate a success rate.         |
| (h) Studies must not be duplicates from the cross-database search.                |

**The first (computerized) screen.** The researcher examined 26,724 potential studies for basic criteria compliance, referred to as the first screen. This included inspecting the titles and abstracts of the studies for any violations of criteria (a) through (e), which reduced the number of usable studies to 3,529.

**The second (manual) screen.** All studies passing the first screen proceeded to a visual appraisal of the full contents of the published study, eliminating studies violating any of the criteria numbered (f) through (h), leaving 648 studies.

**The third (manual) screen.** The third and final screen included detailed, visual examinations of the remaining 648 studies, ensuring that each study met criteria (i) through (j). This left 198 studies, or 0.74% of the initial 26,724, which met all criteria for inclusion and therefore were included in this analysis.

Table 2

*Summary of the Three Screenings*

	CBT	EMDR	DBT	HYP
Studies identified in the initial search	11,861	565	1,502	12,796
Studies remaining after the first (computer) screen	1,992	160	36	1,341
Studies remaining after the second (manual) screen	231	62	25	330
Studies remaining after the third (manual) screen	112	29	12	45

**Analysis of Data**

The “Success Rate” measure was used as the standard of measurement and obtained by comparing the pre-treatment scores with post-treatment scores as published in the qualifying studies. Since the *n* of the studies varied by a factor of ten or more, correction for this variance was made by multiplying the success rate of each study by the *n* of the study, totaling these values and dividing by the total *n* of the studies. Please see complete list of studies included in the analysis in the appendixes.

**Results**

The overall results of the analysis are summarized in Table 3. CBT studies, using 4,085 total subjects, resulted in a final success rate of 40.5%. Data from 13 DBT studies, using 217 total subjects, resulted in a final success rate of 22.4%. Data from 29 EMDR studies, using a total of 689 subjects, resulted in a final success rate of 49.4%. Data from 42 HYP studies, using a total of 1,504 subjects, resulted in a final success rate of 39.2%.

The results of the analysis for CBT across problems treated are summarized in Table 4, those for DBT are summarized in Table 5, those for EMDR are summarized in Table 6, and those for HYP are summarized in Table 7.

Table 3

*Overall Average Success Rates Across Treatment Modalities*

	CBT	EMDR	DBT	HYP
Average number of treatments	15.3	6.3	27.2	5.7
Total studies included	112	29	13	40
Total number of subjects	4085	689	217	1479
Success rates	40.5%	49.4%	22.4%	39.8%

Table 4

*CBT Average Success Rates by Problem Category*

Diagnosis	Studies	n	Treatment hours	Success rate
Addiction	3	161	19.0	32.9
Anxiety	97	3,451	15.5	40.5
Depression	5	108	16.8	37.5
Mood	0			
Physical	4	223	18.0	50.7
Sexual	0			
Sleep	4	120	7.9	39.7
Other	0			

Table 5

*DBT Average Success Rates by Problem Category*

Diagnosis	Studies	n	Treatment hours	Success rate
Addiction				
Anxiety	3		50.7	23.4
Depression	1			23.5
Mood				
Physical	4		20.8	3.2
Sexual				
Sleep				
Other	4		10.8	27.3

Table 6

*EMDR Average Success Rates by Problem Category*

Diagnosis	Studies	n	Treatment hours	Success rate
Addiction				
Anxiety	30		6.3	49.4
Depression				
Mood	1		7.5	57.8
Physical	1		1.5	62.2
Sexual	2		9.0	46.5
Sleep				
Other				

Table 7

*HYP Average Success Rates by Problem Category*

Diagnosis	Studies	n	Treatment hours	Success rate
Addiction				
Anxiety	4		4.3	23.4
Depression	1		16	55.1
Mood	1		13	56.3
Physical	25		5.9	26.1
Sexual	1		9	25.0
Sleep	2		3.5	34.4
Other	8		3.5	46.0

**Discussion**

The fact that objective data were found in less than 10% of the 26,724 studies brings into question the validity of frequently made claims of modality effectiveness. Casting further question on the validity of generally expected success rates, only 207 studies (less than 1% of the identified studies) contained objective data in a form that permitted computation of success rates. The unexpected reality of these numbers is considered significant in and of itself because it pinpoints the limitation to validating the methods.

These findings are concerning since even CBT, at a Success Rate of 40.5%, has become widely accepted as the standard of care in the treatment of a wide variety of behavioral health disorders. CBT's conventionally understood, more elevated efficacy as the treatment of choice is undermined when compared to EMDR at 49.4% and HYP at 39.2%.

**Limitations**

It is evident that comparing studies using different report measures can be problematic. The current analysis compared success rate (percentage change in scores between pre and post treatment) obtained by studies using different measures to evaluate reported symptoms. These measures include, but are not limited to: the Test Anxiety Inventory (TAI), Child Reaction Index (CRI), Revised Children's Manifest Anxiety Scale (RCMAS), and Beck Depression Inventory (BDI). Different measures use different scales and scoring systems. As such, simply comparing the percentage change between studies is an insufficient statistical analysis. However, the point of this paper is to give an overall impression of the efficacy of various treatment modalities, and the information from these findings is disappointing even though non-conclusive.

It is additionally limiting that within each study chosen for the analysis, several measures were occasionally reported and one might claim that choosing only one measure can lead to a selection bias. The measure chosen in such occasions was the most effective measure within that study.

This study does not intend to make claims dependent on statistical significance, but to shed light on the overall efficacy rates as reported by available studies in the field. A more robust meta-analysis that will compare scores on similar measures using a weighted system could support these findings with more consistent significant statistical results. In addition, it might be appropriate to consider additional treatment modalities if studies support results that show similar or higher success rates than those reported here.

**References**

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### Appendix A

#### Spread sheets and authors of the CBT method

##### Sheet 1—CBT raw data

Author	Dx	Tx hrs	N1	M1	Sd1	N2	M2	Sd2	% change	Correction weight for n
ADDIS	PANIC D	13.5	20	5.2	5.10	20	3.9	4.7	25	500.0
ARNTZ	GAD	12	25	57.5	8.30	25	52.7	10.3	8.3	208.7
BARLOW	PANIC D	15	15	5.5	0.90	15	2.6	1.4	52.7	790.9
BARLOW	GAD	15	7	5.4	0.90	7	2.7	1.4	50.0	350.0
BOUCHARD	PANIC D	22.5	14	1.5	1.55	14	0.13	0.2	91.3	1,278.7
BRYANT	ASD	7.5	33	27.1	7.46	33	16.58	12.5	38.9	1,282.5
BUDNEY	CANNABIS	14	30	7.9	4.00	26	5.1	4.7	35.4	1,063.3
BURKE	AGORAPHOBIA	30	12	29.3	7.71	12	15.16	10.5	48.2	578.1
BUTLER	GAD	10.7	19	29.8	12.90	19	12.4	10.7	58.4	1,109.4
CALEAR	ANX		530	8.9	6.41	484	7.86	7.0	11.5	6,087.8
CARLBRING	PANIC D	10	24	52.6	10.80	24	31.3	9.1	40.5	971.9
CHARD	PTSD	35.5	36	65.5	26.39	36	9	11.0	86.3	3,105.0
CHEN	ANX	12	63	54.4	8.90	63	42.7	6.5	21.5	1,355.0
CHOI	PANIC D	24	20	61.4	11.04	20	42.42	8.7	30.9	618.7
CLARK	ANX	5	7	7.4	2.60	7	5	1.8	32.4	227.0
COTTRAUX	OCD	20	30	9.6	1.70	30	1.9	2.1	80.2	2,406.3
CRASKE	AGORAPHOBIA	24	34	5.9	4.80	34	1.19	2.1	79.9	2,715.4
CRASKE	PANIC D	11	24	5.9	0.80	24	2.4	1.7	59.3	1,423.7
CRASKE	PANIC D	22	20	19.0	12.00	20	0.9	1.5	95.3	1,905.3
DANNON	PANIC D	16	23	21.4	10.00	23	9.9	8.0	53.7	1,236.0
DAVIDSON	SOCIAL PHOBIA	14	60	39.2	10.40	48	20.6	9.9	47.4	2,846.9
DeBEURS	PANIC D	12	18	7.5	1.18	18	5.83	1.9	22.0	395.2
DeBEURS	PANIC D	0	18	6.2	1.18	18	4.35	1.7	29.5	531.0
DeRUITER	PANIC D	8	13	3.0	0.70	13	2.8	0.8	6.7	86.7
DUGAS	GAD	28	25	6.4	1.19	25	3.4	1.8	46.5	1,163.5
DURHAM	GAD	18	14	1.8	0.70	14	0.8	0.8	55.6	777.8
DURHAM	GAD	18	15	6.2	0.70	15	3	1.4	51.6	774.2
EHLERS	PTSD	9.8	20	27.5	9.70	14	5	5.2	81.8	1,636.4
FAIRBURN	PTSD	8	25	70.9	16.20	25	37.5	30.4	47.1	1,177.7
FAIRBURN	EATING D	16.67	65	3.6	1.01	58	1.57	1.3	56.3	3,657.4
FECYEAU	PTSD	14.5	23	29.5	9.94	23	11.7	7.3	60.3	1,387.2
FOA	PTSD	13.5	14	24.5	6.62	14	11.07	4.0	54.8	766.9
FREESTON	OCD	40.5	15	25.1	5.00	15	12.2	9.6	51.4	770.9
FROMMBERGER	PTSD	12	10	70.5	7.20	10	34.8	15.0	50.6	506.4

GELERNTER	SOCIAL PHOBIA	24	17	17.9	8.10	17	12.1	8.7	32.4	550.8
GERSONS	PTSD	16	22	21.1	7.30	22	13.4	5.6	36.5	802.8
GRAZIANO	DEP		41	17.2	8.60	36	15.23	8.5	11.2	461.1
GREEN	MENOPAUSAL	20	4	39.8	12.40	4	16.9	9.5	57.5	230.2
GREIST	OCD	11	66	25.2	4.30	66	17.6	6.2	30.2	1,990.5
GRUBER	SOCIAL PHOBIA	30	5	52.7	8.00	5	40.7	11.8	22.8	113.9
GRUNES	OCD	12	14	12.3	3.02	14	11.4	2.7	7.3	102.4
HEDMAN	PANIC D		570	10.5	4.90	404	5.3	4.8	49.5	28,228.6
HERBERT	SAD	12	14	128.3	37.39	14	74.8	38.0	41.7	583.5
HOPE	SOCIAL PHOBIA	27	13	19.4	7.40	13	18.5	12.0	4.6	60.3
HSIEH	ANX	12	9	11.9	3.33	9	8.75	3.5	26.4	237.7
JARNEFELT	INSOMNIA	8	32	22.4	16.30	30	20.4	14.5	8.9	285.7
KAYROUZ	ANX		11	11.7	6.35	10	3.8	2.2	67.5	743.0
KENDALL	ANX	16	54	48.8	20.13	54	36.93	22.0	24.3	1,311.0
KENWRIGHT	OCD	1.27	22	26.5	5.10	22	20.2	9.2	23.8	523.0
KOBAK	OCD	12	28	22.8	3.68	28	16.32	7.0	28.5	797.5
KOH	PANIC D	4.67	21	26.4	6.60	21	8.9	4.0	66.3	1,392.0
KUBANY	PTSD	14.5	46	72.9	18.40	45	15.8	14.4	78.3	3,603.0
LADOUCEUR	GAD	15.8	14	6.4	0.74	14	2.64	1.6	58.5	818.9
LANZA	SUBSTANCE D	24	19	31.2	17.40	19	18	13.6	42.3	803.8
LEE	PTSD	10.5	12	20.6	10.00	12	13.25	12.0	35.6	427.4
LIDDLE	SUBSTANCE D		112	28.5	17.36	112	19.75	18.2	30.6	3,430.4
LILLIECREUTZ	PHOBIA	2	30	52.8	6.52	30	45	6.3	14.8	443.2
LINDEN	GAD	21.6	36	26.8	8.30	36	17.3	10.5	35.4	1,276.1
LOERCH	PANIC D	7.5	14	25.4	7.89	14	9.14	6.3	64.0	895.4
MARKS	PTSD	10	18	3.2	0.80	18	1.6	1.2	50.0	900.0
MARKS	PANIC D	6	29	7.3	1.00	29	3.6	1.3	50.7	1,469.9
MCDONAGH	PTSD	24.5	29	69.9	16.80	29	53.1	28.8	24.0	697.0
McEVOY	DEP	20	38	26.9	8.90	38	16.5	11.3	38.7	1,469.1
MCLEAN	OCD	30	31	21.9	5.80	31	16.1	6.7	26.5	821.0
McMURCHIE	DEP		33	21.1	5.47	33	12.88	8.9	38.9	1,284.6
MERSCH	SOCIAL PHOBIA	16	20	5.2	1.12	20	2.87	1.3	44.3	885.4
NEUNER	PTSD	6	17	25.2	7.40	15	19.1	11.7	24.2	411.5
NEWMAN	SOCIAL PHOBIA	16	16	42.9	12.40	16	36.2	9.5	15.6	249.9
NEWMAN	PANIC D	12	18	2.4	0.90	18	1.44	0.4	39.7	715.5
O'CONNOR	OCD	20	15	25.5	7.10	15	13.3	8.6	47.8	717.6
OST	GAD	12	18	23.9	6.45	18	11.39	5.9	52.4	943.6
OST	PANIC D	15.19	26	5.2		26	2.04		60.7	1,578.0
OST	PANIC D	12	15	49.9	15.53	15	30.2	20.8	39.4	591.6
OTTO	SOCIAL PHOBIA	30	20	4.9	0.80	15	3.5	1.3	28.6	571.4
PARKER	DEP	10	11	16.1	5.60	11	10.6	7.4	34.2	375.8
PAUNOVIC	PTSD	27	8	95.1	25.70	8	49	24.2	48.5	387.8
PAXLING	GAD		44	68.7	5.94	44	57.82	13.0	15.9	699.0
PETRY	GAMBLING	8	70	8.7	3.90	70	2.9	3.6	66.7	4,666.7
RESICK	PTSD	12	62	74.8	18.77	62	39.08	31.1	47.7	2,959.0
ROSS	PANIC D	18	15	6.1	8.33	15	0.13	0.4	97.9	1,467.9
RUSSELL	OCD	14.4	23	24.8	3.70	23	17.8	8.4	28.2	649.2
RYBARCZYK	INSOMNIA	16	46	49.8	38.60	46	22	17.8	55.8	2,567.9
SALABERRIA	SOCIAL PHOBIA	20	18	23.2	2.92	18	16.9	5.8	27.2	488.8

SANNIBALE	PTSD	18	33	13.4	7.36	33	7.47	5.2	44.3	1,461.7
SATO	INSOMNIA	4.25	20	2.3	0.60	20	1.2	0.4	47.8	956.5
SCHEERS	FATIGUE	16	84	48.4	7.10	84	29.3	14.0	39.5	3,314.9
SCHNEIDER	PANIC D		43	7.0	1.20	33	4.7	2.0	32.9	1,412.9
SCHOLING	SOCIAL PHOBIA	16	30	26.9	6.40	30	16.1	7.9	40.1	1,204.5
SCHOLING	SOCIAL PHOBIA	8	15	24.0	7.50	15	12.5	6.9	47.9	718.8
SERFATY	EMOTIONAL	8	19	46.3	21.60	19	26	21.0	43.8	833.0
SHARP	PANIC D	12	30	21.3	4.10	30	7.1	7.5	66.7	2,000.0
SHEAR	PANIC D	15	24	4.0	4.10	20	1.2	3.2	70.0	1,680.0
SPENCE	ANX	10	22	6.0	1.02	22	2	2.3	66.7	1,466.7
STANGIER	SOCIAL PHOBIA	15	2	80.9	12.00	2	59.7	20.3	26.2	52.4
STANLEY	GAD	21	31	5.1	0.26	31	1.83	1.9	64.2	1,989.8
STANLEY	GAD	15	29	60.1	9.47	29	51.6	10.2	14.1	410.1
STANLEY	GAD	8	6	5.5	0.58	5	3.8	0.5	30.9	185.5
STEKETEE	HOARDING D	12	23	63.4	14.95	23	53.73	18.5	15.3	351.4
TARRIER	PTSD	16	33	77.8	14.95	33	50.82	24.0	34.6	1,143.3
TAYLOR	SOCIAL PHOBIA	28	32	174.8	18.00	32	154.2	23.6	11.8	377.1
TELCH	PANIC D	18	34	4.2	9.47	34	0.18	1.3	95.7	3,253.6
TROEUNG	DEP	16	11	10.1	3.73	11	7.64	2.8	24.3	267.1
TURNER	SOCIAL PHOBIA	30	21	122.3		21	93.7		23.4	491.1
VAN BALKOM	OCD	12	25	28.0	7.00	19	12.5	9.3	55.4	1,383.9
VAN OPPEN	OCD	12	28	28.7	5.30	28	13.4	9.4	53.3	1,492.7
VOGEL	OCD	24	16	24.9	2.90	16	16.7	7.2	32.9	526.9
WALLER	BULIMIA	19.2	70	4.5	6.51	70	1.84	5.1	58.7	4,105.6
WETHERELL	GAD	12	18	4.9	0.80	18	2.4	1.6	51.0	918.4
WHITTAL	OCD	12	41	23.5	4.30	30	10.6	7.1	54.9	2,250.6
YANG	SLEEP D	3.5	22	48.0	11.79	22	27.18	7.6	43.4	954.3
YOSHINAGA	SAD	21	15	91.8	23.50	15	51.7	27.8	43.7	655.2
		15.3	4,085				Corrected success rate average: 40.5%			165,541.3

**Sheet 2—Studies included**

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## Appendix B

### Spread sheets and authors of the EMDR method

#### Sheet 1—EMDR raw data

Author	Dx	Tx hrs	N1	M1	SD1	N2	M2	SD2	% change
ADRIUZ	PTSD	5.0	124	7.2		124	2.2		69.6 8,628.3
BALCOM	SHAME	7.5	9	45.6		9	19.2		57.8 520.2
BLOOMGARDEN	EATING D	1.5	43	6.1	3.1	43	2.3	5.3	62.2 2,676.0
CHEMTOB	PTSD	4.0	32	36.5	11.6	32	16.5	13.0	54.9 1,757.6
EDMOND	SEXUAL	6.0	6	16.3	7.2	6	8.6	6.7	47.2 283.4
ENRIGHT	ANXIETY	2.0	35	65.5	8.4	35	51.8	15.4	21.0 734.7
FESKE	PANIC D	5.0	15	45.3	25.1	15	27.1	26.4	40.2 602.6
GOLDSTEIN	ANX	6.0	18	8.8	3.0	18	6.7	3.5	24.1 434.2
GRAINGER	PTSD	2.0	29	7.7	1.6	29	1.9	2.1	74.9 2,171.2
GREENWALD	PTSD	3.0	15	6.2	1.6	15	2.2	2.3	64.5 967.0
HEBER	PTSD	4.0	1	47.0		1	23.0		51.1 51.1
HEIDE	PTSD	11.0	5	12.8	1.8	5	10.8	4.7	15.6 78.1
INOUE	PTSD	20.0	1	25.0		1	21.0		16.0 16.0
IRONSON	PTSD	6.0	10	26.6	11.6	10	9.1	11.2	65.8 657.6
JABERGHADERI	SEXUAL	12.0	7	34.9	5.8	7	18.9	7.9	45.8 320.9
JONGH	PHOBIA	2.0	1	10.0		1	0.0		100.0 100.0
KONUK	PTSD	8.0	41	34.3	8.0	41	5.4	4.8	84.3 3,457.9
LEE	PTSD	4.6	12	16.8	7.8	12	8.2	5.7	51.0 611.8
MARCUS	PTSD	5.8	62	17.9	16.5	42	12.3	14.6	31.2 1,932.7
MAXWELL	ANX	6.0	1	32.0		1	6.0		81.3 81.3
MURIS	PHOBIA	2.0	9	10.3	1.5	9	8.8	2.9	15.0 135.0

NAZARI	OCD	8.0	30	24.8	5.4	30	13.6	5.5	45.2	1,356.8
NIJDAM	PTSD	6.5	70	7.8	39.4	70	6.3	19.9	19.2	1,346.2
ORAS	PTSD	2.5	13	61.8	11.9	13	33.5	19.4	45.8	595.3
POWER	PTSD	10.0	27	35.1	4.4	27	24.0	8.7	31.6	853.8
ROOS	PTSD	4.0	26	30.5	11.5	26	17.7	9.6	42.0	1,091.1
ROTHBAUM	PTSD	9.0	20	26.0	7.1	20	10.7	11.5	58.8	1,175.3
TAYLOR	PTSD	8.0	15	26.4	10.0	15	16.4	9.1	37.9	568.2
WADAA	PTSD	12.0	12	38.9	7.0	12	12.3	6.2	68.4	820.6
		6.3	689							Corrected success rate average: 49.4%
										34,025.4

**Sheet 2—EMDR studies included**

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### Appendix C

#### Spread sheets and authors of the DBT method

##### Sheet 1—DBT raw data

Author	Dx	Tx hrs	N1	M1	SD1	N2	M2	SD2	% change	
CHEN	BINGE-EATING	23.0	8	2.38	3.16	8	1.29	1.6	45.8	366.4
COURBASSON	SUBSTANCE D	48.0	14	22.4	18.2	8	1.5	3	93.3	1,306.3
FELIU-SOLER	BPD	20.0	18	4.72	1.88	18	4.61	2.03	2.3	41.9
HILL	BINGE-EATING D	12.0	18	3.61	1.16	18	2.48	1.39	31.3	563.4
KEUTHEN	TRICHOTILLOMANIA	15.0	10	18.5	-	10	7	-	62.2	621.6
KLEIN	BINGE-EATING D	40.0	5	4.7	3.11	5	3.75	1.5	20.2	101.1
LYNCH	ANOREXIA NERVOSA	8.0	34	14.69	1.49	34	18.26	2.18	-24.3	-826.3
MEANEY-TAVARES	DEP AND ANX	16.0	17	31.94	12.18	17	19.06	11.13	40.3	685.5
NEE ( STUDY 1)	BPD	4.0	1	21.07	-	1	8.68	-	58.8	58.8
NEE ( STUDY 2)	BPD	4.0	1	19.46	-	1	0.54	-	97.2	97.2
RITSHCEL	DEP AND ANX	70.0	55	32.47	12.78	42	26.34	15.08	18.9	1,038.3
STIEL	PTSD	66.0	29	2.13	0.4	25	1.66	0.69	22.1	639.9
WASSER	DEPRESSION		7	2.43	1.56	7	1.86	1.62	23.5	164.2
		27.2	217				Corrected success rate average: 39.2%		4,858.4	

##### Sheet 2—DBT studies included

- Chen, E., Matthews, L., Allen, C., Kuo, J., & Linehan, M. (2008). Dialectical behavior therapy for clients with binge-eating disorder or bulimia nervosa and borderline personality disorder. *International Journal of Eating Disorders, 41*(6), 505-512.

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## Appendix D

## **Spread sheets and authors of the HYP method**

### Sheet 1—HYP raw data

Author	Dx	Tx hrs	N1	M1	SD1	N2	M2	SD2	% change	
ABRAMOWITZ	INSOMNIA	4.0	17	35.9	2.3	17	27.5	1.8	23.4	397.8
ANBAR	EATING D	7.0	1	7		1	2		71.4	71.4
ALLADIN	DEPRESSION	16.0	82	39		82	17.5		55.1	4,520.5
ASKAY	PAIN	1.0	27	67.8	22.2	27	55.6	28.9	18.0	485.8
BARKLEY	SMOKING	7.0	8	16.6		8	8.1		51.2	409.6
BOLOCOSKY	WEIGHT	9.0	57	70.2		57	66.2		5.7	324.8
BOUTIN	TEST									
	ANXIETY	8.0	1	17		1	5		70.6	70.6
CARMODY	SMOKING	2.0	145	100		145	0.45	5.7	99.6	14,434.8
DEIKER	COMPULSION	4.0	1	19		1	1		94.7	94.7
DICKSON- sp	CESSATION	1.0	116	100		107	0.67		99.3	11,522.7
ELKINS	PAIN	5.0	13	91.31		13	25.38		72.2	938.7
ELKINS	PAIN	2.7	21	100		21	19		81.0	1,701.0
ELKINS	LIBEDO	9.0	1	8		1	6		25.0	25.0
ENEA	PAIN	1.0	15	15	3.74	15	6.13	3.13	59.1	887.0
GALOVSKI	IBS	12.0	11	13.55	8.77	11	10	7.62	26.2	288.2
GALOVSKI	IBS	6.0	1	68		1	52		23.5	23.5
GAY	HYPERTENSION	8.0	15	88.7	7.3	15	80	5.3	9.8	147.1
GRONDAHL	CHRONIC PAIN	10.0	12	51.5		12	41.6		19.2	230.7

HAWKINS	NAUSEA	1.0	10	12.3	3.3	10	8.3	1.5	32.5	325.2
HAWKINS	SLEEP D	3.0	6	3.5		6	1.2		65.7	394.3
HORTON-HAU	ARTHROSIS	10.0	26	62.5		26	27.5		56.0	1,456.0
JENSEN	PAIN	10.0	8	3.21	1.76	8	1.32	1.28	58.9	471.0
JENSEN	PAIN	10.0	26	4.64	1.95	26	3.78	2.35	18.5	481.9
JENSEN	CANCER PAIN	4.0	5	5.13	0.77	5	4	0.47	22.0	110.1
JENSEN	PAIN	10.0	23	5.99	1.833	23	5.09	1.92	15.0	345.6
JOHNSON	LEARN DISABIL	3.0	15	14.8	4.9	15	15.53	5.11	-4.9	-74.0
LINDFORS	IBS	12.0	83	27.5	7.2	83	24.6	7.8	10.5	875.3
LISSI	PAIN	2.0	10	4		10	2		50.0	500.0
LOWEN	IBS	7.0	13	45.9	19.6	13	31.5	18.2	31.4	407.8
LU	SMOKING	3.0	25	7.8	1.5	25	3	2.6	61.5	1,538.5
MELNICK	TEST ANXIETY	3.0	9	181.67	22.23	9	148.6	17.12	18.2	164.0
MUTKE	READING COM	5.0	94	65		94	78		-20.0	-1,880.0
PATTERSON	PAIN	1.0	10	1.33	0.4	10	1.29	0.49	3.0	30.1
PATTERSON	PAIN	1.0	11	48.33	26.23	11	38.33	28.63	20.7	227.6
RASKIN	HYPERTENSION	4.0	8	151.3	16.7	8	146.9	22.7	2.9	23.3
RIEGEL	SMOKING	4.0	29	100		29	37.9		62.1	1,800.9
TAN	PAIN	4.0	9	25.22	3.83	9	16.78	7.29	33.5	301.2
UNTAS	ANXIETY	1.0	29	8.17	3.6	29	6.59	3.8	19.3	560.8
WALTERS	DISTRESS	13.0	1	16		1	7		56.3	56.3
WERNER	CHILDBIRTH	3.0	485	60.5	19.9	485	42.9	23.5	29.1	14,109.1
		5.7	1,479				Corrected success rate average: 39.8%			59,013.3

**Sheet 2—HYP studies included**

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