

TOP 5 MYTHS

About treating Veterans and Service Members with EMDR therapy



1

COMBAT TRAUMA IS ALWAYS THE ULTIMATE EMDR TARGET

This is false. Even if the presenting issue is combat trauma, the 'blood and guts' may not be where the disturbance lies. Additional layers like betrayal, moral injury, suicidal thoughts, survival guilt, military sexual trauma and impacted grief may be at the core of the issue. Events outside of combat may also cause distress, and trauma experience in childhood or prior to entering the service may end up being the focus of processing.



2

A THERAPIST NEEDS TO BE A VETERAN TO HELP A VETERAN

This is false. What counts is the therapist's willingness to develop an understanding of service members and military culture. This effort demonstrates that the therapist cares enough to learn about what is important in the client's life. It establishes legitimacy and builds trust.



3

ALL VETERANS AND SERVICE MEMBERS HAVE PTSD

This is false. Symptoms of PTSD may exist that do not add up to the full PTSD diagnosis. In addition, there may be overlapping areas of distress; for example, mood and anxiety symptoms or addictions. The VA reports that incidence of PTSD varies by conflict among other factors. For instance, between 11% and 20% of veterans who served in Operations Iraqi Freedom and Enduring Freedom have PTSD in a given year, 12% of Gulf War Veterans have PTSD in a given year, and it's believed that 30% of Vietnam Veterans have had PTSD in their lifetime. [1]



4

FEMALE SERVICE MEMBERS ARE EXPOSED TO LESS TRAUMA

This is false. Women have always played important roles in the military, facing unique challenges in a male dominated environment. Females have served in the military since WWII and face the same hazards and risks as males, including high-endurance training and combat.



5

SOME TRAUMAS ARE WORSE THAN OTHERS

This is false. All traumatic events are subjective and may have a profound impact on an individual's life.