

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.

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. Go to [this link](#) for details.

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Citations of the Month- **Comparing Effectiveness for PTSD treatment**

Alliger-Horn, C, Zimmermann, P., & Mitte, K. (2015). [[Comparative effectiveness of IRRT and EMDR in war-traumatized German soldiers](#)]. *Vergleichende wirksamkeit von IRRT und EMDR bei kriegstraumatisierten deutschen soldaten*. *Trauma & Gewalt*.



Theoretical Background: Comparative effectiveness studies of different trauma-related exposure therapies in the in-patient treatment of war-traumatized persons have been researched insufficiently. Issue: In a study the comparative effectiveness of EMDR (Eye Movement Desensitization and Reprocessing Therapy) and IRRT (Imagery Rescripting and Reprocessing Therapy) in trauma therapy was examined with 40 traumatized Bundeswehr soldiers with a PTSD diagnosis. Result: The effectiveness of the two methods on the change in trauma complaints and comorbid symptoms in the treatment of combat- and war-traumatized person is significant. The Reliable Change Index (RCI) for EMDR is

77 percent and for IRRT 67 percent. As regards the change in comorbid symptoms, the effect size for these two methods are large. Discussion: The column discusses the use of the two trauma therapies in the in-patient treatment of war-traumatized veterans.

Chen, L., Zhang, G., Hu, M., & Liang, X. (2015, June). [Eye movement desensitization and reprocessing versus cognitive-behavioral therapy for adult posttraumatic stress disorder: Systematic review and meta-analysis.](#) *The Journal of Nervous and Mental Disease*, 203 (6), .443-51. doi:10.1097/NMD.0000000000000306.

Posttraumatic stress disorder (PTSD) is a relatively common mental disorder, with an estimated lifetime prevalence of ~5.7%. Eye movement desensitization and reprocessing (EMDR) and cognitive-behavioral therapy (CBT) are the most often studied and most effective psychotherapies for PTSD. However, evidence is inadequate to conclude which treatment is superior. Therefore, we conducted a meta-analysis to confirm the effectiveness of EMDR compared to CBT for adult PTSD. We searched Medline, PubMed, Ebsco, Proquest, and Cochrane (1989-2013) to identify relevant randomized control trials comparing EMDR and CBT for PTSD. We included 11 studies (N = 424). Although all the studies had methodological limitations, meta-analyses for total PTSD scores revealed that EMDR was slightly superior to CBT. Cumulative meta-analysis confirmed this and a meta-analysis for subscale scores of PTSD symptoms indicated that EMDR was better for decreased intrusion and arousal severity compared to CBT. Avoidance was not significantly different between groups. EMDR may be more suitable than CBT for PTSD patients with prominent intrusion or arousal symptoms. However, the limited number and poor quality of the original studies included suggest caution when drawing final conclusions.

Treatment Guidelines

World Health Organization (2013). [Guidelines for the management of conditions that are specifically related to stress.](#) Geneva, Switzerland. WHO Press.

Trauma-focused CBT and EMDR are the only psychotherapies recommended for children, adolescents and adults with PTSD. "Like CBT with a trauma focus, EMDR aims to reduce subjective distress and strengthen adaptive cognitions related to the traumatic event. Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework."

From the EMDR Bookshelf

Russell, M. C., Lipke, H., & Figley, C. (2011, October). In Bret A. Moore, Walter E. Penk, & Matthew J. Friedman, [Treating PTSD in Military Personnel: A Clinical Handbook \(1st Ed.\)](#) (pp. 74.89). New York, NY: Guilford Press.

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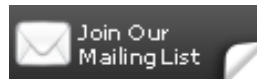
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