

FINGER-TAPPING DESENSITIZATION AND REPROCESSING (FTDR)

FACT SHEET

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What is Finger-tapping Desensitization and Reprocessing (FTDR)?

Finger-tapping desensitization and reprocessing (FTDR) is a cognitive-behavioral treatment for the lasting psychological after-effects of trauma, including post-traumatic stress disorder (PTSD). FTDR was developed by Sandy Beaches, Ph.D., who noticed that her own emotional responses to distressing memories suddenly dissipated one day as she was tapping her fingers on her desk while recalling an unpleasant memory. Through further investigation and clinical refinement, Dr. Beeches concluded that the motor activity of finger-tapping while recalling unpleasant memories results in a dissociation of memory images from associated emotional responses.

What will happen during FTDR treatment?

FTDR includes most features of traditional behavioral approaches to treatment of PTSD, including prolonged exposure to traumatic memories and cognitive restructuring. Exposure includes asking the client to recreate in vivid detail the traumatic event from memory. These exposures are conducted both in-session, and at home by the client as homework. Cognitive restructuring involves altering ineffective thoughts about the trauma, including overestimations of responsibility for the trauma, overestimations of the likelihood of a reoccurrence of the traumatic event, and estimations about the general dangerousness of the world or the client's abilities to cope. Presumably the critical component of FTDR is finger-tapping during the exposure exercises. Finger-tapping greatly enhances the efficacy of exposures, resulting in emotional adaptation in as little as one session (whereas typical exposure without tapping often takes several sessions). Clients are instructed to tap their fingers rhythmically on a table during exposures, sometimes with the aid of a metronome or similar device.

How do we know FTDR is an efficacious treatment?

As of January, 2003, only two outcome studies evaluating the efficacy of FTDR have been reported. In one small study, 3 of 6 patients with PTSD no longer suffered from PTSD at the end of treatment. In a second follow-up study, 89% of the treated patients with PTSD no longer met criteria for PTSD at the end of treatment, and this treatment was found to be superior to a "treatment as usual" psychotherapy condition. Although limited to date, the available data suggests that FTDR is an efficacious treatment for PTSD.

What are the risks, benefits, and alternative treatments?

No significant physical or psychological risks are known for this treatment, other than the discomfort of possible temporary exacerbation of PTSD symptoms due to recounting traumatic experiences during the therapy. From 14-43% of patients in clinical trials have dropped-out of this treatment, possibly due to unwanted side-effects. The potential benefits are primarily reductions in PTSD symptomatology that may include complete remission, and added potential side-benefits of improved functioning, mood, and self-esteem. There are alternative treatments known to be effective for treating this disorder including cognitive therapy, prolonged exposure, cognitive processing therapy, and some medications including Paxil and Zoloft. Some patients may benefit from a combination of psychotherapy and medications. Ask your therapist for more information if you are interested in one or more of these alternatives.