EMDR: Eye movements and other dual tasks.
2011, Guidelines by Dutch trainers

Working Memory hypothesis and clinical implications
The starting point is thinking and acting from evidence based medicine. There is ample evidence that the most important mechanism to explain the effects of eye movements is the working memory (WM) hypothesis. This theory has by far the most empirical support, is consistent in its predictions and outcomes, and is supported by clinical experience. See references below.

Eye movements as default.
The only modality in EMDR therapy that is evidence based is the use of eye movements. Other bilateral stimulation - such as clicks and tapping - are not sufficiently studied in patients. Several studies (also with patients) demonstrate that eye movements are superior to clicks.

Other tasks
Arithmetic or computer games like ‘Tetris’ probably tax working memory as much as eye movements, and are therefore probably as effective as EM, but are not yet ‘evidence based’ in terms of effectiveness for its use in patients. Therefore, the standard remains eye movements. Children and some adults cannot perform or do not want to perform eye movements. Then clicks or tactile stimulation should be used. However, try to increase the amount of distraction by volume or speed of tapping.

Low working memory capacity
If the patients’ working memory capacity is reduced, the working memory taxing can also be less. Low WM capacity is found in young children and in patients with intellectual disability. One will notice this when the patient can not follow your hand or is distracted too much. However: what is too much? Don’t think too early that your patient is distracted. Distraction is the working mechanism! As long as SUD decreases, there is no reason to change the kind of stimulation.

WM is already occupied by stress, anxiety and other concerns.
Vivid images with high SUD scores need the strong stimulation of eye movements. When the patient cannot make a vivid image, the SUD is not as high as expected, there are no associations, then try slower eye movements or clicks. Lower SUD scores are also expected with targets with shame and guilt, or targets that are less accessible, like preverbal memories. In those cases one can consider clicks.

Resource Development Installation (RDI) and Safe Place.
RDI and safe place are meaningful interventions, but there is no empirical support for the use of eye movements or other bilateral stimulation. WM predicts aversive effects and this is exactly what has been found in research. Thus, no eye movenets in RDI and the safe place procedure

Positive cognition and future template
There is no research available that is specifically aimed to study the role of EM during the installation phase of the positive cognition and the future template. However, we expect EM to be meaningful during these phases. The PC during these phases does not refer to positive images but to positive (read functional) statements. Unlike RDI and safe place, the target image is negative. Even if SUD = 0, there is still some disturbance, because the PC does not feel completely true (VOC < 7) Eye movements are applied to further reprocess this disturbance. The validity of cognition will increase as the negativity will diminish. Thus, there is good reason to use EM in the installation phase and the future template.

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Conclusions
EMDR is an evidence based therapy. The evidence is based on the whole protocol, including EM and other parts of the procedure. EMs appear to be an important part of the procedure. EMs cannot be omitted, or replaced by other bilateral stimulation like clicks or tapping. There are good reasons to omit EM in the safe place and RDI procedures. The rest of the procedure should be followed as much as possible, until further research proves otherwise.

References (update 2013)
De Jongh, A., Ernst, R., Marques, L. & Hornsveld, H.K. The impact of eye movements and tones on disturbing memories of patients with PTSD and other mental disorders. Submitted for publication.
Hornsved, H. et al. (2010). Emotionality of loss-related memories is reduced after recall plus eye movements but not after recall plus music or recall only. Journal of EMDR Practice and Research, 4, 106-112.