EMDR Therapy in the Treatment of PTSD

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 in the Treatment of PTSD


Posttraumatic stress disorder is a psychophysiological disorder, characterized by the following: chronic sympathetic nervous activation; persisting perceptual/sensory vigilance for threats; recurrent distressing memories of the event, including intrusive memories, flashbacks lived as if in the present moment, and nightmares; and a persisting negative emotional state including fear and shame. The psychophysiological basis for this disorder calls for psychophysiological based interventions. This article presents the case narrative of a 29-
year-old national guardsman, exposed to combat trauma and later to civilian trauma in public safety work. His treatment followed the Pathways model, comprised of multimodal interventions, beginning with self-directed behavioral changes, then the acquisition of skills (including self-hypnosis), and finally professional treatment including clinical hypnosis and EMDR.


According to some studies, 80% of subjects suffering from post-traumatic stress disorder (PTSD) present twice the risk of developing insanity as they age because of the high level of stress that has been induced. Indeed, the triggered trauma has a deleterious effect on the establishment of the stress’ axis (the hypothalamic pituitary adrenal axis) which is then not able to regulate itself. As a consequence, the hippocampal neurons will be attacked by an excess of cortisol. Memory's dysfunction is central in the symptomatology of PTSD, particularly in respect to encoding and recall. The hippocampus is able to transfer information to the prefrontal cortex. Actually, subjects with PTSD present less activity in the prefrontal cortex triggered by a decrease of encoding and recall capacities. EMDR therapy (eye movement desensitization and recruitment) allow for a fast relief of symptoms by a bilateral alternate stimulation (SBA). Indeed, saccadic eye movements stem affect related to the traumatic event and process the associated cognitions. During the desensitization phase in EMDR, we noticed an increase in activity of the brain’s prefrontal, ventromedial, amygdala and thalamic regions. Indeed, the recall of traumatic memories goes through implicit emotional valence regions and associative areas for which the experience is already deeply integrated. After comparing cerebral activity before and after the therapy, researches on EMDR shows that a reduction of stress’ symptoms has some sensitive link to PTSD (in prevention to dementia).

In the News


Archives

For previous issues containing EMDR therapy and pain and a complete list of Military in Action Archives to to the Military section after clicking here.