

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 Reprocessing Therapy (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 <http://emdrresearchfoundation.org/research-grants/research-consultation-awards> for details.

In This Issue

- Citations of the Month- Adverse Childhood Experiences and the Military
- In the News



Citations of the Month- Adverse Life Experiences and the ACE Study

Blosnich, J.R., Dichter, M., Cerulli, JD, Batten, S., Bossarte, R. (2014). [Disparities in Adverse Childhood Experiences Among Individuals With a History of Military Service](#). *JAMA Psychiatry*, 71(9): 1041-1048.



Importance: Adverse childhood experiences (ACEs) are associated with several adulthood health problems, such as self-directed violence. For some individuals, enlistment in the military may be an instrumental act to escape adverse household environments; however, to our knowledge prevalence of ACEs among persons with a history of military service has not been documented in the United States using population-based data.

Objective: To compare the prevalence of ACEs among individuals with and

without a history of military service.

Design, Setting, and Participants: Data are from the 2010 Behavioral Risk Factor Surveillance System. Computer-assisted telephone interviews were conducted with population-based samples of non-institutionalized US adults from January 1 through December 31, 2010. Analyses were limited to respondents who received the ACE module (n=60598). Participants were categorized by history of military service and whether a respondent was 18 years of age in 1973.

Main Outcomes and Measures: History of military service was defined by active duty service, veteran status, or training for the Reserves or National Guard. The ACE inventory assessed 11 negative experiences before the age of 18 years. Weighted χ^2 tests and multiple logistic regression analyses were used to examine differences in ACEs by history of military service, era of service, and sex.

Results: Those with military experience had greater odds of any difference in prevalence of ACEs. In the all-volunteer era, men with military service had a higher prevalence of ACEs in all 11 categories than men without military service. Notably, in the all-volunteer era, men with military service had twice the odds of reporting forced sex before the age of 18 years (odds ratio, 2.19; 95% CI, 1.34 - 3.57) compared with men without military service. In the draft era, the only difference among men was household drug use, in which men with a history of military service had a significantly lower prevalence than men without a history of military service (2.1% vs 3.3%; $P=.003$). Fewer differences were observed among women in the all-volunteer and draft eras.

Conclusions and Relevance: Differences in ACEs by era and sex lend preliminary support that enlistment may serve as an escape from adversity for some individuals, at least among men. Further research is needed to understand how best to support service members and veterans who may have experienced ACEs.

The ACE Study. The Adverse Childhood Experiences (ACE) Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. To date, more than 50 scientific articles have been published and more than 100 conference and workshop presentations have been made. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery. The initial phase of the ACE Study was conducted at Kaiser Permanente from 1995 to 1997. More than 17,000 participants completed a standardized physical examination. No further participants will be enrolled, but we are tracking the medical status of the baseline participants. To learn more about the ACE Study and major publications related to it, go to the Centers for Disease Control and Prevention website at <http://www.cdc.gov/violenceprevention/acestudy/>

The original publication of the ACE study.

Felitti, V.J, Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). [Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults.](#) The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventative Medicine*, 14(4): 245-58.

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0-7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥ 2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life.

Conclusions: We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Shapiro, F. (2014, Winter). [The role of eye movement desensitization and reprocessing \(EMDR\) therapy in medicine: Addressing the psychological and physical symptoms stemming from adverse life experience.](#) *The Permanente Journal*, 18(1), 71-77. doi:10.7812/TPP/13-098.

Background: A substantial body of research shows that adverse life experiences contribute to both psychological and biomedical pathology. Eye movement desensitization and reprocessing (EMDR) therapy is an empirically validated treatment for trauma, including such negative life experiences as commonly present in medical practice. The positive therapeutic outcomes rapidly achieved without homework or detailed description of the disturbing event offer the medical community an efficient treatment approach with a wide range of

applications.

Methods: All randomized studies and significant clinical reports related to EMDR therapy for treating the experiential basis of both psychological and somatic disorders are reviewed. Also reviewed are the recent studies evaluating the eye movement component of the therapy, which has been posited to contribute to the rapid improvement attributable to EMDR treatment.

Results: Twenty-four randomized controlled trials support the positive effects of EMDR therapy in the treatment of emotional trauma and other adverse life experiences relevant to clinical practice. Seven of 10 studies reported EMDR therapy to be more rapid and/or more effective than trauma-focused cognitive behavioral therapy. Twelve randomized studies of the eye movement component noted rapid decreases in negative emotions and/or vividness of disturbing images, with an additional 8 reporting a variety of other memory effects. Numerous other evaluations document that EMDR therapy provides relief from a variety of somatic complaints.

Conclusion: EMDR therapy provides physicians and other clinicians with an efficient approach to address psychological and physiologic symptoms stemming from adverse life experiences. Clinicians should therefore evaluate patients for experiential contributors to clinical manifestations.

(NOTE: This article was previously highlighted in Military in Action October 2014, Volume 2, Issue 10)

Xue, C., Ge, Y., Tang, B., Liu, Y., Kang, P., Meng, W., and Zhang, L. (2015, March 20). **A Meta-Analysis of Risk Factors for Combat-Related PTSD among Military Personnel and Veterans.** *Plos One: A peer-review, open access journal*, 10(3). Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4368749/>

Post-traumatic stress disorder (PTSD), a complex and chronic disorder caused by exposure to a traumatic event, is a common psychological result of current military operations. It causes substantial distress and interferes with personal and social functioning. Consequently, identifying the risk factors that make military personnel and veterans more likely to experience PTSD is of academic, clinical, and social importance. Four electronic databases (PubMed, Embase, Web of Science, and PsycINFO) were used to search for observational studies (cross-sectional, retrospective, and cohort studies) about PTSD after deployment to combat areas. The literature search, study selection, and data extraction were conducted by two of the authors independently. Thirty-two articles were included in this study. Summary estimates were obtained using random-effects models. Subgroup analyses, sensitivity analyses, and publication bias tests were performed. The prevalence of combat-related PTSD ranged from 1.09% to 34.84%. A total of 18 significant predictors of PTSD among military personnel and veterans were found. Risk factors stemming from before the trauma include female gender, ethnic minority status, low education, non-officer ranks, army service, combat specialization, high numbers of deployments, longer cumulative length of deployments, **more adverse life events**, prior trauma exposure, and prior psychological problems. Various aspects of the trauma period also constituted risk factors. These include increased combat exposure, discharging a weapon, witnessing someone being wounded or killed, severe trauma, and deployment-related stressors. Lastly, lack of post-deployment support during the post-trauma period also increased the risk of PTSD. The current analysis provides evidence of risk factors for combat-related PTSD in military personnel and veterans. More research is needed to determine how these variables

interact and how to best protect against susceptibility to PTSD.

In the News

Science Daily. Men and women who have served in the military have a higher prevalence of adverse childhood events (ACEs), suggesting that enlistment may be a way to escape adversity for some. (2014, July 23.) Retrieved from www.sciencedaily.com/releases/2014/07/140723162044.htm

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<http://www.emdrresearchfoundation.org/index.php/for-professionals/newsletters>

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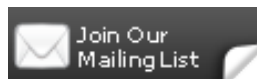
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