

EMDR AND THE MILITARY IN ACTION E-NEWSLETTER

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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.

Researchers!

If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a \$25,000 research award through the EMDR Research Foundation. Go to <u>http://emdrresearchfoundation.org/research-grants/research-grant-awards</u> for details. If you need access to expertise for a research project, don't hesitate to apply for a \$1,000 research consultation award. For details go to <u>http://emdrresearchfoundation.org/research-grants/research-consultation-awards</u>.

Hegarty, K., Tarzia, L., Hooker, L., & Taft, A. (2016). <u>Interventions to support recovery</u> <u>after domestic and sexual violence in primary care</u>. *International Review of Psychiatry*, 28(5), 519-532. doi:10.1080/0954026 1.2016.1210103.

Experiences of domestic and sexual violence are common in patients attending primary care. Most often they are not identified due to barriers to asking by health practitioners and disclosure by patients. Women are more likely than men to experience such violence and present with mental and physical health symptoms to health practitioners. If identified through screening or case finding as experiencing violence they need to be supported to recover from these traumas. This paper draws on systematic reviews published in 2013-2015 and a further literature search undertaken to identify recent intervention studies relevant to recovery from domestic and sexual violence in primary care. There is limited evidence as to what interventions in primary care assist with recovery from domestic violence; however, they can be categorized into the following areas: first line response and referral, psychological treatments, safety planning and advocacy, including through home visitation and peer support programs, and parenting

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and mother-child interventions. Sexual violence interventions usually include trauma informed care and models to support recovery. The most promising results have been from nurse home visiting advocacy programs, mother-child psychotherapeutic interventions, and specific psychological treatments (Cognitive Behaviour Therapy, Trauma informed Cognitive Behaviour Therapy and, for sexual assault, Exposure and Eye Movement Desensitization and Reprocessing Interventions). Holistic healing models have not been formally tested by randomized controlled trials, but show some promise. Further research into what supports women and their children on their trajectory of recovery from domestic and sexual violence is urgently needed.

Mosquera, D., & Knipe, J. (2017). <u>Idealization and maladaptive positive emotion:</u> <u>EMDR therapy for women who are ambivalent about leaving an abusive partner.</u> *Journal of EMDR Practice and Research*, 11(1), 54-66. doi:10.1891/1933-3196.11.1.54.

After ensuring safety, treatment of victims of intimate partner violence is typically focused on the adverse and traumatizing experiences and related negative emotions. In addition, in many cases, idealization of the perpetrator and maladaptive positive emotion are initial elements that also need to be taken into account. The concept of dysfunctionally stored information described in the adaptive information processing model can be viewed as being broader in nature than maladaptive negative emotions from memories for adverse experiences and can include dysfunctional defenses such as maladaptive positive emotion and idealized life experiences. Self-defeating, dysfunctional, and unrealistic idealization in a relationship can be treated through targeting, with focused sets of bilateral stimulation, specific positive affect memories that are the origin of the distorted idealization. In this way, the client is able to develop adaptive resolution, that is, a more accurate perception of both past events and the present nature of the relationship. This approach to targeting idealization defenses is illustrated with 3 case examples of women who were ambivalent about leaving a highly abusive partner.

Stowasser, J. (2007). EMDR and family therapy in the treatment of domestic violence. In F. Kaslow, F. Shapiro, & L. Maxfield (Eds.), <u>The integration of EMDR and family therapy processes.</u> Hoboken, NJ: John Wiley & Sons.

Domestic violence (DV) has been defined as a pattern of verbal and physical behavior intended to control another person in an existing, former, or desired intimate relationship (Walker, 1979). Although DV is not confined to heterosexual unions or to males as abusers, this chapter focuses on heterosexual males as offenders because 85% of DV is directed by men toward women (Rennison & Welchans, 2000). This chapter discusses integrating Eye Movement Desensitization and Reprocessing (EMDR; Shapiro, 1995, 2001) and Therapy of Social Action (TSA) in the treatment of couples with domestic violence issues. A case example is then presented. The concluding discussion asserts that TSA and EMDR appear to be a powerful combination for the treatment of DV. When used with carefully selected couples. EMDR and TSA can repair the damage caused to the victims, strengthen relationships, inhibit abuser and victim tendencies in children, eliminate posttraumatic stress disorder (PTSD), increase personal responsibility, develop nonviolent conflict resolution skills, and increase empathy for self and others. After ensuring safety, treatment of victims of intimate partner violence is typically focused on the adverse and traumatizing experiences and related negative emotions.

Lawrence, Q. (2016, April 27). *After combat stress, violence can show up at home*. All Things Considered. Retrieved from <u>http://www.npr.org/sections/health-shots/2016/04/27/475908537/after-combat-stress-violence-can-show-up-at-home</u> on 5/8/2017.

Powers, R. (2016, November 9). *Domestic violence in the military: Domestic violence involving military member can be a complicated issue*. The Balance. Retrieved from <u>https://www.thebalance.com/domestic-violence-in-the-u-s-military-4052670</u> on 5/8/2017.

For a complete list of Military In Action Archives, click here.

Nov 2014 Volume 2, Issue 11 and Jan 2016 Volume 4, Issue 1 were focused on EMDR Therapy and Anxiety

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