

Providing EMDR Mental Health Services for the Military **KNOW THE FACTS!**

Individuals injured during U.S. military service receive world class medical care—tragically, the same cannot be said of the mental health care available for Active Duty military and Veterans with psychological injury. Even more disturbing is the fact that world class psychiatric care, such as Eye Movement Desensitization and Reprocessing (EMDR), is available and is often denied to Active Duty service members and Veterans. Although psychiatric diagnoses and treatment have generally been harder to define than diagnosis and treatment of medical conditions, such as infection, debate in mental health circles in recent years over what and how to treat seems to have deteriorated into a shark feeding frenzy. The question of “evidence-based” has become “evidence-based according to whom?” This has resulted in funding to a number of non-evidence-based experimental treatments and a complete lack of funding on two of the four recommended evidence-based treatments for Posttraumatic Stress Disorder (PTSD).

The continuing Global War on Terror and the present economic crises DEMAND that we research and practice the most effective and efficient treatments for PTSD. However, treatment for the “invisible wounds of war” seems mired in political arguments over therapy programs. It seems that the halls of funding agencies are overflowing with academics and ‘experts’ on military trauma. Perhaps it is time to listen to mental health professionals who have worked with troops in combat zones and military families at home—clinicians from the trenches.

Senior Military and VA mental health professionals who have been ‘in the trenches’ note:

- VA/Department of Defense Clinical Practice Guidelines for PTSD and guidelines from numerous international trauma organizations name EMDR a top tier treatment.
YET→ Some DoD and VA mental health supervisors continue to still prohibit their EMDR-trained staff from using EMDR.
- Insufficient numbers of DoD and VA mental health providers are adequately trained in evidence-based psychological treatments as noted in the Rand Report “Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery” (2008).
YET→ EMDR Humanitarian Assistance Program (EMDR-HAP) began conducting low -cost EMDR training for DoD and VA providers in 2001. EMDR-HAP saw the great need for training and stepped up to the plate with this not-for-profit public service long before large DoD contracts became available for PTSD training. EMDR-HAP had trained over 700 DoD and VA providers before there was funding available and before there were Federal Government reports calling for more training on PTSD treatments.
AND→ Formal training manuals for EMDR providers have existed since 1990 and formal Certification in EMDR (as recommended by Rand Report) has been in place since 1999.
- Large numbers of military and family member clients specifically request an EMDR trained therapist.
YET→ We know of no such specific requests by military clients for Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE) therapy. If the other two therapies were more effective in the real world of clinical practice, why is word of mouth bringing in such an overwhelming amount of client requests for EMDR?

- EMDR can be used with events that involve information the client cannot reveal to anyone.
YET→ Neither CPT nor PE treatment protocols could be used if the traumatic event(s) involves any **classified information**.
- One element of standard medical ‘Informed Consent’ is to advise the client of “reasonable alternatives and the relevant risks, benefits, and side effects related to alternatives.” Given that four treatments are identified as evidence-based for PTSD, it seems that VA and DoD providers should explain those options as part of informed consent and the options really do need to be available.
- There are severe shortages of Active Duty mental health providers stateside and in deployed settings.
YET→ EMDR was demonstrated effective over video teleconference (VTC) in 1999 with clients deployed on a Navy ship, demonstrating the significant potential for EMDR over VTC with clients in other operational settings where no trauma expert is available.
- If Prolonged Exposure (PE) was really a more effective treatment in the real clinical world, why do some ‘real clinical world’ reports show dropouts of 50-90%?
AND→ Quoted from a PE therapist, “Exposure based treatments are not ‘treatment of choice’ for some clients.”
- EMDR requires no homework—the things and situations that someone with combat PTSD would be avoiding would be things that we couldn’t send them out to practice in that fearful state. Both CPT and PE require extensive homework that is often too stressful and too time consuming for veterans to perform.
- Significant funding was granted for ‘Virtual Reality’ (VR) therapy for PTSD.
DESPITE→ Extremely high cost for VR equipment
AND→ High dropout from treatment
AND→ Medication supplement (d-cycloserine, an antibiotic used to facilitate the extinction of fear memories) to treatment (this is not part of any other PTSD therapy protocol)
AND→ Longer VR treatment required (more weeks in treatment)
AND→ Follow up treatment with other therapy after VR is the norm
- Both Cognitive Processing Therapy (CPT) and PE protocols list substance dependence as an exclusion from treatment even though co-occurring substance abuse and anxiety or depression are extremely common.
YET→ Recent research showed that 26-31% of National Guard, Reserve and Active Duty troops engage in new onset binge drinking after deployment.
AND→ Dual-diagnosis treatment with EMDR during substance abuse treatment was demonstrated effective in a military substance abuse treatment program as early as 1998.
- Prolonged Exposure therapy can only be used with anxiety disorders, thus PE training for providers has limited utility.

Additionally, Senior Military and VA providers with professional training in all 4 of the DoD/VA Guideline Recommended Treatments for PTSD note:

- EMDR has proven safe and effective when used in a combat zone with Soldiers who wanted to be able to go back out and continue their mission—neither the PE or CPT longer protocols nor homework could be used in a combat zone or high optempo location.
 - EMDR can be done on successive days—especially helpful in a combat zone where the client may be on base for only a few days. To use either CPT or PE the individual would have to be transferred away from their unit, contrary to sound military principle of ‘PIES’ (Proximity, Immediacy, Expectancy and Simplicity).
 - EMDR works faster than traditional talk therapy.
 - EMDR is better tolerated by trauma clients—less distressing to the patient also means there will be less fallout on the family and may equate to less family breakups.
 - EMDR is extremely useful for more diagnoses and symptoms.
 - EMDR transcends the cultural barriers that may occur with other treatments that rely more on Western beliefs or on a more analytical style—this is extremely important for a military population because of the diversity of cultural backgrounds.
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The Rand Report, “Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery,” describes in detail the present “major health crisis” in which most veterans who need mental health services do not get them. Of those who do seek help, “only about half receive treatment that is minimally adequate” for their need.

The Rand Report also recommended that veterans receive care from providers who are certified in evidenced-based treatments—EMDR is the only evidenced-based treatment that has a formal certification program (This program has been in place since 1999.)

This health crisis is not one that can be solved by academics with no military operational experience. Quoting internationally acclaimed educator, retired Army Officer and author of On Combat: The Psychology and Physiology of Deadly Conflict in War and in Peace, **LTC Dave Grossman**, “It has been my experience talking with thousands upon thousands of police officers and soldiers that these warriors have the most finely tuned BS meters (nonsense gauges) in the world. If something works for this cynical, conservative, hard-nosed bunch—then it works. Period. Well, it is still controversial, and there is still much to be learned, but the reports from the trenches are that EMDR works.”