

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.

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Citations of the Month- Complex PTSD

Korn, D. L. (2009). [EMDR and the treatment of complex PTSD: A review](#). *Journal of EMDR Practice and Research*, 3(4), 264-278. doi:10.1891/1933-3196.3.4.264.



Abstract: The diagnosis of post-traumatic stress disorder (PTSD) covers a wide range of conditions, ranging from patients suffering from a one-time traumatic accident to those who have been exposed to chronic traumatization and repeated assaults beginning at an early age. While EMDR and other trauma treatments have been proven efficacious in the treatment of simpler cases of PTSD, the effectiveness of treatments for more complex cases has been less widely studied. This article examines the body of literature on the treatment of complex PTSD and chronically traumatized populations, with a focus on EMDR treatment and research. Despite a still limited number of randomized controlled studies of any treatment for complex PTSD, trauma treatment experts have come to a general consensus that work with survivors of childhood abuse and other forms of chronic traumatization should be phase-oriented, multimodal, and titrated. A phase oriented EMDR model for working with these patients is presented, highlighting the role of resource development and installation (RDI) and other strategies that address the needs of patients with compromised affect tolerance and self-regulation. EMDR treatment goals, procedures, and adaptations for each of the various treatment phases (stabilization, trauma processing, reconnection/development of self-identity) are reviewed. Finally, reflections on the strengths and unique advantages of EMDR in treating complex PTSD are offered along with suggestions for future investigations.

Cloitre, M., Stolbach, B., Herman, J., van der Kolk, B., Pynoos, R., Wang, J., & Petkova, E. (2009). [A developmental approach to complex PTSD: Childhood and adult cumulative trauma as predictors of symptom complexity](#). *Journal of Traumatic Stress*, 22, 399-408. doi:10.1002/jts.20444.

Abstract: Exposure to multiple traumas, particularly in childhood, has been proposed to result in a complex of symptoms that includes post-traumatic stress disorder (PTSD) as well as a constrained, but variable group of symptoms that highlight self-regulatory disturbances. The relationship between accumulated exposure to different types of traumatic events and total number of different types of symptoms (symptom complexity) was assessed in an adult clinical sample (N = 582) and a child clinical sample (N = 152). Childhood cumulative trauma but not adulthood trauma predicted increasing symptom complexity in adults. Cumulative trauma predicted increasing symptom complexity in the child sample. Results suggest that Complex PTSD symptoms occur in both adult and child samples in a principled, rule-governed way and that childhood experiences significantly influenced adult symptoms.

Cloitre, M., Courtois, C. A., Charuvastra, A., Carapezza, R., Stolbach, B. C., & Green, B. L. (2011). [Treatment of complex PTSD: Results of the ISTSS Expert Clinician Survey on Best Practices](#). *Journal of Traumatic Stress*, 24, 615-627. doi:10.1002/jts.20697.

This study provides a summary of the results of an expert opinion survey initiated by the International Society for Traumatic Stress Studies Complex Trauma Task Force regarding best practices for the treatment of complex post-traumatic stress disorder (PTSD). Ratings from a mail-in survey from 25 complex PTSD experts and 25 classic PTSD experts regarding the most appropriate treatment approaches and interventions for complex PTSD were examined for areas of consensus and disagreement. Experts agreed on several aspects of treatment, with 84% endorsing a phase-based or sequenced therapy as the most appropriate treatment approach with interventions tailored to specific symptom sets. First-line interventions matched to specific symptoms included emotion regulation strategies, narration of trauma memory, cognitive restructuring, anxiety and stress management, and interpersonal skills. Meditation and mindfulness interventions were frequently identified as an effective second-line approach for emotional, attentional, and behavioral (e.g., aggression) disturbances. Agreement was not obtained on either the expected course of improvement or on duration of treatment. The survey results provide a strong rationale for conducting research focusing on the relative merits of traditional trauma-focused therapies and sequenced multicomponent approaches applied to different patient populations with a range of symptom profiles. Sustained symptom monitoring during the course of treatment and during extended follow-up would advance knowledge about both the speed and durability of treatment effects.

Cook, J. M., Newman, E., & The New Haven Trauma Competency Group. (2014). [A consensus statement on trauma mental health: The New Haven Competency Conference process and major findings](#). *Psychological Trauma: Theory, Research, Practice, and Policy* 6(4), 300-307. doi:10.1037/a0036747.

Although the scientific literature on traumatic stress is large and growing, most psychologists have only a cursory knowledge of this science and have no formal training in, nor apply evidence-based psychosocial treatments for, trauma-related disorders. Thus, there exists a clear need for the development and dissemination of a comprehensive model of trauma-focused, empirically informed

competencies (knowledge, skills, and attitudes). Therefore, the New Haven Competencies consensus conference was assembled. Sixty experts participated in a nominal group process delineating five broad foundational and functional competencies in the areas of trauma-focused and trauma-informed scientific knowledge, psychosocial assessment, psychosocial interventions, professionalism, and relational and systems. In addition, eight cross-cutting competencies were voted into the final product. These trauma competencies can provide the basis for the future training of a trauma-informed mental health workforce.

EMDR In The News

Brogan, J. (2011, July 2011). [Shifting the Focus: Eye Movement Desensitization and Reprocessing is seen as effective treatment for post-traumatic stress disorder](#). Retrieved from The Boston Globe.

Special Notes

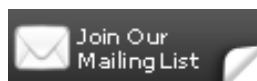
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