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EMDR and the Military in Action E-Newsletter | August 2017



EMDR AND THE MILITARY IN ACTION E-NEWSLETTER

August 2017 | Volume 5, Issue 8

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 Addiction

Association of Military Surgeons of the U.S. (2015). [Substance use disorders in the U.S.](#) Armed Forces, Military Medicine, 180, 3:243–245.

Foreword: The military has a keen interest in ensuring that its men and women are fit for their challenging military missions. Military leaders recognize that inappropriate substance use will negatively impact fitness. Although illicit drug use has been held in

check, abuse of alcohol remains highly problematic, and inappropriate prescription drug use has soared in recent years—often related to self-medication for pain experienced by military personnel, many of whom have had several tours of duty in Iraq and Afghanistan. There have been efforts at preventing medication and alcohol misuse, including treatment programs within both the direct care system and the purchased care TRICARE program. However, these approaches have not kept pace with newer models of care for managing drug abuse and addiction. This study offers a clear picture of the present challenges faced by the Department of Defense (DoD), acknowledges DoD prevention and treatment efforts, and offers potential approaches for further mitigating substance misuse in the military. -- --Frederick Erdtmann, MD, MPH, Director, Board on the Health of Select Populations, IOM

Markus, W., & Hornsveld, H. K. (2016). [EMDR interventions in addiction](#). *Journal of EMDR Practice and Research*, 11(1), 3–29(27). doi:10.1891/1933-3196.11.1.3.

The use of tobacco, alcohol, and illicit drugs is widespread and has significant negative consequences for the individual, their families, and the communities to which they belong. A substantial number of users develop an addiction disorder. Cure-oriented addiction treatment is challenging regarding treatment retention and relapse rates. Here, we discuss the potential of eye movement desensitization and reprocessing (EMDR) therapy to aid addiction treatment. Two approaches are distinguished: trauma-focused and addiction-focused EMDR therapy. Existing adapted EMDR protocols and research on both approaches is critically reviewed. Despite 20 years of development and research, the feasibility and efficacy of addiction-focused EMDR therapy is still largely uninvestigated. Exciting new possibilities, offered by research on working memory theory, are discussed. An overview of all resourcing and EMDR therapy interventions in addiction is presented: the palette of EMDR interventions in addiction (PEIA). The article finishes with recommendations for further research in this field.



Qurishi, R., Markus, W., Habra, M. J., Bressers, B., & de Jongh, C. (2016). [EMDR therapy reduces intense treatment-resistant cravings in a case of gamma-hydroxybutyric acid addiction](#). *Journal of EMDR Practice and Research*, 11(1), 30–42(13). doi:10.1891/1933-3196.11.1.30.

This article presents the first experiences of using eye movement desensitization and reprocessing (EMDR) therapy to aid in the treatment of gamma-hydroxybutyric acid (GHB) dependency. A case presented itself as a result of intense, treatment-resistant



cravings despite pharmacological treatment. The patient received 7 weekly sessions using a subset of the palette of EMDR interventions in addiction (PEIA; Markus & Hornsveld, 2017) targeting both negative and positive valenced addiction-related memory representations from the past, present, and future. Patient-reported GHB craving showed a gradual and prolonged reduction. Urine samples showed that the patient remained abstinent during and at least 6 months after EMDR therapy. Further research regarding the effectiveness of EMDR therapy in this particularly challenging group of substance users is warranted.

Wise, A., & Marich, J. (2016). [The perceived effects of standard and addiction-specific EMDR therapy protocols](#). *Journal of EMDR Practice and Research*, 10(4), 231–244(14). doi:[10.1891/1933-3196.10.4.231](#).



Existing literature on co-occurring posttraumatic stress disorder (PTSD) and addictive disorders suggests improved outcomes when both diagnoses are treated concurrently. Eye movement desensitization and reprocessing (EMDR) using the 8-phase protocol and standard 11-step targeting sequence has been investigated within integrated treatment models. However, use of newer EMDR addiction-specific protocols (e.g., desensitization of triggers and urge reprocessing [DeTUR], feeling-state addiction protocol [FSAP], craving extinguished [CravEx]) in treatment has been studied less extensively. A qualitative, phenomenological design was employed to investigate the lived experience of 9 participants with co-occurring PTSD and addictive disorders. These participants experienced both standard protocols/targeting sequences and the addiction-specific protocols as part of their treatment. Creswell's system for interpreting meaning units in qualitative data, based largely on the work of Moustakas, was used to analyze the data gleaned from semi-standardized interviews. All participants reported positive outcomes from the combined EMDR approaches; 4 major themes emerged. Participants recognized their trauma and addictions as related. As a result of this insight, their thoughts and addictive behaviors changed. All recognized remission of symptoms of both disorders; EMDR therapy was reported to be effective whether the traumatic symptoms were treated before or after the addictive symptoms. All indicated that integrated treatments (including other supportive services) were optimum for their ongoing recovery. The relationship with the therapist was integral to the overall success of treatment.

Archives

For a complete list of Military In Action Archives, [click here](#).

June 2014 Volume 2, Issue 6 and April 2017 Volume 5, Issue 4 were focused on EMDR therapy and Addiction.

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