



Promoting the health and growth of human beings through the support of quality research, evidence-based practice and compassionate, well-informed clinicians.

A monthly newsletter keeping you informed.

Volume 3, Issue 3

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Dear EMDR Practitioner,

This is a monthly e-newsletter created primarily for EMDR researchers and trained clinicians. The purpose of it is to promote continued dialogue regarding the efficacy and current developments with EMDR Therapy and its use with a variety of populations.

This month we focus on the issue of Depression. We hope you find it useful and informative.

As the EMDR Research Board of Directors works to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters.

Sincerely,

*Wendy Freitag, Ph.D.
EMDR Research Foundation*

"Expanding Our Research, Deepening Our Impact."

EMDR Therapy and Depression

The top area of priority for grant applications for the EMDR Research Foundation is in **Advancing Evidence Based Practice**: Increase the availability of quality EMDR research in areas where we already have a foot-hold in the literature but where more evidence is needed. One of the specified areas in that category is Depression. Additional research may help validate the positive results clinicians report they are experiencing when using EMDR Therapy in the treatment of depression.



In the article, Wood, E., & Ricketts, T. (2013). Is EMDR an evidenced-based treatment for depression? A review of the literature. *Journal of EMDR Practice and Research*, 7(4), 225-235 [<http://dx.doi.org/10.1891/1933-3196.7.4.225>], the authors found, "and although there is some evidence that EMDR may be a promising new approach, it cannot currently be described as an evidenced-based treatment for depression. There are studies under way across Europe that may produce the evidence needed to expand the recommendations for using EMDR with more than just posttraumatic stress disorder (PTSD)".

However, the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services (HHS) sees it differently. Their National Registry of Evidenced - Based Programs and Practice (NREPP) cites EMDR as evidence based practice for treatment of PTSD, anxiety, and depression symptoms. Their review of the evidence also indicated that EMDR Therapy leads to an improvement in mental health functioning. <http://nrepp.samhsa.gov/ViewIntervention.aspx?id=199>

Other studies that support EMDR Therapy as a valuable tool in alleviating depression are:

Bae, H., Kim, D. & Park, Y.C. (2008). Eye Movement Desensitization and Reprocessing for Adolescent Depression Psychiatry Investigation, 5, 60-65. Processing of etiological disturbing memories, triggers and templates resulted in complete remission of Major Depressive Disorder in two teenagers. Treatment duration was 3-7 sessions and effects were maintained at follow-up. <http://dx.doi.org/10.4306/pi.2008.5.1.60>

Raboni, M.R., Tufik, S., and Suchecki, D. (2006) Treatment of PTSD by eye movement desensitization and reprocessing improves sleep quality, quality of life and perception of stress. *Annals of the New York Academy of Science*, 1071, 508-513. Specifically citing the hypothesis that EMDR induces processing effects similar to REM sleep (see also Stickgold, 2002, 2008), polysomnograms indicated a change in sleep patterns post treatment, and improvement on all measures including anxiety, depression, and quality of life after a mean of five sessions. <http://dx.doi.org/10.1196/annals.1364.054>

In 2014, [Hoffman et al](#) published in the *Journal of EMDR Research and Practice* a study using EMDR Therapy as an adjunctive treatment for unipolar depression, adding six sessions of EMDR Therapy to 47 sessions of Cognitive Behavioral Therapy. Their results follow.

Eye movement desensitization and reprocessing as an adjunctive treatment of unipolar depression: A controlled study

Description:

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.

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. <http://dx.doi.org/10.1891/1933-3196.8.3.103>

The indicators are clearly present that EMDR Therapy has a significant impact on Depression. We look forward to more and clearer outcome studies.

Be a part of the Future! **Join the Visionary Alliance**

History

At the 2011 EMDRIA Conference, the Foundation initiated the "Visionary Alliance." This program offers our constituents the opportunity to give a sustaining pledge by automatic monthly donations. An effective way to "pay back" for all the benefits received due to EMDR is to "pay it forward" by your ongoing contribution to EMDR research. Since that time, a number of you have taken the opportunity to participate in this community of Research Supporters.



What does it take to be a member?

Your monthly donations of \$15 or more will provide a predictable, continuous stream of income that will give the Foundation leverage when pursuing funding from larger organizations, granting agencies and foundations. It also allows us to predict the amount we can distribute to support research proposals.

What does it mean to be a member of the Visionary Alliance?

When the Foundation is funding large scale research projects to the tune of thousands of dollars a year, you will know you were part of the ground swell of support that made it possible. Please consider becoming a "give as you earn" donor by donating one EMDR session or a portion of a session per month to support EMDR research.

The EMDR Research Foundation is the only funding source dedicated solely to supporting EMDR research worldwide.

Join Now!

Write a TRIP Article for the Journal of EMDR Practice and Research

Translating Research Into Practice (TRIP) articles bring research alive and make research findings relevant in a therapist's day-to-day practice. It also supports

researchers in disseminating their findings and provides a critical link between research and practice.

- **Clinicians** - If you have read a research article that stimulated your thinking, inspired your work, or made a difference in your work with a client, please share this by writing a brief case description that elucidates or is inspired by the findings of a research article.
- **Researchers** - If you have been involved in a research study and would like to share clinical examples that elucidate your findings, we invite you to share them with your clinical colleagues by writing your case example and how it relates to your research.
- **Clinical consultants and trainers** - If you have found a research article that has proven helpful to a consultee or to trainees in their understanding of or application of EMDR, please share your experiences. We can support researchers in disseminating their findings and provide the critical link between research and practice. To learn more about TRIP, visit our website.

If you think you might want to contribute to the column and want more information, email Katy Murray at katymurraymsw@comcast.net.

Stay Connected to the EMDR Research Foundation

Don't forget to like us on Facebook or follow us on Twitter! It is just one more way to support ERF. It is free and quick! We provide updates to research grants, outcomes from funded programs, and resources for those who want to learn more about EMDR Therapy.

Sign up for [EMDR And The Military In Action](#). ERF sponsors a monthly newsletter that focuses on our colleagues who have been specifically trained to treat military personnel, veterans, and their families. *EMDR And The Military In Action* is designed to promote continued interest and education in EMDR and show our support for those clinicians who deal daily with this growing population of traumatized individuals.

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EMDR Research Foundation | 401 West 15th Street, Suite 695 | Austin | TX | 78701