EMDR and Depression

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

ATTENTION RESEARCHERS: If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for the $25,000 EMDR Research Grant Award.

$25,000 EMDR Research Grant Award Details: https://emdresearchfoundation.org/research-grants/25000-emdr-research-grant-award/#

If you need access to expertise for a research project, don’t hesitate to apply for the $1,000 Research Consultation Award.

Research Consultation Award Details:
EMDR Therapy for Depression

**EMDR Study**


**ABSTRACT:**

This study investigated the efficacy of eye movement desensitization and reprocessing (EMDR) psychotherapy in treating the primary diagnosis of major depressive disorder by processing past or present trauma that was affecting the quality of life. The 26 diagnosed participants were randomly assigned to 6-8 sessions of EMDR treatment or the waiting list control. Beck Depression Inventory-II, Trauma Symptom Checklist-40, and Quality of Life Index Inventory were used at pre- and post-assessment to measure depressive and trauma symptoms and quality of life of the participants for both groups. The targets for EMDR therapy were selected by the participants determining the negative cognitions most strongly associated with reduced functioning and then identifying a related disturbing event. Paired and independent sample t tests were applied for data analysis. Results showed significant improvements on all measures with large effect sizes. At 95% confidence interval, the results found EMDR as an effective treatment for depressive and trauma symptoms and for improving the quality of life of the participants. A generalization effect was found for the depressogenic cognitions, with the number and strength of negative beliefs markedly decreased at posttreatment, even for beliefs not targeted in the therapy. Three-month follow-up interview with the EMDR participants confirmed that the results had been maintained.

**EMDR Study**


**ABSTRACT:**

**Background:** Depression is a severe mental disorder that challenges mental health systems worldwide as the success rates of all established treatments are limited. Eye Movement Desensitization and Reprocessing (EMDR) therapy is a scientifically acknowledged psychotherapeutic treatment for PTSD. Given the recent research indicating that trauma and other adverse life experiences can be the basis of depression, the aim of this study was to determine the effectiveness of EMDR therapy with this disorder. **Methods:** In this study, we recruited a group of 16 patients with depressive episodes in an inpatient setting.
These 16 patients were treated with EMDR therapy by reprocessing of memories related to stressful life events in addition to treatment as usual (TAU). They were compared to a group of 16 controls matched regarding diagnosis, degree of depression, sex, age and time of admission to hospital, which were receiving TAU only.

**Results:** Sixty-eight percent of the patients in the EMDR group showed full remission at end of treatment. The EMDR group showed a greater reduction in depressive symptoms as measured by the SCL-90-R depression subscale. This difference was significant even when adjusted for duration of treatment. In a follow-up period of more than 1 year the EMDR group reported less problems related to depression and less relapses than the control group.

**Conclusions:** EMDR therapy shows promise as an effective treatment for depressive disorders. Larger controlled studies are necessary to replicate our findings.

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**EMDR Study**


**ABSTRACT:**

Depression is a severe mental disorder that challenges mental health systems worldwide. About 30% of treated patients do not experience a full remission after treatment, and more than 75% of patients suffer from recurrent depressive episodes. Although psychotherapy and medication can improve remission rates, the success rates of current treatments are limited. In this nonrandomized controlled exploratory study, 21 patients with unipolar primary depression were treated with a mean of 44.5 sessions of Cognitive Behavioural Therapy (CBT) including an average 6.9 adjunctive sessions of Eye Movement Desensitization and Reprocessing (EMDR). A control group (n = 21) was treated with an average of 47.1 sessions of CBT sessions alone. The main outcome measure was the Beck Depression Inventory II (BDI-II). The treatment groups did not differ in their BDI-II scores before treatment, and both treatments resulted in significant improvement. There was an additional benefit for patients treated with adjunctive EMDR (p < .029). Also, the number of remissions at posttreatment, as measured by a symptom level below a BDI-II score of 12, was significantly better in the adjunctive EMDR group, the group showing more remissions (n = 18) than the control group (n = 8; p < .001). This potential effect of EMDR in patients with primary depression should be examined further in larger randomized controlled studies.

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**EMDR Study**

Background: Treatment of recurrent depressive disorders is currently only moderately successful. Increasing evidence suggests a significant relationship between adverse childhood experiences and recurrent depressive disorders, suggesting that trauma-based interventions could be useful for these patients.

Objectives: To investigate the efficacy of Eye Movement Desensitization and Reprocessing therapy (EMDR) in addition to antidepressant medication (ADM) in treating recurrent depression.

Design: A non-inferiority, single-blind, randomized clinical controlled trial comparing EMDR or CBT as adjunctive treatments to ADM. Randomization was carried out by a central computer system. Allocation was carried out by a study coordinator in each center.

Setting: Two psychiatric services, one in Italy and one in Spain.

Participants: Eighty-two patients were randomized with a 1:1 ratio to the EMDR group (n = 40) or CBT group (n = 42). Sixty-six patients, 31 in the EMDR group and 35 in the CBT group, were included in the completers analysis.

Intervention: 15 ± 3 individual sessions of EMDR or CBT, both in addition to ADM. Participants were followed up at 6-months.

Main outcome measure: Rate of depressive symptoms remission in both groups, as measured by a BDI-II score <13.

Results: Sixty-six patients were analyzed as completers (31 EMDR vs. 35 CBT). No significant difference between the two groups was found either at the end of the interventions (71% EMDR vs. 48.7% CBT) or at the 6-month follow-up (54.8% EMDR vs. 42.9% CBT). A RM-ANOVA on BDI-II scores showed similar reductions over time in both groups [F(6,59) = 22.501, p < 0.001] and a significant interaction effect between time and group [F(6,59) = 3.357, p = 0.006], with lower BDI-II scores in the EMDR group at T1 [mean difference = -7.309 (95% CI [-12.811, -1.806]), p = 0.010]. The RM-ANOVA on secondary outcome measures showed similar improvement over time in both groups [F(14,51) = 8.202, p < 0.001], with no significant differences between groups [F(614,51) = 0.642, p = 0.817]

Conclusion: Although these results can be considered preliminary only, this study suggests that EMDR could be a viable and effective treatment for reducing depressive symptoms and improving the quality of life of patients with recurrent depression. Trial registration: ISRCTN09958202.

EMDR Study


ABSTRACT:

Objectives: Current treatments for long-term depression, medication and psychotherapy, are effective for some but not all clients. New approaches need to be developed to complement the ones already available. This study was designed to test the feasibility of using an effective post-traumatic stress disorder treatment for people with long-term depression.

Design: A single-case experimental design with replications was undertaken as a feasibility study of eye movement desensitization and reprocessing (EMDR) in treating long-term depression.

Methods: Thirteen people with recurrent and/or long-term depression were recruited from primary care mental health services and given standard protocol EMDR for a maximum of 20 sessions. Levels of depression were measured before and after treatment and at follow-up, clients also rated their mood each day.

Results: Eight people engaged with the treatment; seven of these had clinically significant and statistically reliable improvement on the Hamilton Rating Scale for Depression. Daily mood ratings were highly variable both during baseline and intervention.

Conclusions: EMDR is a feasible treatment for recurrent and/or long-term depression. Research on treatment efficacy and effectiveness is now required.

Practitioner Points: EMDR may be an effective treatment for depression. EMDR could be considered if first-line approaches (CBT and counseling) have been tried and failed. EMDR may be particularly helpful for service users with a history of trauma.

Newly Released International Society for Traumatic Stress Studies' PTSD guidelines. EMDR therapy was given a strong recommendation for the treatment of PTSD in adults and children.

The new International Society for Traumatic Stress Studies’ guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD), and position papers on complex PTSD, have recently been published. An international committee of experts was established in 2015 to update guidelines published in 2009 by reviewing the latest evidence from clinical research trials. The guidelines and position papers are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, developing PTSD and Complex PTSD. Professor Julian Ford, ISTSS President, said, "The excellent work of the ISTSS Treatment Guidelines Committee will make a real difference to people affected by traumatic events". The new guidelines and position papers are available to download from the ISTSS website.

Click Here For More Information

**What's New?**

**NEW for Clinicians, Consultants, and Researchers!**

**EMDR Fidelity Rating Scale (Version 2)**

Deborah L. Korn, Psy.D.
Louise Maxfield, Ph.D.
Robert Stickgold, Ph.D. Medi
Nancy J. Smyth, Ph.D.

See the new EMDR Fidelity Rating Scale

CREATE A FUNDRAISING PAGE!
You have the opportunity to create a
fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding, graduation, or running in a 5K race!

Spread the word even further about EMDR therapy and create a Facebook Fundraising Page and select EMDR Research Foundation as your nonprofit.

More Details on Creating a Fundraising Page

SEE OUR UPDATED TOOLKIT!

EMDR Early Intervention and Crisis Response: Researcher’s Toolkit
Version 03.2018 © 2014-2018

Rosalie Thomas, Ph.D., R.N. with formatting/design work by Katy Murray, MSW, LICSW

View Our New Researcher’s Toolkit

As Seen on our Website

For a complete list of Military-In-Action and Clinical Newsletter archives, please visit our website.

You, as always, are invaluable in this endeavor!