

EMDR And The Military In Action

A monthly newsletter to keep you informed.

This is a monthly e-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing Therapy (EMDR) who work with military, veterans, and their families. The purpose of **EMDR And The Military In Action** is to promote continued dialogue regarding the efficacy and current developments with EMDR and its use with these special populations.

RESEARCHERS! If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a \$25,000 research award through the EMDR Research Foundation. Go to <http://emdrresearchfoundation.org/research-grants/research-grant-awards> for details. If you need access to expertise for a research project, don't hesitate to apply for a \$1,000 research consultation award. Go to <http://emdrresearchfoundation.org/research-grants/research-consultation-awards> for details.

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- Citations of the Month- Postpartum Depression
- In the News



Citations of the Month- Postpartum Depression

Krupnik, V. (2015). [Integrating EMDR into a novel evolutionary-based therapy for depression: A case study of postpartum depression.](#) Journal of EMDR Practice and Research, 9(3): 137-149(13).



Depression is one of the most common psychiatric disorders. Postpartum depression affects about 9% of women who give birth. Despite significant advances in research and in pharmacotherapy and psychotherapy, depressive disorders remain difficult to treat. The application of eye movement desensitization and reprocessing (EMDR) therapy to depression has lagged behind its applications to trauma-related and anxiety disorders. I present 2 cases of postpartum depression successfully treated with a combined therapy, where EMDR is integrated into a novel therapeutic framework developed specifically for depressive disorders and based on evolutionary theory of depression, treating depression downhill (TDD). In the integrated TDD-EMDR therapy, I have made adjustments to the standard EMDR protocol such that the choice and nature of

targets, the cognitive frame, and the objective for change in affect are determined by TDD framework. The described cases demonstrate the treatment process, including the modifications made to the standard EMDR procedures, and the treatment's outcome. I identify and discuss the differences between theories of EMDR and TDD.

Tarney, C.M.; BerryCaban, C.; Jain, R.B.; Kelly, M.; Sewell, M.F.; Wilson, K.L. (2015). [Association of spouse deployment on pregnancy outcomes in a U.S. military population](#). *Obstetrics & Gynecology*, 126(3): 569-574.

OBJECTIVE: To evaluate the association of spousal deployment during the antenatal period on maternal and neonatal outcomes and to estimate whether group prenatal care may be beneficial in reducing adverse outcomes when spouses are deployed.

METHODS: Primigravid women who delivered at Womack Army Medical Center, Fort Bragg, North Carolina, were prospectively enrolled and selected for participation on a random basis between January 2013 and January 2014. Women whose spouses were deployed to a combat zone during the entire pregnancy (deployed group) were compared with women whose spouses were not deployed during the pregnancy (nondeployed group). Pregnancy and neonatal outcomes were compared between groups.

RESULTS: Three hundred ninety-seven women were enrolled with 183 (46.1%) in the deployed group and 214 (53.9%) in the nondeployed group. Spouse deployment was associated with increased risk of preterm delivery (38 [20.8%] compared with 16 [7.5%], $P < .001$) and postpartum depression (30 [16.4%] compared with 13 [6.1%], $P = .001$) when compared with women in the nondeployed group. There were no differences in the incidence of preterm delivery and postpartum depression for women in the deployed group who participated in group prenatal care when compared with women participating in traditional care (preterm delivery 6 [14.6%] compared with 32 [22.5%], $P = .38$; postpartum depression 4 [9.8%] compared with 26 [18.3%], $P = .24$).

CONCLUSION: Women who have a spouse deployed during their pregnancy are at increased risk for preterm birth and postpartum depression. Larger studies are needed to evaluate whether spouse deployment during pregnancy has other perinatal effects and whether group prenatal care may have a positive effect on adverse perinatal outcomes in this population.

Resources for those at risk for postpartum depression

Comes, C. (2014, November 11). [Support for military moms with postpartum mood disorders](#). *Postpartum Progress*.

Rothschild, M. (2014, July 1). [Soldier mom goes back to boot camp for postpartum depression](#). *L.A. Parent*.

Spangler, M. (2015). [How I lost my wife to PPD](#). *Postpartum Health Alliance*.

In the News

Brooks, D. (2015, September 8). [Army babies: Fort Bragg study links](#)

[deployments, preterm deliveries](#). Fayobserver.com.

To access past Military in Action newsletters, go to Archives at <http://www.emdrresearchfoundation.org/index.php/for-professionals/newsletters>

Special Notes

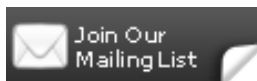
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