

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 (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.

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Citations of the Month- Depression

Hofmann, A., Hilgers, A., Lehnung, M., Liebermann, P., Ostacoli, L., Schneider, W., & Hase, M. (2014). [Eye movement desensitization and reprocessing as an adjunctive treatment of unipolar depression: A controlled study.](#) *Journal of EMDR Practice and Research*, 8(3), 103-112.



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.

From the EMDR Bookshelf

Shapiro, R. (2009). [EMDR Solutions II: For depression, eating disorders, performance, and more](#). New York, NY: W. W. Norton & Co.

A clear and comprehensive guide to using EMDR in clinical practice. This edited collection—a follow-up to Shapiro's successful EMDR Solutions—presents step-by-step instructions for implementing EMDR approaches to treat a range of issues, written by leading EMDR practitioners. The how-to approach, mixed with ample clinical wisdom, will help clinicians excel when using EMDR to treat their clients. The units include: A comprehensive compendium of EMDR interventions for Depression, it begins with Robin Shapiro's Assessment, Trauma-Based and Endogenous Depression chapters, continues with Jim Knipe's Shame-Based Depression chapter, and ends with Shapiro's Attachment-Based chapter. The eight chapters of the Eating Disorder unit cover all the bases. From etiology to neurology through Preparation phases and treatment strategies, you'll learn how to work with Bulimia, Anorexia, Body Dysmorphia, Binge Eating Disorder, disorders of Desire and more. Andrew Seubert is the ring leader. The other writers are Janie Scholom, Linda Cooke, Celia Grand, DaLene Forester, Janet McGee, Catherine Lidov, and Judy Lightstone. Performance, Coaching, and Positive Psychology unit emphasizes strengths, skills, focus, and whatever gets in the way of reaching the goal. David Grand shares his foundational 15 Strategies for Performance enhancement. Ann Marie McKelvey integrates EMDR with Coaching and Positive Psychology. The Complex Trauma unit includes Katie O'Shea's useful and user-friendly Preparation Methods and Early Trauma Protocol, Sandra Paulsen and Ulrich Lanius's brilliant collaboration Integrating EMDR with Somatic and Ego State Interventions, Liz Massiah's hair-raising Intrusive Images chapter, and Shapiro's treatment strategies for OCPD. Robin Shapiro gives an overview of Medically-Based Trauma and her strategies for successful treatment of Multiple Chemical Sensitivities. Katherine Davis shows us how Post-Partum "Depression" is often treatable Post-Partum PTSD. Ronald Ricci and Cheryl Clayton tell us how to use EMDR in our work with Sex Offenders and their complete therapeutic milieu. Martha S. Jacobi develops our "third ear" for using EMDR with Religious and Spiritually-Attuned clients.

EMDR In The News

Boyle, A. (2014, June). [Major depressive disorder has affected nearly half of female OIF/OEF veterans](#). Retrieved from U.S. Medicine: The voice of federal medicine.

Special Notes

Our Wordpress blog: <http://emdrresearchfoundation.wordpress.com/>
(note that there are entries on 12/16 and 12/18 with links to articles)

Like us on Facebook: www.facebook.com/emdrresearchfoundation
(note that there are quite a few relevant entries with links to articles)

Follow us on Twitter: www.twitter.com/EMDRResearch

To update your e-mail address with us, please email
info@emdrresearchfoundation.org. Thank you!

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