



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 Therapy and Grief

Meysner, L., Cotter, P., & Lee, C. W. (2016). Evaluating the efficacy of EMDR with grieving individuals: A randomized control trial. *Journal of EMDR Practice and Research* 10(1), 1-11. doi:10.1891/1933-3196.10.1.2



This study compared the effectiveness of eye movement desensitization and reprocessing (EMDR) with an integrated cognitive behavioral therapy (CBT) intervention for grief. Nineteen participants (12 females and 7 males) who identified themselves as struggling with grief were randomly allocated to treatment conditions. Each participant was wait-listed for 7 weeks and then received 7 weeks of therapy. There were no significant improvements on any measure in the wait-list period. In

contrast, participants in both treatment groups improved on measures of grief ($\eta^2 = .47$), trauma symptoms ($\eta^2 = .60$), and distress ($\eta^2 = .34$). There was no significant improvement in participants' scores on a quality of life measure ($\eta^2 = .11$). Neither treatment approach produced better outcomes than the other. For those who scored in the clinical range at intake, 72% achieved clinical and reliable change on the grief measure and 82% on the trauma measure. The study had several strengths, including randomization to treatment condition, multiple therapists, formal assessment of treatment fidelity, and the pretreatment and follow-up assessments were conducted by researchers blind to treatment assignment. Overall, the findings indicate that EMDR and CBT are efficacious in assisting those struggling with grief, and that those individuals reporting higher levels of distress and lower levels of functioning may benefit the most from an intervention.



Solomon, R. M., & Rando, T. A. (2012). Treatment of grief and mourning through EMDR: conceptual considerations and clinical guidelines. *Revue Européenne de Psychologie Appliquée/European Review of Applied Psychology*, 62(4), 231-239.

Introduction: Eye Movement Desensitization and Reprocessing (EMDR) is an empirically-supported psychotherapeutic approach for treating trauma, which is also applicable to a wide range of other experientially-based clinical complaints. It is particularly useful in treating grief and mourning.

Literature Findings: EMDR is guided by the Adaptive Information Processing Model (AIP), which conceptualizes the effects of traumatic experiences in terms of dysfunctional memory networks in a physiologically-based information processing system. Numerous empirical studies have demonstrated EMDR's efficacy.

Discussion: The death of a loved one can be very distressing, with memories and experiences associated with the loss becoming dysfunctionally stored and preventing access to adaptive information, including positive memories of the deceased. EMDR can be utilized to integrate these distressing experiences and facilitate the assimilation and accommodation of the loss and movement through the mourning processes.

Conclusion: Applying the eight phases of EMDR to grief and mourning can yield potent clinical results in the aftermath of loss.

Sprang, G. (2001, May). The use of eye movement desensitization and reprocessing (EMDR) in the treatment of traumatic stress and complicated mourning: Psychological and behavioral outcomes. *Research on Social Work Practice*, 11(3), 300-320. doi:10.1177/104973150101100302. (Was previously posted in in Military in Action May 2013, Volume 1, Issue 3)

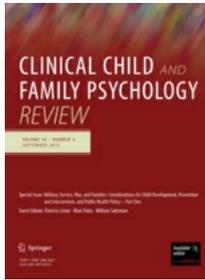


Objective: The purpose of this study was to determine the differential effects of treatment on a complex of symptomatology that includes grief, post-traumatic stress disorder (PTSD), anxiety, and self-esteem by comparing eye movement desensitization and reprocessing (EMDR) and guided mourning (GM) treatments.

Method: Twenty-three EMDR clients and 27 GM clients completed measures designed to assess psychosocial and behavioral symptoms of loss before and after treatment and at a 9-month follow-up period. Results: Out of the five psychosocial measures of distress, four (State Anxiety, Impact of Event Scale, Index of Self-Esteem, and PTSD) were found to be significantly altered by type of treatment provided, with EMDR clients reporting the greatest reduction of PTSD symptoms. Data from the behavioral measures revealed similar findings.

Citations -

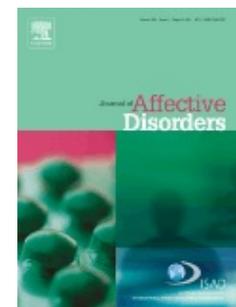
Grief and the Effects of Deployments



Kaplow, J. B., Layne, C. M., Saltzman, W. R., Cozza, S. J., & Pynoos, R. S. (2013). Using multidimensional grief theory to explore the effects of deployment, reintegration, and death on military youth and families. *Clinical Child and Family Psychology Review* 16 (3), 322-40. doi: 10.1007/s10567-013-0143-1.

To date, the US military has made major strides in acknowledging and therapeutically addressing trauma and post-traumatic stress disorder (PTSD) in service members and their families. However, given the nature of warfare and high rates of losses sustained by both military members (e.g., deaths of fellow unit members) and military families (e.g., loss of a young parent who served in the military), as well as the ongoing threat of loss that military families face during deployment, we propose that a similar focus on grief is also needed to properly understand and address many of the challenges encountered by bereaved service members, spouses, and children. In this article, we describe a newly developed theory of grief (multidimensional grief theory) and apply it to the task of exploring major features of military-related experiences during the phases of deployment, reintegration, and the aftermath of combat death—especially as they impact children. We also describe implications for designing preventive interventions during each phase and conclude with recommended avenues for future research. Primary aims are to illustrate: (1) the indispensable role of theory in guiding efforts to describe, explain, predict, prevent, and treat maladaptive grief in military service members, children, and families; (2) the relevance of multidimensional grief theory for addressing both losses due to physical death as well as losses brought about by extended physical separations to which military children and families are exposed during and after deployment; and (3) a focus on military-related grief as a much-needed complement to an already-established focus on military-related PTSD.

Toblin, R. L., Rivere, L. A., Thomas, J. L., Adler, A. B., Kok, B. C., & Hoge, C. W. (2012). Grief and physical health outcomes in U.S. soldiers returning from combat. *Journal of Affective Disorders* 136(3), 469-475. <http://dx.doi.org/10.1016/j.jad.2011.10.048>



Background: Few studies have measured the burden of physical health problems after Iraq/Afghanistan deployment, except in association with post-traumatic stress disorder (PTSD) or mild traumatic brain injury (mTBI). Grief, a correlate of health problems in the general population, has not been systematically examined. We aimed to identify the prevalence of post-deployment physical health problems and their association with difficulty coping with grief.

Methods: Infantry soldiers (n=1522) completed anonymous surveys using validated instruments six months following deployment in November-December 2008. Multiple logistic regression was used to assess the association of difficulty coping with grief and physical health.

Results: The most frequent physical health symptoms reported were: sleep problems (32.8%), musculoskeletal pain (32.7%), fatigue (32.3%), and back pain (28.1%). Difficulty coping with grief over the death of someone close affected 21.3%. There was a dose-response relationship between level of difficulty coping with grief and principal physical health outcomes ($ps < .002$). Controlling for demographics, combat experiences, injuries, PTSD, depression, and other factors, grief significantly and uniquely contributed to a high somatic symptom score (adjusted odds ratio (AOR)=3.6), poor general health (AOR=2.0), missed work (AOR=1.7), medical utilization (AOR=1.5), difficulty carrying a heavy load (AOR=1.7), and difficulty performing physical training (AOR=1.6; all 95% confidence intervals > 1).

Limitations: Data are cross-sectional and grief was measured with one item.

Conclusions: Over 20% of soldiers reported difficulty coping with grief. This difficulty was significantly associated with physical health outcomes and occupational impairment. Clinicians

should be aware of the unique role grief plays in post-deployment physical health when treating patients.

From the Bookshelf

Kosminsky, P. & McDevitt, R. (2012). Eye movement desensitization and reprocessing (EMDR). In Neimeyer, R.A. (Ed.), *Techniques of Grief Therapy: Creative Practices for Counseling the Bereaved* (pp. 95-98). New York, Routledge.

Techniques of Grief Therapy is an indispensable guidebook to the most inventive and inspirational interventions in grief and bereavement counseling and therapy. Individually, each technique emphasizes creativity and practicality. As a whole, they capture the richness of practices in the field and the innovative approaches that clinicians in diverse settings have developed, in some cases over decades, to effectively address the needs of the bereaved. New professionals and seasoned clinicians will find dozens of ideas that are ready to implement and are packed with useful features, including:

- *Careful discussion of the therapeutic relationship that provides a "container" for specific procedures
 - *An intuitive, thematic organization that makes it easy to find the right technique for a particular situation
 - *Detailed explanations of when to use (and when not to use) particular techniques
 - *Expert guidance on implementing each technique and tips on avoiding common pitfalls

 - *Sample worksheets and activities for use in session and as homework assignments
 - *Illustrative case studies and transcripts
 - *Recommended readings to learn more about theory, research and practice associated with each technique
-

In the News

Friedman, M. (2015, Jan 5). [Thousands of military families are sharing their stories of grief: It's the largest study ever about how these families cope with tragedy.](#)
Goodhousekeeping.com.

Refer to **Military in Action - May 2013, Volume 1, Issue 3** for other articles related to Grief. For a complete list of Military In Action Archives, [click here.](#)

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