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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.

In This Issue

- Citations of the Month- **Depression**

Citations of the Month- Depression

Hase, M., Balmaceda, U. M., Hase, A., Lehnung, M., Tumani, V., Huchzermeier, C., & Hofmann, A. (2015). [Eye movement desensitization and reprocessing \(EMDR\) therapy in the treatment of depression: A matched pairs study in an inpatient setting.](#) *Brain and Behavior*. doi:10.1002/brb3.342



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.

Method: 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.

Grey, E. (2011). [A pilot study of concentrating EMDR: A brief report](#). *Journal of EMDR Practice and Research*, 5 (1): 14-24(11).

The current research used a quantitative single-case study design to investigate the effectiveness of eye movement desensitization and reprocessing (EMDR) treatment for a participant diagnosed with comorbid major depressive disorder (MDD), severe without psychotic features, and panic disorder with agoraphobia. Treatment frequency was three sessions per week, with twelve 90-minute reprocessing sessions provided over a period of 1 month; the study also evaluated this application of "concentrated EMDR." At baseline, mean scores on the Beck Depression Inventory-II (BDI-II) and Beck Anxiety Inventory (BAI) were 49 and 38, and at 3-month follow-up, the scores had decreased to 8 and 7 respectively. The results of this pilot study indicate that concentrated EMDR may be effective in treating comorbid MDD and panic disorder with agoraphobia. The study also evaluated the application of concentrated EMDR, with treatment frequency increased from one session to three sessions per week. Twelve 90-minute reprocessing sessions were provided over a period of 1 month. Results show the apparent effectiveness of concentrated EMDR.

Richardson, J.D.; St Cyr, K.C.; McIntyre-Smith, A.M.; Haslam, D., Elhai, J.D.; & Sareen, J. (2012). [Examining the association between psychiatric illness and suicidal ideation in a sample of treatment-seeking Canadian peacekeeping and combat veterans with posttraumatic stress disorder PTSD](#). *Canadian Journal of Psychiatry*: 57(8): 496-504.

Objective: Our study examines the association between suicidal ideation and self-reported symptoms of posttraumatic stress disorder (PTSD), major depressive disorder (MDD), generalized anxiety disorder (GAD), and alcohol use disorder (AUD) in a sample of treatment-seeking Canadian combat and peacekeeping veterans; and identifies potential predictors of suicidal ideation.

Methods: Actively serving Canadian Forces and Royal Canadian Mounted Police members and veterans seeking treatment at the Parkwood Hospital Operational Stress Injury Clinic (n = 250) completed measures including the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire, the Alcohol Use Disorder Identification Test, and the PTSD Checklist-Military Version (PCL-M) between January 2002 and December 2010. Regression analyses were used to determine the respective impact of PTSD, and self-reported symptoms of MDD, GAD, AUD, and anxiety on suicidal ideation.

Results: Most people met PCL-M screening criteria for PTSD (73.6%, n = 184), while 70.8% (n = 177) screened positively for a probable major depressive episode. PTSD symptom was significantly associated with suicidal ideation ($\beta = 0.412$, $P < 0.001$). After controlling for self-reported depressive symptom severity, AUD severity, and generalized anxiety, PTSD severity was no longer significantly associated with suicidal ideation ($\beta = 0.043$, $P = 0.58$).

Conclusions: Although PTSD alone is associated with suicidal ideation, after controlling for common comorbid psychiatric illnesses, self-reported depressive

symptom severity emerged as the most significant predictor of suicidal ideation. These findings support the importance of screening for comorbidities, particularly an MDD, as potentially modifiable conditions that are strongly related to suicidal ideation in military personnel's endorsing criteria for PTSD.

For additional studies on EMDR and depression listed in this newsletter previously, refer to [Military in Action Archives 2015 4 Vol3 EMDR Newsletter - EMDR Therapy and Depression](#).

Special Notes

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