

# EMDR And The Military In Action E-Newsletter

A monthly newsletter to keep you informed.

This is a monthly e-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Desensitization (EMDR) who work with military, veterans, and their families. The purpose of EMDR And The Military In Action is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

#### In This Issue

- Brief adjunctive EMDR
- Providing adjunctive EMDR treatment
- Evidence on E.M.D.R.
- Guidelines for the management of conditions specifically related to stress.
- Assessment management of conditions specifically related to stress: mhGAP Intervention Guide Module.

## **Citations Of The Month - Adjunctive EMDR Therapy**

Borstein, S. S. (2009). <u>Brief adjunctive EMDR</u>. Journal of EMDR Practice and Research, 3(3), 198-204. doi:10.1891/1933-3196.3.3.198.

Question: How can I provide brief adjunctive EMDR as a consultation service to other therapists' clients? ANSWER FROM SUZANNE S. BORSTEIN: Eye movement desensitization



and reprocessing (EMDR) has been demonstrated to be an effective treatment for posttraumatic stress disorder (PTSD), and its application to other psychological problems has been documented as well (Maxfield, 2007). As the effectiveness of EMDR is increasingly documented not only in the professional literature but also in the popular press, therapists and clients alike have become curious about whether EMDR might be helpful in their work.

Zangwill, W. (2007, June). Providing adjunctive EMDR treatment. EMDRIA Newsletter, 12(2), 8-11.

For the past several years, in addition to my work as an EMDR trainer and private practitioner, I have provided consultation to many EMDR clinicians. During these consultations, one of the most frequently asked questions has been how to handle requests for EMDR treatment for a client currently in therapy with someone else. Providing adjunctive EMDR treatment can be intensely productive and stimulating if done properly; it can also be counterproductive if not. In this article I want to share with you a series of steps that I have found to be important if adjunctive EMDR treatment is to be optimally effective and problems avoided, or at least minimized.

#### **EMDR In The News**

Shapiro, F. (2012, March 2). <u>Evidence on E. M. D. R.</u> The New York Times.

This week, readers of the Consults blog posed questions about eye movement desensitization and reprocessing, or E.M.D.R., a psychological therapy pioneered by Francine Shapiro that uses eye movements and other procedures to process traumatic memories. The therapy has been used increasingly to treat post-traumatic stress disorder and other traumas. You can learn more about how E.M.D.R. therapy is done here. Below, Dr. Shapiro addresses reader questions about the current state of research on E.M.D.R. therapy.

World Health Organization (2013). <u>Guidelines for the management of</u> <u>conditions specifically related to stress</u>. Geneva, Switzerland: WHO.

Trauma-focused CBT and EMDR therapy are recommended for children, adolescents and adults with PTSD. "Like CBT with a trauma focus, EMDR therapy aims to reduce subjective distress and strengthen adaptive cognitions related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework." [Excerpt]

World Health Organization. (2013). <u>Assessment management of</u> <u>conditions specifically related to stress: mhGAP Intervention Guide</u> <u>Module</u>. Geneva, Switzerland: WHO.

Eye movement desensitization and reprocessing (EMDR) Eye movement desensitization and reprocessing (EMDR) therapy is based on the idea that negative thoughts, feelings and behaviours are the result of unprocessed memories. The treatment involves standardized procedures that include focusing simultaneously on (a) spontaneous associations of traumatic images, thoughts, emotions and bodily sensations and (b) bilateral stimulation that is most commonly in the form of repeated eye movements. Like CBT-T, EMDR aims to reduce subjective distress and strengthen adaptive beliefs related to the traumatic event. Unlike CBT-T, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure or (d) homework. [Excerpt]

### **Special Notes**

- Our Wordpress blog: <u>http://emdrresearchfoundation.wordpress.com/</u> (note that there are entries on 12/16 and 12/18 with links to articles)
- Like us on Facebook: <u>www.facebook.com/emdrresearchfoundation</u> (note that there are quite a few relevant entries with links to articles)
- Follow us on Twitter: www.twitter.com/EMDRResearch

To update your e-mail address with us, please email info@emdrresearchfoundation.org. Thank you!

If you no longer want to receive these messages, please click the "unsubscribe" button below.

