



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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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 <http://emdrresearchfoundation.org/research-grants/research-grant-awards> 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 <http://emdrresearchfoundation.org/research-grants/research-consultation-awards>.

Citations – EMDR and Early Intervention

Jarero, I., Uribe, S., Artigas, L., & Givaudan, M. (2015). [EMDR protocol for recent critical incidents: A randomized controlled trial in a technological disaster context](#). *Journal of EMDR Practice and Research*, 9(4), 166–173. doi:: <https://doi.org/10.1891/1933-3196.9.4.166>.



This research evaluated the effectiveness of the Eye Movement Desensitization and

Reprocessing (EMDR) Protocol for Recent Critical Incidents (EMDR-PRECI) in reducing posttraumatic stress symptoms related to the explosion in an explosives manufacturing factory north of Mexico City that killed 7 employees. The EMDR-PRECI was administered on 2 consecutive days to 25 survivors who had posttraumatic stress symptoms related to the critical incident. Participants' mean score on the Short PTSD Rating Interview (SPRINT) was 22, well above the clinical cutoff of 14. They were randomly assigned to immediate and waitlist/delayed treatment conditions and therapy was provided within 34 days of the explosion. Results showed significant main effects for the condition factor, $F(1, 80) = 67.04, p < .000$. SPRINT scores were significantly different across time showing the effects of the EMDR therapy through time, $F(3, 80) = 150.69, p < .000$. There was also a significant interaction effect, condition by time, $F(2, 80) = 55.45, p < .001$. There were significant differences between the two treatment conditions at Time 2 (post-immediate treatment vs. post-waitlist/delayed), $t(11) = -10.08, p < .000$. Treatment effects were maintained at 90-day follow-up. Results also showed an overall subjective improvement in the participants. This randomized controlled trial provides evidence for the efficacy of EMDR-PRECI in reducing posttraumatic stress symptoms after a technological disaster.

Jarero, I., & Artigas, L. (2010). The EMDR integrative group treatment protocol: Application with adults during ongoing geopolitical crisis. *Journal of EMDR Practice and Research*, 4, 148–155(8). doi:<https://doi.org/10.1891/1933-3196.4.4.148>.

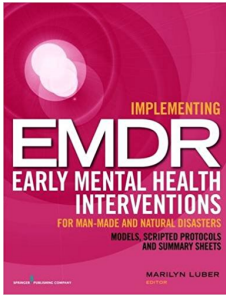


The eye movement desensitization and reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) has been used in its original format or with adaptations to meet the circumstances in numerous settings around the world for thousands of disaster survivors after natural or man-made incidents. In this study, the EMDR-IGTP was applied during three consecutive days to a group of 20 adults during ongoing geopolitical crisis in a Central American country in 2009. Results in this uncontrolled study showed significant decreases in scores on the Subjective Unit of Disturbance Scale and the Impact of Event Scale (IES). Changes on the IES were maintained at 14 weeks follow-up even though participants were still exposed to ongoing crisis. Controlled research is recommended to further evaluate the efficacy of this intervention.

Konuk, E., & Zeynep, Z. (2015). Humanitarian programs and interventions in Turkey. *Journal of EMDR Practice and Research*, 9 (2), 106–113(8). doi:[doi:https://doi.org/10.1891/1933-3196.4.4.148](https://doi.org/10.1891/1933-3196.4.4.148)

In this article, the concept of humanitarian aid, the basic needs in crisis situations, the definition of eye movement desensitization and reprocessing (EMDR), and EMDR as a humanitarian intervention are explained. General needs and needs in Middle East are discussed. Some of the published studies about the EMDR therapy as a humanitarian intervention are summarized. Training and humanitarian programs in Turkey are documented. Two of our important humanitarian projects with EMDR including Marmara earthquake training and Intervention and Kilis Syrian refugees projects are described in detail. The aim of this article is to underline the importance of basic elements of natural and man-made disasters in terms of organization, financing, training, and intervention.

From the EMDR Book Shelf



Lubber, M. (2014). [Implementing EMDR early mental health interventions for man-made and natural disasters: Models, scripted protocols, and summary sheets.](#) New York, NY: Springer Publishing.

In the News

Dolasinski, A. (2016, January 18). [Rising Use of Opioid Painkillers May Lead Soldiers, Vets to Heroin.](#) The Fayetteville Observer, N.D

Poole, L. (2013, March). [Counting the cost of humanitarian aid delivered through the military.](#) Global Humanitarian Assistance.

USAID (2016, July 8). [U.S. Government Agencies & Military: USAID coordinates closely with other U.S. government agency and the military to ensure that federal expertise, capabilities and resources are best leveraged to meet developmental goals.](#) USAID: From the American People.

For previous Military in Action issues containing EMDR Early Intervention, [click here:](#) and [click here to view the PDF](#)

Note: Issues from May 2014 and August 2015

For a complete list of Military In Action Archives, [click here.](#)

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