

EMDR And The Military In Action

A monthly newsletter to keep you informed.

This is a monthly e-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing Therapy (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

- Citations of the Month- EMDR Early Intervention
- From the EMDR Bookshelf
- EMDR in the News



Citations of the Month- EMDR Early Intervention

Carriere, R. C. (2014). [Scaling up what works: Using EMDR to help confront the world's burden of traumatic stress.](#) Journal of EMDR Practice and Research, 8 (4), 187-195.



Global estimates of trauma exposure, classified under the heading "Four Violences," demonstrate that the world faces a mental health crisis of truly epidemic proportions. Given the extent, severity, and consequences of trauma-based disorders (including posttraumatic stress disorder) worldwide for individuals, communities, and societies, the current minimal global public health response needs to be addressed. An important part of the response should involve the implementation of timely treatment both during and after a crisis. Eye movement desensitization and reprocessing (EMDR) therapy offers a potentially scalable intervention that combines effectiveness, efficiency, affordability, and acceptability-essential preconditions-for launching an ambitious global trauma therapy plan. An overview of both challenges and solutions to effective scaling up and global implementation is provided, including the areas of policy, funding, and ethics. This article concludes with a list of activities (including research) that should be initiated without delay as part of starting up a global trauma therapy plan.

Gelbach, R. (2014). [EMDR humanitarian assistance programs: 20 years and counting.](#) Journal of EMDR Practice and Research, 8 (4), 196-204.

EMDR Humanitarian Assistance Programs (HAP) was created in 1995 by EMDR

clinicians who had offered pro bono care and training for therapists in Oklahoma City after a terrorist attack. HAP set its mission to bring evidence-based trauma therapy to communities that were underserved or that had suffered disasters. HAP's training programs, which are low-cost, are provided by volunteers and target clinicians in public or nonprofit agencies. HAP currently reaches about 2,000 trainees annually. Similar HAP training programs in developing countries reach about 200 clinicians annually and aim to build local communities of practice that are sustainable. HAP has responded to disasters worldwide, with both training and treatment, but increasingly directs most disaster aid to the United States as new sister organizations appear and respond to disasters in other regions of the world. In recent years, HAP has aimed to promote emergence of its Trauma Recovery Network (TRN)-local voluntary teams of clinicians who stress preparedness as a key component of disaster response. Three TRN chapters in 2010 had grown to 20 in 2013 and will soon double, providing new options for service to HAP's more than 1,500 registered clinician volunteers.

Jarero, I. & Uribe, S. (2012). [The EMDR protocol for recent critical incidents: Follow-up report of an application in a human massacre situation.](#) *Journal of EMDR Practice and Research*, 6(2), 50-61(12).

This ongoing field study was conducted subsequent to the discovery of clandestine graves with 218 bodies recovered in the Mexican state of Durango in April 2011. A preliminary psychometric assessment was conducted with the 60 State Attorney General employees who were working with the corpses to establish a triage criterion and provide baseline measures. The Impact of Event Scale (IES) and the short posttraumatic stress disorder (PTSD) rating interview were administered, and the 32 individuals whose scores indicated moderate-to-severe posttraumatic stress and PTSD symptoms were treated with the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI). Participants were assigned to two groups: immediate treatment (severe scores) and waitlist/delayed treatment (moderate scores). Each individual client session lasted between 90 and 120 minutes. Results showed that one session of EMDR-PRECI produced significant improvement on self-report measures of posttraumatic stress and PTSD symptoms for both the immediate treatment and waitlist/delayed treatment groups. This study provides preliminary evidence in support of the protocol's efficacy in a natural setting of a human massacre situation to a group of traumatized adults working under extreme stressors. More controlled research is recommended to evaluate further the protocol's efficacy.

Jarero, J., Artigas, L., & Luber, M. (2011). [The EMDR protocol for recent critical incidents: Application in a disaster mental health continuum of care context.](#) *Journal of EMDR Practice and Research*, 5(3), 82-94(13).

This randomized, controlled group field study was conducted subsequent to a 7.2 earthquake in North Baja California, Mexico. Treatment was provided according to continuum of care principles. Crisis management debriefing was provided to 53 individuals. After this, the 18 individuals who had high scores on the Impact of Event Scale (IES) were then provided with the eye movement desensitization and reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI), a single-session modified EMDR protocol for the treatment of recent trauma. Participants were randomly assigned to two groups: immediate treatment group and waitlist/delayed treatment group. There was no improvement in the waitlist/ delayed treatment group, and scores of the immediate treatment group participants were significantly improved, compared with waitlist/delayed treatment group participants. One session of EMDR-PRECI

produced significant improvement on symptoms of posttraumatic stress for both the immediate-treatment and waitlist/delayed treatment groups, with results maintained at 12-week follow-up, even though frightening aftershocks continued to occur frequently. This study provides preliminary evidence in support of the protocol's efficacy in a disaster mental health continuum of care context. More controlled research is recommended to evaluate further the efficacy of this intervention.

Shapiro, L., & Laub, B. (2015). [Early EMDR intervention following a community critical incident: A randomized clinical trial.](#) *Journal of EMDR Practice and Research*, 9 (1), 17-27.

The aim of this study was to investigate the efficacy of early eye movement desensitization and reprocessing (EMDR) intervention using the EMDR recent traumatic episode protocol (R-TEP) after a traumatic community event whereby a missile hit a building in a crowded area of a town. In a waitlist/delayed treatment parallel-group randomized controlled trial, 17 survivors with posttraumatic distress were treated with EMDR therapy using the R-TEP protocol. Volunteer EMDR practitioners conducted treatment on 2 consecutive days. Participants were randomly allocated to either immediate or waitlist/delayed treatment conditions. Assessments with Impact of Event Scale-Revised (IES-R) and the Patient Health Questionnaire (PHQ-9) brief depression inventory took place at pre- and posttreatment and at 3 months follow-up. At 1 week posttreatment, the scores of the immediate treatment group were significantly improved on the IES-R compared to the waitlist/delayed treatment group, who showed no improvement prior to their treatment. At 3 months follow-up, results on the IES-R were maintained and there was a significant improvement on PHQ-9 scores. This pilot study provides preliminary evidence, supporting the efficacy of EMDR R-TEP for reducing posttrauma stress among civilian victims of hostility, and shows that this model of intervention briefly augmenting local mental health services following large-scale traumatic incidents, using an EMDR intervention on 2 consecutive days may be effective.

From the EMDR Bookshelf

Van der Kolk, B. A. (2014). [The body keeps the score: Brain, mind, and body in the healing of trauma.](#) New York, NY: Penguin.

A pioneering researcher and one of the world's foremost experts on traumatic stress offers a bold new paradigm for healing. Trauma is a fact of life. Veterans and their families deal with the painful aftermath of combat; one in five Americans has been molested; one in four grew up with alcoholics; one in three couples have engaged in physical violence. Such experiences inevitably leave traces on minds, emotions, and even on biology. Sadly, trauma sufferers frequently pass on their stress to their partners and children. Renowned trauma expert Bessel van der Kolk has spent over three decades working with survivors. In *The Body Keeps the Score*, he transforms our understanding of traumatic stress, revealing how it literally rearranges the brain's wiring—specifically areas dedicated to pleasure, engagement, control, and trust. He shows how these areas can be reactivated through innovative treatments including neurofeedback, mindfulness techniques, play, yoga, and other therapies. Based on Dr. van der Kolk's own research and that of other leading specialists, *The Body Keeps the Score* offers proven alternatives to drugs and talk therapy—and a way to reclaim lives.

In Van der Kolk's new book, there is a chapter entitled "Letting go of the past: EMDR" on pp. 248-262.

EMDR in the News

O'Callaghan, J. (2015, January 23). [Did ancient warriors suffer PTSD too?Â Texts reveal that battles 3,000 years ago left soldiers traumatised by what they saw](#). Daily Mail.com.

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