This monthly newsletter was created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing (EMDR) who work with military, veterans, and their families. The purpose of EMDR and the Military-in-Action Newsletter is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.
ATTENTION RESEARCHERS: If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for the $25,000 EMDR Research Grant Award.

$25,000 EMDR Research Grant Award Details:
https://emdrresearchfoundation.org/research-grants/25000-emdr-research-grant-award/

If you need access to expertise for a research project, don’t hesitate to apply for the $1,000 Research Consultation Award.

Research Consultation Award Details:
https://emdrresearchfoundation.org/research-grants/research-consultation-award

EMDR Therapy with Comorbid PTSD and Addiction

EMDR Studies

EMDR Study

ABSTRACT:

Background: This study aimed to examine whether the combined use of schema therapy (ST) and Eye Movement Desensitization and Reprocessing (EMDR) can improve substance use disorder (SUD) outcomes in a sample of women with co-occurring SUD and posttraumatic stress disorder (PTSD). To our knowledge, no research has examined this question in a SUD-PTSD clinical sample.

Methods: We proposed to 15 women with SUD/PTSD comorbidity a two-phase- protocol therapy: eight ST sessions associated with EMDR focused on reprocessing traumatic memory (phase A) and eight ST sessions associated with EMDR focused on reprocessing addictive memory (phase B). We evaluated addiction severity, alcohol craving, cannabis craving, PTSD symptoms, early maladaptive schemas (EMS) intensity and depressive symptoms before and after treatment.

Results: Findings indicated that eight sessions of ST combined with EMDR focused on
traumatic memories (phase A) reduced PTSD symptoms and the number ofEMS. Findings on phase B showed a statistically significant decrease for addiction severity and depressive symptoms.

**Conclusions:** This study supports the importance of providing integrative therapies for improving SUD outcomes. Overall, this study indicates that ST plus EMDR is an effective, rapid, thorough and enduring treatment for SUD-PTSD women.

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**EMDR Therapy with Comorbid PTSD and Other Diagnoses**

**EMDR Study**


**ABSTRACT:**

**Background:** Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic approach that has demonstrated efficacy in the treatment of Posttraumatic Stress Disorder (PTSD) through several randomized controlled trials (RCT). Solid evidence shows that traumatic events can contribute to the onset of severe mental disorders and can worsen their prognosis. The aim of this systematic review is to summarize the most important findings from RCT conducted in the treatment of comorbid traumatic events in psychosis, bipolar disorder, unipolar depression, anxiety disorders, substance use disorders, and chronic back pain.

**Methods:** Using PubMed, ScienceDirect, and Scopus, we conducted a systematic literature search of RCT studies published up to December 2016 that used EMDR therapy in the mentioned psychiatric conditions.

**Results:** RCT are still scarce in these comorbid conditions but the available evidence suggests that EMDR therapy improves trauma-associated symptoms and has a minor effect on the primary disorders by reaching partial symptomatic improvement.

**Conclusions:** EMDR therapy could be a useful psychotherapy to treat trauma-associated symptoms in patients with comorbid psychiatric disorders. Preliminary evidence also suggests that EMDR therapy might be useful to improve psychotic or affective symptoms and could be an add-on treatment in chronic pain conditions.

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**Substance Use Disorders and Comorbidity in Military Veterans**
ABSTRACT:

Substance use disorders (SUDs) are a significant problem among our nation's military veterans. In the following overview, we provide information on the prevalence of SUDs among military veterans, clinical characteristics of SUDs, options for screening and evidence-based treatment, as well as relevant treatment challenges. Among psychotherapeutic approaches, behavioral interventions for the management of SUDs typically involve short-term, cognitive-behavioral therapy interventions. These interventions focus on the identification and modification of maladaptive thoughts and behaviors associated with increased craving, use, or relapse to substances. Additionally, client-centered motivational interviewing approaches focus on increasing motivation to engage in treatment and reduce substance use. A variety of pharmacotherapies have received some support in the management of SUDs, primarily to help with the reduction of craving or withdrawal symptoms. Currently approved medications as well as treatment challenges are discussed.

AIMS: To determine the prevalence of comorbid probable post-traumatic stress disorder and alcohol misuse in a UK military cohort study and to determine the level of co-occurrence between these disorders; further aims were to investigate the association between alcohol misuse and the different PTSD symptom clusters, and to assess what factors are associated with probable PTSD in participants with alcohol misuse.

METHODS: Data from 9984 participants of Phase 2 of the health and well-being survey of serving and ex-serving members of the UK Armed Forces were
assessed for probable PTSD and alcohol misuse using the PTSD checklist (PCL-C) and the alcohol use disorders identification test (AUDIT), respectively.

**RESULTS:** 1.8 % [95 % confidence interval (CI) 1.5-2.1] of the sample met the criteria for both PTSD and alcohol misuse. All three symptom clusters of PTSD were significantly associated with alcohol misuse, with similar odds ranging from 2.46 to 2.85. Factors associated with probable PTSD in individuals reporting alcohol misuse were age [ages 30-34 (years): OR 2.51, 95 % CI 1.15-5.49; ages 40-44 years: OR 2.77, 95 % CI 1.18-6.47], officer rank (OR 0.36, 95 % CI 0.16-0.85), being in a combat role in parent unit (OR 1.99, 95 % CI 1.20-3.31) and common mental disorder (CMD) (OR 21.56, 95 % CI 12.00-38.74).

**CONCLUSIONS:** This study provides strong evidence that PTSD and alcohol misuse are often co-occurring. CMD was highly associated with probable PTSD in individuals with alcohol misuse.

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**What's New?**

**Newly Released International Society for Traumatic Stress Studies' PTSD guidelines.**

EMDR therapy was given a strong recommendation for the treatment of PTSD in adults and children.

The new International Society for Traumatic Stress Studies' guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD), and position papers on complex PTSD, have recently been published. An international committee of experts was established in 2015 to update guidelines published in 2009 by reviewing the latest evidence from clinical research trials. The guidelines and position papers are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, developing PTSD and Complex PTSD. Professor Julian Ford, ISTSS President, said, “The excellent work of the ISTSS Treatment Guidelines Committee will make a real difference to people affected by traumatic events” The new guidelines and position papers are available to download from the [ISTSS website](#).

**Click Here For More Information**

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**NEW for Clinicians, Consultants, and Researchers!**

**EMDR Fidelity Rating Scale (Version 2)**

Deborah L. Korn, Psy.D.
Louise Maxfield, Ph.D.
Robert Stickgold, Ph.D. Medi
Nancy J. Smyth, Ph.D.

See the new EMDR Fidelity Rating Scale
CREATE A FUNDRAISING PAGE!
You have the opportunity to create a fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding, graduation, or running in a 5K race!

Spread the word even further about EMDR therapy and create a Facebook Fundraising Page and select EMDR Research Foundation as your nonprofit.

More Details on Creating a Fundraising Page

SEE OUR UPDATED TOOLKIT!
EMDR Early Intervention and Crisis Response: Researcher’s Toolkit Version 03.2018 © 2014-2018
Rosalie Thomas, Ph.D., R.N. with formatting/design work by Katy Murray, MSW, LICSW

View Our New Researcher's Toolkit

As Seen on our Website

For a complete list of Military-In-Action and Clinical Newsletter archives, please visit our website.

You, as always, are invaluable in this endeavor!