

## 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 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.

### In This Issue

- Phase 1 of integrated EMDR: an abortive treatment for migraine headaches.
- EMDR treatment for migraine.
- Headaches among Operation Iraqi Freedom/Operation Enduring Freedom veterans with mild traumatic brain injury associated with exposures to explosions.
- Eye movement desensitization and reprocessing (EMDR) scripted protocols: Special populations.
- For Iraq Veterans, Headaches Continue After Traumatic Brain Injury.

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### Citations Of The Month - Migraines

Marcus, S. V. (2008). [Phase 1 of integrated EMDR: An abortive treatment for migraine headaches.](#) *Journal of EMDR Practice and Research*, 2(1), 15-25. doi:10.1891/1933-3196.2.1.15.



Forty-three individuals diagnosed with classic or common migraine headache were randomly assigned to either phase 1 of integrated eye movement desensitization reprocessing (EMDR) treatment or a standard care medication treatment. Integrated EMDR combines diaphragmatic breathing, cranial compression, and EMDR for abortive migraine treatment. The comparison standard care medication group received various abortive medications, including Demerol, DHE, oral triptans, Excedrin, Fiorinal, Percocet, Toradol, and Vicodin. Participants were treated during mid- to late-stage acute migraine and assessed by an independent evaluator at pre-treatment, post-treatment, 24 hours, 48 hours, and 7 days for migraine pain level. Both standard care medication and integrated EMDR treatment groups demonstrated reduced migraine pain levels immediately at post-treatment, 24 hours, 48 hours, and 7 days. However, integrated EMDR treatment reduced or eliminated migraine pain with greater rapidity and showed

significantly greater improvement compared to standard care medication immediately post-treatment.

Konuk, E., Epözdemir, H., Hacıömeroğlu Atçeken, S., Aydın, Y. E., & Yurtsever, A. (2011). [EMDR treatment of migraine](#). *Journal of EMDR Practice and Research*, 5(4), 166-176. doi:10.1891/1933-3196.5.4.166.

This pilot study was conducted at Gaziosmanpasa Hospital, Istanbul, to investigate the effectiveness of eye movement desensitization and reprocessing (EMDR) on migraine headache by specifically treating traumas related to headaches. The sample consisted of 11 Turkish participants with chronic daily headache: 9 women (mean age of 31.7 years) and 2 men (mean age of 30.5 years). Participants had a history of migraine ranging from 2 to 30 years (mean = 12 years). Variables included participant daily ratings of headache frequency, duration, and intensity; medication intake; hospital emergency room (ER) visits; and scores on the Symptom Assessment-45 Questionnaire. The results showed a significant decrease in headache frequency and duration with no reduction in pain intensity. There was a significant decrease in the use of painkillers and ER visits. All results were maintained at 3-month follow-up, providing some preliminary evidence that EMDR may be effective and useful as an alternative treatment for migraine.

Ruff, R. L., Ruff, S. S., & Wang, X.-F. (2008). [Headaches among Operation Iraqi Freedom/Operation Enduring Freedom veterans with mild traumatic brain injury associated with exposures to explosions](#). *Journal of Rehabilitation Research & Development*, 45(7), 941-52.

Traumatic brain injury (TBI) is a common injury type among Operation Iraqi Freedom/Operation Enduring Freedom (OIF/OEF) veterans, and headaches are a frequent consequence of TBI. We examined the hypothesis that among veterans who reported mild TBI caused by exposure to an explosion during deployment in OIF/OEF, those with residual neurocognitive deficits would have a higher frequency of headaches and more severe headaches. We evaluated 155 consecutive veterans with neurological examination and neuropsychological testing. We excluded 29 veterans because they did not have mild TBI or they did not complete the evaluation. We analyzed headache pattern, intensity, and frequency. Among the 126 veterans studied, 80 had impairments on neurological examination or neuropsychological testing that were best attributed to TBI. Veterans with impairments had been exposed to more explosions and were more likely to have headache, features of migraine, more severe pain, more frequent headaches, post-traumatic stress disorder, and impaired sleep with nightmares.

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## From The EMDR Bookshelf

Luber, M. (2009). [Eye movement desensitization and reprocessing \(EMDR\) scripted protocols: Special populations](#). New York, NY: Springer Publishing Co.

EMDR has become an important tool in the use of treating trauma. As therapists have worked with this methodology, EMDR has been used in many different areas of human suffering such as addictions, anxiety, pain, dissociative disorders, and many other issues. Eye Movement Desensitization and Reprocessing (EMDR) Scripted Protocols serves as an authoritative, one-stop resource where therapists can access the full protocols, including the past, present, and future templates, as well as any auxiliary information. The book sets forth a template for therapists and researchers to use so that the form of working in the EMDR idiom is consistent, valid, and reliable. Written in an easy-to-use manual style, the book is replete with detailed techniques, exercises, and scripts as developed by recognized EMDR experts.

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## EMDR In The News

[For Iraq Veterans, Headaches Continue After Traumatic Brain Injury](#). (2009, February 29). Retrieved from Science Daily.

The study, conducted at Fort Lewis, WA, involved 978 U.S. Army soldiers returning from Iraq or Afghanistan in 2008. All had experienced a concussion, head injury or blast exposure while deployed.

Nearly 98 percent of the soldiers reported having headaches during the last three months of their deployment. The headaches started within one week of the traumatic brain injury for 37 percent of the soldiers, and within one to four weeks for 20 percent. Among the soldiers whose headaches started within a week of the injury, 60 percent had migraine-like headaches and 40 percent had headaches that interfered with their ability to do their daily activities. Thirty percent had headaches for 15 or more days each month. [Excerpt]

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## Special Notes

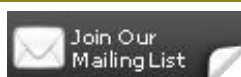
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2920 N. Quinlan Park Road, Suite B240 #115, Austin, TX 78732  
[512-571-3637](tel:512-571-3637) [www.emdrresearchfoundation.org](http://www.emdrresearchfoundation.org)

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