EMDR RESEARCH FOUNDATION

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 - Evidence-Based Treatments Following War

Schubert, S. J., Lee, C. W., de Araujo, G., Butler, S. R., Taylor, G., & Drummond, P. D. (2016). The effectiveness of eye movement desensitization and reprocessing therapy to treat symptoms following trauma in Timor Leste. *Journal of Traumatic Stress*, 29(2), 141-8. doi: 10.1002/jts.22084. Epub 2016 Mar 2.

The effectiveness of eye movement desensitization and reprocessing (EMDR) therapy for treating trauma symptoms was examined in a postwar/conflict, developing nation, Timor Leste. Participants were 21 Timorese adults with symptoms of posttraumatic stress disorder (PTSD), assessed as those who scored ≥2 on the Harvard Trauma Questionnaire (HTQ).

Participants were treated with EMDR therapy. Depression and anxiety symptoms were assessed using the Hopkins Symptom Checklist. Symptom changes post-EMDR treatment were compared to a stabilization control intervention period in which participants served as their own waitlist control. Sessions were 60-90 mins. The average number of sessions was 4.15 (SD = 2.06). Despite difficulties providing treatment cross-culturally (i.e., language barriers), EMDR therapy was followed by significant and large reductions in trauma symptoms (Cohen's d = 2.48), depression (d = 2.09), and anxiety (d = 1.77). At posttreatment, 20 (95.2%) participants scored below the HTQ PTSD cutoff of 2. Reliable reductions in trauma symptoms were reported by 18 participants (85.7%) posttreatment and 16 (76.2%) at 3-month follow-up. Symptoms did not improve during the control period. Findings support the use of EMDR therapy for treatment of adults with PTSD in a cross-cultural, postwar/conflict setting, and suggest that structured trauma treatments can be applied in Timor Leste.

Shapiro, F. (2016, April 2). Clinician's Corner: EMDR therapy. Retrieved from *Stress Points: International Society for Traumatic Stress Studies*.

Yehuda, R., & Hoge, C. W. (2016). The meaning of evidence-based treatments for veterans with Posttraumatic Stress Disorder. *JAMA Psychiatry* 73(5), 433-4. doi: 10.1001/jamapsychiatry.2015.2878.

This viewpoint suggests that the assertion that prolonged exposure or cognitive processing therapy should be the dominant evidence-based treatments for war-related PTSD is simplistic and may at times be unhelpful or contraindicated. Steenkamp's Viewpoint1 reminds us that "evidence-based" psychotherapy for posttraumatic stress disorder (PTSD) encompasses clinical judgment and patient preferences as much as it does evidence from randomized clinical trials. This is a welcome perspective for clinicians working in settings such as Veterans Affairs (VA), where they are mandated by policy to provide prolonged exposure or cognitive processing therapy (CPT) as first-line treatments for veterans with PTSD.

Citations - Offering Choices for PTSD Treatment

Watts, B. V., Zayed, M. H., Llewellyn-Thomas, H., & Schnurr, P. P. (2016). Understanding and meeting information needs for patients with posttraumatic stress disorder. *BMC Psychiatry* 16(1), 21. doi:10.1186/s12888-016-0724-x.

Background: Posttraumatic Stress Disorder (PTSD) is a commonly occurring mental illness. There are multiple treatments for PTSD that have similar effectiveness, but these treatments differ substantially in other ways. It is desirable to have well-informed patients involved in treatment choices. A patient decision aid (PtDA) is one method to achieve this goal. This manuscript describes the rationale and development of a patient decision aid (PtDA) designed for patients with PTSD.

Methods: We conducted an informational needs assessment of veterans (n=19) to obtain their baseline information needs prior to the development of the PtDA. We also conducted a literature review of effective PTSD treatments, and we calculated respective effective sizes. A PtDA prototype was developed according to the guidelines from the International Patient Decision Aid Standards. These standards guided our development of both content and format

for the PtDA. In accordance with the standards, we gathered feedback from patients (n=20) and providers (n = 7) to further re ne the PtDA. The information obtained from patients and the literature review was used to develop a decision aid for patients with PTSD.

Results: Patients with PTSD reported a strong preference to receive information about treatment options. They expressed interest in also learning about PTSD symptoms. The patients preferred information presented in a booklet format. From our literature review several treatments emerged as effective for PTSD: Cognitive Therapy, Exposure Therapy, Eye Movement Desensitization Therapy, Selective Serotonin Reuptake Inhibitors, venlafaxine, and risperidone.

Conclusion: It appears that the criteria set forth to develop decision aids can effectively be applied to PTSD. The resultant PTSD patient decision aid is a booklet that describes the causes, symptoms, and treatments for PTSD. Future work will examine the effects of use of the PTSD decision aid in clinical practice.

For a complete list of Military In Action Archives, click here.