

CAN COMBAT OPERATIONAL STRESS BE CURED?

1. A COMBINATION OF TECHNIQUES APPEARS TO OFFER MORE THAN SYMPTOM REDUCTION
2. EYE MOVEMENT DESENSITIZATION REINTEGRATION IS A 25 YEAR-OLD PROCESS WHICH HELPS MOVE OUT THE CORE IMAGES AND FEELINGS WHICH CONSTITUTE COMBAT OPERATIONAL STRESS.

COGNITIVE BEHAVIORAL REFRAMING

- ONE OF THE PRIMARY TOOLS CURRENTLY BEING USED TO ADDRESS SYMPTOMS OF COS. IT BECOMES INTERWOVEN IN THIS COMBINATION OF APPROACHES
- SINCE HOW WE THINK ABOUT AN EVENT, AFFECTS HOW WE FEEL ABOUT IT, THIS CAN BE AN IMPORTANT COMPONENT.
- I WILL NOT BE FOCUSING ON THIS ASPECT, AS IT IS SO BROADLY COVERED ELSEWHERE IN THE WORKSHOP.

INNER CHILD THERAPY

- 1. EVENTS WHICH HAVE MADE US FEEL HELPLESS AS A CHILD CAN TIE INTO COMBAT OPERATIONAL STRESS AND MAKE IT MORE DIFFICULT TO CLEAR.
- 2. A SIMPLE GESTALT PROCESS ALLOWS US TO ADDRESS THE DAMAGE DONE TO THE CHILD WE USED TO BE.

IMAGERY RECONSTRUCTION

- A TOOL TO REMOVE NEGATIVE FEELINGS AND IMAGES BY INSERTING NEW FEELINGS AND IMAGES. I WILL SAY MORE ABOUT THIS IN A FEW MINUTES.

THETA BRAIN STATES: A PART OF NEUROFEEDBACK WHICH OFFERS NEW HOPE.

- HAS A NEW HEALING MECHANISM FOR THE BRAIN BEEN DISCOVERED?
- WHAT THIS APPROACH APPEARS TO PROMISE IS WAY BEYOND WHAT WE ARE ABLE TO COMPREHEND

Combat Operational Stress

- Has generally over-sensitized the nervous system
- Memory of COS is stored in different part of brain
- Can be experienced in many different forms

Combat Operational Stress

- Is resistant
- Is persistent
- Involves body tension
- Can lie dormant until other stressors further overload the system
- **BUT CAN MEMBERS GET OVER IT?**

DEFINITION OF CURE

- WHAT DO WE MEAN BY CURING COMBAT OPERATIONAL STRESS?
- COPING AND REFRAMING ARE PROCESSES BY WHICH WE CAN LEARN TO HANDLE THE SYMPTOMS OF THIS STRESS.
- A CURE WOULD SUGGEST THAT THE SYMPTOMS OF THE STRESS NO LONGER APPEAR.

REMOVING NEGATIVE SYMPTOMS

- NO MORE NIGHTMARES
- NO MORE HYPERALERTNESS
- NO MORE REPLAYING OF NEGATIVE IMAGES
- NO MORE NUMBNESS
- NO MORE IRRITABILITY

REGAINING POSITIVE LIFE ASPECTS

- ABLE TO FEEL CONNECTED TO PEOPLE
- ENJOY SMALL PLEASURES IN LIFE
- ABLE TO BE, NOT JUST DO
- FEEL CONTENTMENT
- CONNECT TO MEANINGFUL FUTURE
- REGAIN ABILITY TO PLAN FOR AND EXPECT LIFE TO BE GOOD.

EMDR—THE NEW OLD THERAPY

- DISCOVERED IN 1989 BY FRANCINE SHAPIRO
- ITS UNUSUAL NATURE AND RESULTS PROMPTED MUCH RESEARCH
- COMBAT VETERANS FROM DESERT STORM, THE VIETNAM WAR, THE HOREAN WAR, AND WORLD WAR II WHO WERE FORMERLY TREATMENT-RESISTANT AND WHO NO LONGER EXPERIENCE FLASHBACKS, NIGHTMARES, AND OTHER PTSD SYMPTOMS. (Blore, 1997; Carlson, Shemtob, Rusnak, & Hedlund, 1996; Carslon, Chemtob, Rusnak, Hedlund 7 Murdak, 1998, etc.)

RANDOMIZED STUDY WITH COMBAT VETERANS

- A STUDY TO EVALUATE A FULL COURSE OF EMDR TREATMENT WITH COMBAT VETERANS REPORTED THAT AFTER 12 SESSIONS, 78% OF THE Vietnam combat veterans in the study no longer had PTSD. This supplemented a field study of a VA program, and a number of articles reporting positive treatment effects

HOW IT DIFFERS FROM EXPOSURE THERAPY

- Unlike exposure therapy, the client does not have to remain constantly focused on the disturbing experience
- Unlike Cognitive Behavior Therapy, which shows similar results to EMDR, the member does not have to do 30 hours of homework to achieve the same results.

SO WHAT IS EMDR?

- MEMBER IS ASKED TO CONCENTRATE ON A DISTURBING PART OF THE MEMORY, AND THEN TO LET THEIR MIND MOVE TO WHATEVER THEY NOTICE DURING A FORM OF BILATERAL STIMULATION. (From *EMDR*, Shapiro & Forrest, 1997)
- THE MEMBER MAY SPEND ONLY A SHORT PERIOD OF TIME ON THE MEMORY ITSELF
- WHILE THERE MAY BE A CERTAIN AMOUNT OF DISTRESS, THERE IS GENERALLY A DECLINE AT THE END OF THE SESSION WITH NEW INSIGHTS AND UNDERSTANDINGS.

- A HARVARD RESEARCHER HAS PROPOSED THAT THE SAME NEUROBIOLOGICAL PROCESSES THAT OCCUR IN REM OR DREAM SLEEP CAUSES THE REDUCTION IN DISTRESS.
- REM SLEEP IS KNOWN FOR PRECESSING EXPERIENCES, LEARNING SKILLS, AND REDUCING EMOTIONAL DISTURBANCE.
- EMDR THERAPY INVOLVES STIMULATING THE NATURAL INFORMATION PROCESSING TENDENCIS OF THE BRAIN, WHILE LETTING THE MEMBER'S REACTIONS GO WHERE THEY WILL

GUIDANCE AND INTERWEAVING

- THE THERAPIST IS TRAINED TO GUIDE THE MEMBER THROUGH SPECIFIC PROCESSES AND PROTOCOLS, WHICH INCLUDE NAMING THE FEELINGS AND MEASURING THE INTENSITY OF THESE FEELINGS.
- THE ORIGINAL MEASURE OF THE INTENSITY OF THE FEELINGS BECOMES A MARK AGAINST WHICH THE INCREASE OR REDUCTION IN THE LEVEL OF FEELING IS MEASURED.

WAIT! THAT DOESN'T MAKE SENSE!

- The member takes breaks from what he is processing every few minutes and then notices whatever he notices, such as a body response, a feeling, images, scenes, colors, even a blank.
- The next set will focus on whatever he noticed, with no requirement that it seem important or even make sense. A client might go from working on an intense battle scene to noticing a scene when he or she was at an amusement park. Whatever is noticed becomes the focus of this next set.

INTERWEAVES

- AT APPROPRIATE TIMES THE THERAPIST MAY ASK THE MEMBER TO LOOK AT THOUGHTS HE OR SHE MAY HAVE IN CONNECTION WITH THE EVENT
- THE THERAPIST MAY ASK THE MEMBER TO USE IMAGERY TECHNIQUES TO MANIPULATE THE MEMORY OF THE EXPERIENCE

INNER CHILD WORK

- TRAUMA IN CHILDHOOD CREATES FEELINGS OF HELPLESSNESS WHICH CAN LINK TO COMBAT STRESS.
- OFTEN THE CHILDHOOD TRAUMA NEEDS CLEARING IN ORDER TO CLEAR THE COMBAT STRESS.
- CAN WE REACH THAT FAR BACK, TO CHILDHOOD TO CLEAR THIS ORIGINAL TRAUMA?

WHAT ACTUALLY HAPPENS TO THE HURT CHILD?

- HE HIDES HIS HURT IN A BURIED PART AND GOES ON WITH HIS LIFE
- THIS DISCONNECTION, IF STRONG ENOUGH, CAN ACTUALLY STOP THE EMOTIONAL DEVELOPMENT OF THE CHILD.
- MANY OF THE MISJUDGMENTS OF ADOLESCENTS AND ADULTS ARE THE RESULT OF BEING IN A STUNTED EMOTIONAL STATE.

HEALING THIS HURT CHILD

- WORKS ON A HOLOGRAPHIC MEMORY OF THE CHILD WHO HOLDS THE PAIN
- THE ADULT PERSON VISUALIZES THE CHILD
- THE ADULT PUTS HIM OR HERSELF INTO THE PICTURE WITH THE CHILD
- NEXT, THE ADULT ANNOUNCES THAT HE IS THE CHILD GROWN UP WHO HAS COME BACK TO PLAY OR TALK WITH HIM.
- FOR A FEW MINUTES THE ADULT LETS THE CHILD GUIDE HIM/HER AS HE OR SHE INTERACTS WITH THE CHILD.

- OVER DIFFERENT VISITS, THE INDIVIDUAL REPEATS THIS PROCESS WITH THE CHILD ABOUT 3 TIMES.
- THE RESULT IS THAT THE CHILD THAT SPLIT OFF BECAUSE OF THE ORIGINAL TRAUMA IS REUNITED WITH THE ADULT. IT IS AS THOUGH THE ORIGINAL HURT DID NOT HAPPEN.

IMAGERY RECONSTRUCTION

- A SIMPLE PROCESS OF SUBSTITUTION
- IMAGINE THE ORIGINAL EVENT. DETERMINE WHAT YOU WOULD LIKE TO CHANGE
- RE RUN THE SCENE, SUBSTITUTING THE CHANGE. FOR EXAMPLE, A CHILD WHO WAS BEAT BADLY, MIGHT IMAGINE THAT AN UNCLE, THE POLICE, OR A SUPERHERO ARRIVES AND RESTRAINS THE PERSON WHO IS BEATING HIM. HE MIGHT ALSO SEE THE BEATER AS SHRINKING TO A FOOT HIGH AND STILL ACTING THE SAME WAY.

THETA BRAIN STATE

- THE SUBJECT OF MUCH RECENT AND ONGOING RESEARCH
- ARMY IS LOOKING AT ITS EFFECT ON PTSD
- NEUROFEEDBACK THERAPISTS ARE USING IT TO CHANGE BRAIN STATES
- WHAT IT MAY DO SOUNDS UNBELIEVABLE.

- Theta is state right before sleep.
- It is also the state in deep meditation.
- Researchers say that the brain, in theta, has access to the original blueprint of how it is supposed to communicate
- Listening to Theta CD, over time, may allow the brain to re-scaffold, that is repair as many as 80 different brain conditions.

DOES THIS PROMISE TOO MUCH?

- BRIAN OTHMER.COM OFFERS SOME OF THE RESEARCH IN MORE DETAIL
- I HAVEN'T EXAMINED THE ACTUAL RESEARCH.
- WHAT IT DOES THAT I DO KNOW IS (1) ALLOW FOR MORE RELEASE OF FEELINGS AND THOUGHTS,(2) ALLOW FOR RETRIEVAL OF LOST MEMORIES, (3) ENCOURAGE THE BRAIN TO RELAX.

RELEASE, REFRAME, RESTORE

- MUCH HAS BEEN LEFT UNSAID
- THE FOUR PROCESSES I HAVE TALKED ABOUT TODAY: EMDR, INNER CHILD WORK, IMAGERY RECONSTRUCTION, AND THETA BRAIN STATE, WORK TOGETHER TO HEAL DIFFERENT ASPECTS OF THE DAMAGE DONE BY TRAUMA. THESE PROCESSES WORK ON MANY DIFFERENT KINDS OF TRAUMA, IN COMBAT OR NOT.
- WHAT I HAVE SAID NOTHING ABOUT TODAY IS WHY WE GET COMBAT OPERATIONAL STRESS. OTHERS MAY, I HOPE, COVER THIS.