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The article by Karlin and Ross *From the Laboratory to the Therapy Room: National Dissemination and Implementation of Evidence-Based Psychotherapies in the U.S. Department of Veterans Affairs Health Care System* clearly laid out how to disseminate and implement evidence-based psychotherapy in the Veterans Health Administration. The only problem is that the list of evidence-based psychotherapies notably missed one of the most highly regarded effective evidence-based psychotherapies for PTSD, eye movement desensitization and reprocessing (EMDR, 2013).

The VA and the Department of Defense (DoD) Practice Guidelines (2010) list EMDR therapy as an “A” level treatment, described as “A strong recommendation that clinicians provide the intervention to eligible patients.” According to the recently published practice guidelines of the World Health Organization (2013), trauma-focused cognitive behavioral therapy (CBT) and EMDR are the only therapies recommended for children, adolescents and adults with PTSD. However, major differences exist between the two treatments: “Unlike CBT with a trauma focus, EMDR does not involve (a) detailed descriptions of the event, (b) direct challenging of beliefs, (c) extended exposure, or (d) homework.” (p.1) These factors can make EMDR therapy easier for veteran treatment as seen by the difference in retention rates and outcomes.

Initial research using EMDR with military personnel found that EMDR led to remission of PTSD symptoms in 78% of soldiers with positive effects maintained at follow-up (Carlson et.al., 1998). There was a 100% retention rate. By comparison, a 2012 Congressional Report found that only 40% of soldiers completed the Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE), the therapies used by Veteran’s Administration. A more recent study with 48 Iraq and Afghanistan combat personnel diagnosed with combat PTSD found that after treatment with EMDR, the symptoms of PTSD resolved after only 4 sessions for non- wounded and 8 sessions for wounded personnel (Russell et.al., 2007). The notoriously high drop out rate for CPT and PE and the positive results reported with the use of EMDR begs the question: *Why are there no funded studies of EMDR by the VA? And why is EMDR not included in the list of disseminated psychotherapies that are evidence-based at the V.A.?*

A growing body of evidence over the last 20 years has shown that EMDR provides effective trauma treatment for civilians, yet the VA has not conducted any EMDR research. Instead they have focused on pharmaceuticals, CPT and PE, and alternative therapies for PTSD including pets, acupuncture, transcendental meditation, the "emotional freedom technique," tai chi, art therapy, Reiki, yoga, and pharmaceutical agents (Government Accountability Office, 2011). Drug studies include derivations of such drugs as marijuana and ecstasy. Treating PTSD with medication has not been found effective. In fact, psychoactive prescription drugs have been implicated as one of the causative agents of the high rate of suicide of our troops.

Antidepressants have been linked to suicidal thoughts and behaviors and black box warnings alert consumers and prescribers to these risks. Of those veterans with PTSD, 80 percent were given psychoactive drugs with 89% of these prescribed antidepressants (Rosenheck, 2008). Meanwhile, the VA has ignored research supporting that EMDR is a more effective treatment for sustained symptom relief for PTSD than antidepressants. In one study, both PTSD and depressive symptoms were lower for those treated with EMDR compared to Prozac at six-month follow-up (van der Kolk et. al., 2007). A more recent study found that five months after treatment, 60% of those on medication and 58% of those who received placebo still had PTSD compared to only 20% of those who received psychotherapy (Shalev et.al., 2012). *So why give medications at all when a sugar pill is just as effective without all the side effects?* It is time to stop simply prescribing and to start providing evidence-based treatment. The VA needs to develop a strong research and clinician training program for EMDR on par with current research and training programs for CPT and PE.

How sad that our veterans do not have a choice of those psychotherapies that truly are evidence-based. Our soldiers deserve better. More soldiers have committed suicide than have died in the war in Afghanistan. The military/veteran mental health system is being overwhelmed and needs all the evidence-based psychotherapies as treatments to alleviate human suffering and counteract the enormous wave of tragic outcomes owing to PTSD. In 2012, the Surgeon General of the Navy called for more research on EMDR. There is an ethical mandate and a moral responsibility to provide our troops with all the best psychotherapies available. EMDR is one of the most potent evidence-based therapies and should be available for the treatment of PTSD for all veterans and active duty service men and women.

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