



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.

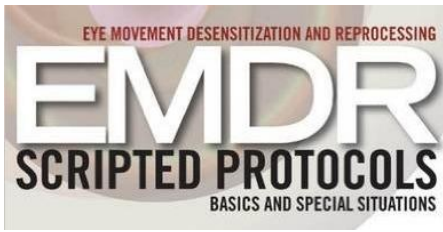
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Citations - EMDR and Nightmares

Aurora, R. N., Zak, R. S., Auerbach, S. H., Casey, K. R., Chowdhuri, S., Karippot, A., Maganti, R. K., Ramar, K., Kristo, D. A., Bista, S. R., Lamm, C. I., and Morgenthaler, T. I. (2010). [The Best Practice Guide for the Treatment of Nightmare Disorder in Adults](#). *Journal of Clinical Sleep Medicine*, 6(4), 389-401.

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Prazosin is recommended for treatment of Posttraumatic Stress Disorder (PTSD)-associated nightmares. Level A Image Rehearsal Therapy (IRT) is recommended for treatment of nightmare disorder. Level A Systematic Desensitization and Progressive Deep Muscle Relaxation training are suggested for treatment of idiopathic nightmares. Level B Venlafaxine is not suggested for treatment of PTSD-associated nightmares. Level B Clonidine may be considered for treatment of PTSD-associated nightmares. Level C The following medications may be considered for treatment of PTSD-associated nightmares, but the data are low grade and sparse: trazodone, atypical antipsychotic medications, topiramate, low dose Cortisol, fluvoxamine, triazolam and nitrazepam, phenelzine, gabapentin, cyproheptadine, and tricyclic antidepressants. Nefazodone is not recommended as first line therapy for nightmare disorder because of the increased risk of hepatotoxicity. Level C The following behavioral therapies may be considered for treatment of PTSD-associated nightmares based on low-grade evidence: Exposure, Relaxation, and Rescripting Therapy (ERRT); Sleep Dynamic Therapy; Hypnosis; Eye-Movement Desensitization and Reprocessing (EMDR); and the Testimony Method. Level C The following behavioral therapies may be considered for treatment of nightmare disorder based on low-grade evidence: Lucid Dreaming Therapy and Self-Exposure Therapy. Level C No recommendation is made regarding clonazepam and individual psychotherapy because of sparse data.



Freiha, T. (2009). The Image Director Technique for Dreams. In M. Luber (Ed.), *Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols: Basics and Special Situations* (pp. 111-118). New York, NY: Springer Publishing Co.

The "Image Director Technique"; was developed to target recurring nightmares or bad dreams and those targets that are directly related to a traumatic experience. Often, when patients are having nightmares or when they feel overwhelmingly out of control during a trauma, it is helpful to give them a way to be more in control of directing what might happen, even if it gets worse. Instead of utilizing the Standard Protocol that implies that you must follow wherever the associations the patient has led you, the Image Director Technique allows the patient to choose her own starting point in the nightmare or trauma and stop if she is overwhelmed. Again, the idea is to return to the Standard EMDR Protocol as soon as it is possible. The Image Director Script is provided.

Mysliwiec, V. M., O'Reilly, B., Polchinski, J., Kwon, H. P., Germain, A., & Roth, B. J. (2014). Trauma Associated Sleep Disorder: A Proposed Parasomnia Encompassing Disruptive Nocturnal Behaviors, Nightmares, and REM without Atonia in Trauma Survivors. *Journal of Clinical Sleep Medicine*, 10(10), 1143-1148. doi:10.5664/jcsm.4120.

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Study Objectives: To characterize the clinical, polysomnographic and treatment responses of patients with disruptive nocturnal behaviors (DNB) and nightmares following traumatic experiences.

Methods: A case series of four young male, active duty U.S. Army Soldiers who presented with DNB and trauma related nightmares. Patients underwent a clinical evaluation in a sleep medicine clinic, attended overnight polysomnogram (PSG) and received treatment. We report pertinent clinical and PSG findings from our patients and review prior literature on sleep disturbances in trauma survivors.

Results: DNB ranged from vocalizations, somnambulism to combative behaviors that injured bed partners. Nightmares were replays of the patient's traumatic experiences. All patients had REM without atonia during polysomnography; one patient had DNB and a nightmare captured during REM sleep. Prazosin improved DNB and nightmares in all patients.

Conclusions: We propose Trauma associated Sleep Disorder (TSD) as a unique sleep disorder encompassing the clinical features, PSG findings, and treatment responses of patients with DNB, nightmares, and REM without atonia after trauma.

Raboni, M.R., Tufik, S., & Suchecki, D. (2006, July). Treatment of PTSD by Eye Movement Desensitization Reprocessing (EMDR) Improves Sleep Quality, Quality of Life, and Perception of Stress. *Annals of the New York Academy of Sciences*, 1071(1), 508-513. doi:10.1196/annals.1364.054.

The impact of PTSD on the sleep of patients is widely reported. However, the parameters that can be altered are not the same for all patients. Some studies report an impairment of sleep maintenance and recurrent nightmares, while others failed to find such alterations. Among the many treatments, the eye movement desensitization reprocessing (EMDR) is a therapy used specifically to treat PTSD and general trauma.

The purpose of this study was to examine whether EMDR treatment can improve PTSD symptoms, such as sleep, depression, anxiety, and poor quality of life.

Russell, M. C., & Figley, C. (2012). Other Military Stress Injury and EMDR Treatment Considerations (pp 216-226). In *Treating Traumatic Stress Injuries in Military Personnel: An EMDR Practitioner's Guide*. New York, NY: Routledge.

Treating
Traumatic
Stress Injuries
in Military
Personnel



Woo, M. (2014). Eye Movement Desensitization and Reprocessing Treatment of Nightmares: A Case Report. *Journal of EMDR Practice and Research*, 8(3), 129-134(6). Doi:10.1891/1933-3196.8.3.129.

A single client with depression and chronic nightmares was treated with 4 sessions of eye movement desensitization and reprocessing (EMDR) and showed a decrease in nightmares and improvement in general well-being. The client's 2 nightmare images were resolved following Luber's (2010) protocol for nightmare processing. Treatment effects were measured with the Outcome Rating Scale and showed a shift from the clinical range at pretreatment to the nonclinical range at the third session. The ready improvement and gains of this patient have served to highlight various aspects of the EMDR procedures which have worked well for the client, which included targeting the negative cognitions surrounding the theme of helplessness as well as adapting the positive cognition with a collectivistic orientation.

EMDR in the News

Ashton, A. (2014, October 25). Sleep Study at Army Hospital Makes Case for Nightmare Disorder. The News Tribune.

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