

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 The Effectiveness of EMDR Therapy in PTSD Treatment

Maxfield, L., & Hyer, L.A. (2002). <u>The Relationship Between Efficacy and Methodology in Studies Investigating EMDR Treatment of PTSD</u>. *Journal of Clinical Psychology*, 58, 23-41.



The controlled treatment outcome studies that examined the efficacy of EMDR in the treatment of posttraumatic stress disorder have yielded a range of results, with the efficacy of EMDR varying across studies. The current study sought to determine if differences in outcome were related to methodological differences. The research was reviewed to identify methodological strengths, weaknesses, and empirical findings. The relationships between effect size and methodology ratings were examined, using the Gold Standard (GS) Scale (adapted from Foa & Meadows, 1997). Results indicated a significant relationship between

scores on the GS Scale and effect size, with more rigorous studies according to the GS Scale reporting larger effect sizes. There was also a significant correlation between effect size and treatment fidelity. Additional methodological components not detected by the GS Scale were identified, and suggestions were made for a Revised GS Scale. We conclude by noting that methodological rigor removes noise and thereby decreases error measurement, allowing for the more accurate detection of true treatment effects in EMDR studies.



McLay, R. N., Webb-Murphy, J. A., Fesperman, S. F., Delaney, E. M., Gerard, S. K., Roesch, S. C., Nebeker, B. J., Pandzic, I, Vishnyak, E. A., & Johnston, S. L. (2016, March 10). <u>Outcomes from Eye Movement Desensitization and Reprocessing in Active-Duty Service Members with Posttraumatic Stress Disorder.</u> *Psychological Trauma: Theory, Research, Practice, and Policy* Advanced online publication. doi:10.1037/tra0000120.

Objective: Eye movement desensitization and reprocessing (EMDR) is one of the therapy interventions recommended by the Veterans Affairs and Department of Defense Clinical Practice Guidelines. However, the literature concerning the effectiveness of this treatment modality in military service members is sparse. This study investigated the efficacy of EMDR in active-duty service members.

Method: We conducted an effectiveness study with a record review from active-duty military mental health clinics where clinical outcomes had been monitored over a 10-week period using self-report measures of posttraumatic stress and disability. Symptom scores were examined over time in 331 service members who met presumptive criteria for the disorder on the PTSD Checklist-Military Version (PCL-M), who were in psychotherapy, and who received (n 46) or didn't receive (n 285) EMDR.

Results: Results indicated that patients receiving EMDR had significantly fewer therapy sessions over 10 weeks but had significantly greater gains in their PCL-M scores than did individuals not receiving EMDR.

Conclusions: Randomized, controlled trials are still needed, but these findings provide further support for the use of EMDR in service members with PTSD.

Wilk, J. E., West, J. C., Duffy, F. F., Herrell, R. K., Rae, D. S., & Hoge, C. W. (2013). <u>Use of Evidence-Based Treatment for Posttraumatic Stress Disorder in Army Behavioral Healthcare</u>. *Psychiatry*, 76(4), 336-48. doi:10.1521/psyc.2013.76.4.336.

Objective: To identify the extent to which evidence-based psychotherapy (EBP) and psychopharmacologic treatments for posttraumatic stress disorder (PTSD) are provided to U.S. service



members in routine practice, and the degree to which they are consistent with evidence-based treatment guidelines.

Method: We surveyed the majority of Army behavioral health providers (n = 2,310); surveys were obtained from 543 (26%). These clinicians reported clinical data on a total sample of 399 service member patients. Of these patients, 110 (28%) had a reported PTSD diagnosis. Data were weighted to account for sampling design and nonresponses.

Results: Army providers reported 86% of patients with PTSD received evidence-based psychotherapy (EBP) for PTSD. As formal training hours in EBPs increased, reported use of EBPs significantly increased. Although EBPs for PTSD were reported to be widely used, clinicians who deliver EBP frequently reported not adhering to all core procedures recommended in treatment manuals; less than half reported using all the manualized core EBP techniques.

Conclusions: Further research is necessary to understand why clinicians modify EBP treatments, and what impact this has on treatment outcomes. More data regarding the implications for treatment effectiveness and the role of clinical context, patient preferences, and clinical decision-making in adapting EBPs could help inform training efforts and the ways that these treatments may be better adapted for the military.

Citation - EMDR and Post-Traumatic Growth



Jeon, S. W., & Han, C. S. (2015). <u>An Open Trial of EMDR as Promotion for Post-Traumatic Growth</u>. *Brain Stimulation: Basic, Translational, and Clinical Research in Neuromodulation*, 8(2), 337. doi:10.1016/j.brs.2015.01.091

Clinical applications of Post-traumatic Growth (PTG) promotion have been very limited, except for psychotherapy. The basic principle of EMDR, which deals with trauma, is expected to promote PTG. Accordingly, this study was conducted to investigate the effect of EMDR on resilience and PTG, and to explore the possibility of applying EMDR to PTG promotion.

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