



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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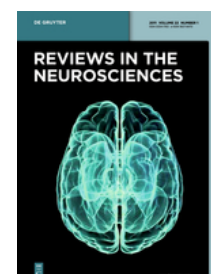
Researchers!

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Citations - EMDR therapy and Emotions

Gonzalez, A., del Rio-Casanova, L., & Justo-Alonso, A. (2017). [Integrating neurobiology of emotion regulation and trauma therapy: Reflections on EMDR therapy](#). *Reviews in the Neurosciences*. doi:10.1515/revneuro-2016-0070.

Emotion dysregulation is a frequent feature in trauma-related disorders. Different kinds of emotion dysregulation seem to be linked to particular psychiatric conditions, and there is growing evidence of the association between neurobiological correlates and those dysregulation patterns. Nevertheless, many of the recent findings from the field of the neurobiology have not been translated into clinical practice and are insufficiently contemplated in trauma-oriented therapies. The aim of this article is to review recent developments in the field of emotion regulation connecting these issues with the practical implementation of psychotherapeutic



procedures. The evaluation of emotion dysregulation patterns can guide decision making during the therapy independently to the approach, but there are some findings that can be especially useful for some concrete modalities of therapy. In this article we will focus our discussion on how emotion dysregulation may influence eye movement desensitization and reprocessing (EMDR) treatment in trauma-related disorders. EMDR is a well-defined and protocol-based intervention, with a strong empirical support for post-traumatic stress disorder (PTSD). We describe how different patterns of emotion dysregulation may influence EMDR treatment and procedures, and also how the application of EMDR beyond non-dissociative PTSD should take into account the predominant emotion-regulation strategies in specific posttraumatic disorders.

El Khoury-Malhame, M., Reynaud, E., Beetz, E. M., & Khalifa, S. (2017). [Restoration of emotional control ability in PTSD following symptom amelioration by EMDR therapy](#). *European Journal of Trauma & Dissociation*, 1(1), 73-79. doi:10.1016/j.ejtd.2017.01.002.

Introduction. Hyper-vigilance as well emotional hyper-reactivity to trauma-related cues are major facets of the emotional deficits frequently described as being part of the dysfunction causing aetiology and maintenance of post-traumatic stress disorder (PTSD).

Objective. We aimed at exploring how the ability to control for emotional responses is altered in PTSD and it can be restored after a treatment suppressing core symptoms, the Eye Movement Desensitization and Reprocessing (EMDR) therapy.



Methods. Twenty healthy controls and 19 PTSD patients were assessed on their abilities to control their emotions elicited by film excerpts inducing happiness, peacefulness, fear and sadness. Skin conductance (SC) and frowning activity were recorded while viewing the films before and after successful EMDR.

Results. The attempt to control for their emotions significantly enhanced SC responses to fearful and happy clips, in PTSD as compared to controls. In addition, it significantly increased frowning while watching to sad and fearful clips. Such differences disappeared after EMDR therapy. Patients initially were also less efficient at controlling all four emotions than healthy controls, but after EMDR, both groups rated similarly their controlling abilities.

Conclusion. These results suggest a major effect of EMDR therapy to restore emotional processing in PTSD.

Kimble, M.O., Fleming, K., and Bennion, K.A. (2013 May). [Contributors to hypervigilance in a military and civilian sample](#). *Journal of Interpersonal Violence*, 28(8), 1672-16. Published online 2013 Jan 17. doi:10.1177/0886260512468319.

Hypervigilance toward ambiguous or threatening stimuli is a prominent feature in many trauma survivors including active and returning soldiers. This study set out to investigate the factors that contribute to hypervigilance in a mixed sample. One hundred and forty-five individuals, 50 of whom were war zone veterans, filled out a series of questionnaires including the Hypervigilance Questionnaire (HVQ;

[Kimble, Fleming, & Bennion, 2009](#)). Other participants included military cadets, college undergraduates, and a traumatized community sample. In this sample, a history of military

deployment and posttraumatic stress disorder symptoms independently predicted hypervigilance. The findings suggest that deployment to a war zone, in and of itself, can lead to hypervigilant behavior. Therefore, characterizing hypervigilance as pathological in a veteran sample must be done so with caution.

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