EMDR Therapy and Depression

Dr. Michael Hase
Lüneburger Zentrum für Stressmedizin

Contents

- Let's take a second look on depression
- EMDR research
- DeprEnd© protocol
- Exercises and discussion

Depression

- The most common mental disorder
- 120 millions worldwide suffer currently from depression
- Depression is the third most common cause for primary health consultation
- MDD is the leading course of disabilities from age 15-44
- Every 9 minutes a suicide in Europe

A typical episode of depression

Mean duration: 3 month
With therapy shorter: 6 weeks
Complete Remission: ~75%

Typical Types of Depression

Depressive episodes in lifetime

Healthy

Relapsing: ~40%
Single episode: ~25%
Chronic: ~30%
Good news:

Depression is a treatable condition!

Psychotherapy in Depression

- seit 1960 Psychoanalysis und Psychodynamic Tx
- 1960-1970 Clientcentered Psychotherapy
- 1962-1980 Behavioral Psychotherapy
- 1975- CBT
- 1990- Interpersonal Therapy (IPT); CBASP
- No trauma focussed Ptx

Most Patients are on antidepressants!

Depression and Trauma

Antidepressants whom do they help?

- Meta-Analysis 6 Studys N = 718
- AD vs. Placebo
- Hamilton Depression Rating Scale
- Results:
  - Differences Medication vs. Placebo showed huge variation depending on depression severity
  - Only severely depressed patients profit from antidepressants

Fournier et al. (2010); JAMA

Longterm efficacy of Antidepressants

- How often do patients relapse after remission while on contious medication
- Most patients relapsed in the first 6 month when medication was discontinued
- Meta-analysis does not show any advantage of long-term use of AD or Lamotrigin

- Briscoe & El-Mallakh; Poster APA 2010

Severe sideeffects

- Clinical trial and a longitudinal observational study
- N = 136293 postmenopausal women
- Mean follow-up duration was 5.9 years
- SSRIs was associated with an increased risk for stroke (HR, 1.40), in particular, hemorrhagic stroke (HR, 2.12)
- Use of SSRIs and TCAs was also associated with an increased risk for all-cause mortality

Smoller et al. (2009) Archives of Internal Medicine
Bad news:

Studies show high risk of relapse in Major Depression:
- After 6 months: 24%
- 1 year: 37%
- 5 years: 75% (15 years 85%)
- Each depressive episode increases risk of relapse by 15%
- With each relapse the episodes seem more severe and harder to treat

Relapse in Major Depression

Meta-Analysis of 28 Studies (N=1880)
Results:
- Psychotherapy reduces relapse better than antidepressants
- CBT and other forms of psychotherapy are equally effective
- Relapse after CBT – 1 year: 29%
  - 2 years: 54%
- Continuing psychotherapy reduces relapse even further

Vittengl et al. (2007), JCCP, 75(3); 475-488

70% (or more) chronify


Depression - a Chronic Disease

- About 70-80% of depressive patients remit under treatment
- ~ 20% stay chronic
- Remission problem: -> ECT?
- > 50% of treated patients relapse after 2-5 years
- Every relapse increases the risk of further relapse by 15%
- Relapse problem: -> Lifelong medication?
  -> Brain pacemaker?


What's behind depression?

- Genes
- Hormones
- Light
- Distorted cognitive schema
- Loss (S. Freud)
- Mainly patients are on medication
- Literature is confusing

Pitfalls in depression treatment

- Non-compliance with antidepressants
- Antidepressants are only helpful in severe depression
- Relapse-prevention is inefficient

Conclusions

- Depression is a major health problem
- Long-term efficacy of pharmacotherapy is low
- Innovations in Psychotherapy are necessary

The genes?

- Metaanalysis of 26 Studies
  - Serotonin transporter gene variants
  - Stressful life events
  - Risk of depression
- N= 14,250 Teilnehmer (1,769 Patients)
- Neil Risch (UCSF)
- Kathleen Merikangas (NIMH)

NIMH Meta-analysis

- Metaanalysis of 25 studies on
  - Serotonin transponder gene variants
  - Life events
  - Risk for depression
- 14,250 participants (1,769 depressed)
- No risk related to gene or
- Interaction of life event and gene
- Risk increase with number of events

Genes and/or Memories?

We do already know:
Depression is the most common sequelea of sexual violence in the childhood

Violence and Depression
Psychiatric disorders following childhood sexual abuse – Metaanalysis

(Chen et al., 2010)

<table>
<thead>
<tr>
<th>Disorder</th>
<th>OR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorder</td>
<td>3.0</td>
</tr>
<tr>
<td>Depression</td>
<td>2.7</td>
</tr>
<tr>
<td>Addiction</td>
<td>2.7</td>
</tr>
<tr>
<td>Eating disorders</td>
<td>2.7</td>
</tr>
<tr>
<td>PTSD</td>
<td>2.34</td>
</tr>
<tr>
<td>Borderline Personality Disorder</td>
<td>3.1</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>4.14</td>
</tr>
<tr>
<td>Sleep disorders</td>
<td>16.1</td>
</tr>
</tbody>
</table>

Teicher – Childhood and Depression

- Comparing forms of violence
  - Physical violence
  - Emotional violence
  - Sexual violence
- And what follows
  - Anxiety
  - Depression
  - Anger
- Teicher calculates an effect size

Depression – a disorder of stressregulation?

- There is a clear connection between depressive episodes and depression
- Many depressive px report on stressful life events (SLE) if you ask (traumatic or not)
- Non traumatic SLE are experienced before onset of a depressive episode
- Many depressive px report intrusions (if you ask)
- CRH dysregulation behind it? (Holsboer)

Life events and Depression

- 7322 Participants of twin registry in Virginia
- Listing of all major depressive episodes (MD) and generalized anxieties (GAD)
- Listing of life events that included
  - Losses (death, separations, material)
  - Humiliation (other initiated separation, being put down, threat of core role, rape)
  - Danger (for life)

Kendler et al. (2003), Arch Gen Psychiatry, 60; 789-796
Life events and Depression

Results
- Link of loss and humiliation and major depression (MD) in the next month was significant (p<.001)
- Danger events had only a link to GAD and this lasted for longer than a month
- The link to MD was especially strong, when it included „psychobiological systems related to defeat and submission“

Kendler et al. (2003), Arch Gen Psychiatry, 60; 789-796

Life events more stressful than traumatic events?

Gold Study (2005)
- 800 College students were asked for:
  - Criterion A1 Events (Group 1=214)
  - Non-Criterion A (Life) Events (Group 2=216)
- Group 2 had more PTSD Symptoms!
  - 13% vs. 20% (p<.05)
- Most of the life events were losses e.g. the expected death of a loved person (64%)
- Other events that resulted in PTSD Symptoms were family problems and problems in romantic relationships

Gold et al. (2005) Anxiety disorders; 19: 687-698

EMDR

- Psychotherapy approach that focuses on dysfunctionally stored memories
- Theory: Adaptive Information Processing (AIP)
- EMDR offers a number of protocols
  - Standard protocol
  - Inverted standard protocol
  - Depend, CravEx ...
- EMDR incorporates a number of techniques
  - Phase 3-7
  - Resource activating techniques, CIPOS etc.
- Focusing and bilateral stimulation are central

The Adaptive Information Processing Model (AIP)

- Dysfunctionally stored memories are basis of many symptoms.
- These memories contain the affects, thoughts, sensations as well as behavioral responses encoded at the time of the event.
- The processing of etiological memories will
  - Eliminate affective, cognitive, behavioral symptoms
  - Result in the emergence of adaptive affective, cognitive and behavioral responses to new situations

Shapiro, 1995, 2001

AIP: Working with Implicit Memory Systems

Adverse EVENT

Dysfunctionally stored Information

AIP: Working with Implicit Memory Systems

Adverse EVENT

Self

Time

Classic = „PTSD“

Pathogenic Memories

- Concept of theoretical psychotherapy research
  - Centonze 2010
- Implicit traumatic and non-traumatic memories are the core of psychopathology
- They encode the sensory and other components as perceived at time of event
- They are more than memories: Intrusiveness means a biological activity
- Describes dysfunctionally stored memories of stressful life events (SLE) as within the AIP Model
  - Shapiro 1995, 2001
Pathogenic Memories (Hofmann und Hase 2012)

- Dysfunktionally stored memories of stressful life events

- Trauma-memory
- Depression-memory
- Addiction-memory
- Pain-memory
- PTSD
- Depression
- Craving
- Phantom Limb pain

EMDR in The Treatment of Depression

Many Patients treated with EMDR:
- F. Shapiro (1997), Patient „Mia” lost 12 year old child, MDD and suicide attempt
- P. Manfield (1998), 2 cases
- R. Shapiro (2009), concepts and cases

Case series:
- 2 Cases of adolescents (Bae et al. 2009)
- No RCT to date

EMDR in Adolescent Depression

- 16 yrs old girl
- Father dies unexpectedly 1 y. before onset of depression
- DSM-IV: MDD, no PTSD
- 3 sessions EMDR (Nodes: Death of father, future)
- Pre, post and three month katamnesis

Bae, Kim & Park (2008), Psychiatric Invest, 60-65
EMDR in Adolescent Depression

- Patient 14 year old girl
- Two years before father: new business, infidelity and divorce. Left school.
- Lost 10kg in 3 months, suicidal thoughts. DSM-IV: MDD
- 6 sessions EMDR (Focus: lost friends and fathers affair, anxieties and future)
- Follow up 3 months later

Bae, Kim & Park (2008), Psychiatric Invest, 60-65

Retrospective Study: EMDR in Recurrent Depression

- Retrospektive Study with 10 patients
- Age ~ 52 Years, 9 women, 1 man
- Five 33.2, 2 double depr., 3 chronic
- Number of relapses ~ 6,4 (3-13)
- Outpatient treatment 60 sessions
- In this treatment ~ 7,4 sessions EMDR
- Follow up after 3,7 years (1-6)

Retrospective Study: EMDR in Recurrent Depression

- 7 patients had no medication at follow up
- 4-5 relapses where expected
- There was one patient with two relapses
- Trigger: partner got cancer
- 3 others had stressors and did not relapse (death of partner, myocardial infaction e.g.)
- 7 had a full remission at therapy end
- 9 had a full remission at follow up

Summary:
- At end of treatment including about 7 sessions of EMDR (Ph 3-7)
- 70% of Patients showed a full remission
- At follow-up 3-4 years later 90% showed a full remission
- Number of relapses was much lower than expected

EDEN Pilot Studies

- Pilot 1: Krefeld (Germany)
- 60 depressive outpatients two matched pair groups
  - 60 sessions CBT vs.
  - 60 sessions CBT incl. 5-6 sessions EMDR
- 24 cases analyzed (12/12) – BDI-II
- Remissions significantly better with EMDR
EDEN Pilot Studies

- Pilot 2: Bad Bevensen (Germany)
- Inpatient treatment: 20 men, 12 women
- Control with matched pairs
  - TAU - psychodynamic groups and medication vs.
  - TAU + 4.5 sessions of EMDR
- All therapies terminated after 6 weeks
  (EMDR took a little longer)
- Significant improvement with EMDR

EDEN RCT Study

- Multicenter RCT EDEN
  (European Depression EMDR Network)
  - Patients with recurrent depressions (F 33)
- Cooperation of 7 centers in
  - Italy (Univ. Turino)
  - Germany (Univ. Ulm, Bad Bevensen, Heiligenhafen)
  - Spain (A Coruna)
  - Turkey (Istanbul, Sivas)
- RCT with computer-based data collection
- 116 Patients randomized
  - 30 TAU + EMDR vs TAU / 86 EMDR vs CBT
- Looking for remission and relapse

EDEN Study

TAU+EMDR vs TAU

- RCT
- Webbased Data collection and analysis
- Bevensen sample
- In patient treatment
  - TAU (psychodynamic psychotherapy + medication )
  - TAU+EMDR (TAU + mean 8,5 sessions EMDR)
- TAU = 16, TAU+EMDR = 14

EDEN Study

TAU+EMDR vs TAU

- All were soldiers
- Diagnosis F32 and F33
  - Mean 40 years of age
  - 90 % male
  - No significant difference between groups
- Psychometric Results
  - TAU
    - BDI pre 23,02
    - BDI post 16,59
    - Compl. Rem. % 25%
  - TAU+EMDR
    - BDI pre 22,43
    - BDI post 12,21 *p<0.05
    - Compl. Rem. % 50 %

EDEN Study

EMDR vs CBT

- Randomized, controlled study
- Internet-based randomization & data-collection
- 118 patients with recurrent depression randomized
- 82 patients in EMDR vs. CBT (40 vs. 42)
- Data of 66 Patienten could be analyzed (31 vs. 35)
- 16 sessions EMDR or CBT
- Preparation and stabilization in both arms
EDEN Study
EMDR vs CBT

- Mean score: BDI
- Focus on interaction between group and time
- 7 assessment points
- Baseline, + 2 Wks, after 4 EMDR sessions, Post and Follow-Up 6 month after end of treatment
- Additional scores: BAI, IES, WHO, GAF

EDEN Study
EMDR vs CBT

- No significant difference between the groups regarding all relevant parameters
- EMDR and CBT are equally efficacious
- Only in EMDR continuous improvement in WHO-Social
- Significant difference regarding reduction BDI in EMDR group at end of treatment (p < 0.01)

EDEN Study
EMDR vs CBT

- No significant difference between the groups regarding all relevant parameters
- EMDR and CBT are equally efficacious
- Only in EMDR continuous improvement in WHO-Social
- Significant difference regarding reduction BDI in EMDR group at end of treatment (p < 0.01)
- More complete remission in EMDR at end of treatment

Summary EDEN Study

- EMDR in addition to TAU results in greater reduction in BDI and more complete remission.
- EMDR in the treatment of recurrent and chronic depression is as efficacious as CBT.
- We need studies with greater numbers and a longer follow-up period.

The best current EMDR Treatment Strategy for Depression

- Deprend Manual

- Resource development regarding everyday stressors (if needed)
- „Map of stressful life events“ - patient history (Hofmann, 2010)
Memory Map

- Time Line with
  - Stressful experiences (incl. trauma) and
  - Resources (incl. depression free intervals)

Depend Manual

- Resource development regarding everyday stressors (if needed)
- "Map of stressful life events" - patient history (Hofmann, 2010)
- Target Criterion A events (trauma), losses and humiliation – especially if:
  - Connected to a depressive phase (Episode-trigger) and/or
  - Memories are intrusive

SUD

- Resource development regarding everyday stressors (if needed)
- "Map of stressful life events" - patient history (Hofmann, 2010)
- Target Criterion A events (trauma), losses and humiliation – especially if:
  - Connected to a depressive phase (Episode-trigger) and/or
  - Memories are intrusive

- Target Belief system as cognitive intrusions of "traumatic memories"
  - Look for "proof memories" (de Jongh, 2010)
  - Use the affect bridge from a proof memory (Shapiro, 2001)
  - Only then process the memories (touchstone first)
  - Process triggers and future triggers for this belief

- Target depressive or suicidal states
  - Focus the network behind the states
  - EMDR work with everyday life stressors
  - EMDR Future Procedures

An EMDR Strategy for Treating Depression

- EMDR in Relapse Prevention
  - Episode is (almost) over
  - Patient is insightfull regarding past events
- EMDR in an improving episode
- EMDR in chronic depression
  - Episode lasts more than 2 years
- EMDR in depression + complex PTSD

Four Basic Situations

- EMDR in Relapse Prevention
  - Episode is (almost) over
  - Patient is insightfull regarding past events
- EMDR in an improving episode
- EMDR in chronic depression
  - Episode lasts more than 2 years
- EMDR in depression + complex PTSD

Four Basic Situations

- EMDR in Relapse Prevention
  - Episode is (almost) over
  - Patient is insightfull regarding past events
- Work with event that triggered the worst episode
- Priorize events with intrusions
- Check for belief systems and their triggers
- Future template
Relapse prevention is good and safe routine today!

• EMDR in an improving episode
  – Patient is getting better
  – Patient is insightful regarding past events
• Work with trigger of last episode
• Prioritize events with intrusions
• Look for belief systems and their triggers
• Use flash forward or future template

Four Basic Situations

EMDR Treatment of Depression - Patient 4

29 year old woman, married 1 year ago
- Caring profession, stress at workplace
- Suicide attempt, comes from hospital to treatment (same therapist), Fluoxetin
- Major depression (F. 32.2), Beck 24
- History of panic attacks at age 18-24
- "Trauma"-History:
  - Depressive, devaluing and distant mother
  - Father alcoholic (cared but induced fear)
  - Mother told her to leave the house 4 years ago

EMDR Treatment of Depression - Patient 4

- Father dying with cancer, mother called her back home (age 24-25)
- Mother becomes ill and wants her to care for her too
- Has difficulty to limit demands on her
- Married one year ago and moved in with husband
- She is not able to do all of that, decompensation

EMDR Treatment of Depression - Patient 4

- 14 sessions of EMDR:
  - Death of father (5 sessions)
  - She can visit the grave
  - Demanding mother (2)
  - Fear and loneliness in childhood (2)
  - Suicidal thoughts (SUD = 7 -> 0)
  - Panic protocol (3)
  - Fear of flying (1)
- BDI to 2 a year ago, no more medication
- BDI stable at 2

EMDR Treatment of Depression - Patient 4

- EMDR in Chronic Depression
  - Patient is not getting better (>2 years)
  - Patient focussed on present limitations
- Work with RDI regarding present situation (inverted protocol)
- Look for intrusions and belief systems
- If you go for the past:
  - Prioritize events that produce intrusions
  - Prioritize recent events that turned things for worse
### EMDR Treatment of Depression - Patient 9

57 year old female teacher (married)
- Tired, stressed, psychosomatic problems
- Moderate depression, dysthymia (F 33.1, F 34.1)
- Escitalopram, Mirtazapin
- Prior depressive episodes
  - 10 years ago (2 years outpatient therapy)
  - 5 years ago (2 years outpatient therapy)
  - Depressive currently for 2 years
- Initial BDI: 20

### EMDR Treatment of Depression - Patient 9

- Can not work for months, feels guilty ("I abandon them")
- Gets worse (major depression: F 33.2)
- Gets intrusions of bloody mother
- Trauma history:
  - Father alcoholic, violence threats (threatened to throw her out of the window) – mother divorced him
  - Attempted murder of mother (age 10)

### EMDR Treatment of Depression - Patient 9

- MDD, no PTSD - but intrusions
- EMDR: age 10: she left the house to get help ("I abandon them")
- SUD = 6 (I am helpless) VoC = 3
- SUD down to 1, VoC = 7
- 4 more EMDR sessions
- BDI down to 8 at therapy end
- Follow up (1 year): BDI 3, brings photo

### EMDR Treatment of Depression - Patient 9

- EMDR in complex Trauma where depression is a major comorbidity
  - Episode is lasting or slowly improving
  - Patient has persisting crisis situations
  - Amnesia may hinder insight in past events
- Takes more time
- PTSD is priority, beliefs?
- Sometimes the present is first priority
- Many questions open...

### Four Basic Situations

- EMDR in complex Trauma where depression is a major comorbidity
  - Episode is lasting or slowly improving
  - Patient has persisting crisis situations
  - Amnesia may hinder insight in past events
- Takes more time
- PTSD is priority, beliefs?
- Sometimes the present is first priority
- Many questions open...

### EMDR Treatment of Depression - Patient 15

66 year old married woman
- Panic attacks since 1 year after colitis
- Daily panic attacks (14 times emergency service) F 41.0
- Down to one attack per month before start of psychotherapy
- Double chronic depression (Major depression + dysthymia) (F. 34.1; 33.2)
- 5 prior depressive episodes

### EMDR Treatment of Depression - Patient 15

- Trauma history:
  - Fear of death in hospital after colitis
  - Father was an alcoholic beating her
  - Mother died when she was 10, patient cared for 5 siblings
  - Alcoholic herself age 14-26
  - Patient sober + AA since then
  - Belief: I am only valuable if I do something
- This how she feels like:
EMDR Treatment of Depression - Patient 15

- BDI 32 initially
- Gets worse during first 6 months (non response)
- Stabilisation with CBT + EMDR resources
- 5 sessions EMDR
  - 1 sit in a chair and do nothing -> fear, arousal
  - SUD=10 (I am not allowed to have something)
  - Associations fathers violence
  - 2 sessions on camping with husband
  - Negative sexualized memories father -> sees his grave
- Termination after 60 sessions
- BDI 0 since one year, paints

EMDR Treatment of Depression - Patient 1

- 52 year old woman living from welfare
- Panic attacks many anxieties
- Major depression, more than 10 prior episodes (F33.2)
- Relationship problems and present borderline disorder (F60.31)
- Past alcohol abuse and eating disorder
- 3 suicide attempts, 5 hospital stays
- Intrusions of abuse 3-10, but no PTSD

EMDR Treatment of Depression - Patient 1

- 80 sessions of CBT plus (in midtherapy)
  - Better, but nc in intrusions and shame
- 5 sessions of RDI (inverted Protocol)
- 8 sessions of (standard) EMDR
  - Broken relationship that triggered last episode (SUD: 6 down to 1)
  - NC: „I am a failure“
  - Separation of her husband (SUD: 8 down to 0 in 2 sessions)
  - “It is over” VoC: 7
  - “Representative memory” of abuse by father
  - SUD 10 went down to 0 in 2 sessions

EMDR Treatment of Depression - Patient 1

- 8 sessions of (standard Ph 3-7) EMDR
  - PC after processing the abuse memory „I am worthy of being treated lovingly“ VoC: 7
  - Focusing on representative „memory“ of childhood neglect
  - SUD of 9 came down to 0 in two sessions
  - PC: „I am loved“ (linked to warm body feeling)
  - Since then no more intrusions and shame
- At therapy end: depression significantly improved and no more borderline diagnosis

EMDR Treatment of Depression - Patient 1

- Follow up six years later:
  - No depression relapse, full remission
  - No more medication
  - Far better in relationships
  - Founded own business (with employees)
  - Recent stressor: apartment burnt down – she managed it without decompensation
  - BDI: 2

Experiences with Patients Somatisation

- Third depressive episode in patient that is still (over)working
- Many somatisation symptoms
- Problem with feelings
- Mother died many years ago
- Image: full desk at workplace (SUD = 5)
  - NC: „I must be perfect“
  - Feeling of restlessness
**Video Episode Trigger**

**Other Strategies**

**EMDR effect on emotional cognitive processing in patients with depression**
- Case series major depression  N = 3
- EMDR integrated in treatment
  - emotional valence identification within affective priming experiments
  - depressive emotional representation
- EMDR showed positive influence on emotional cognitive processing and depressive schema
  - Rosas et al. (2010) Span J Psychol

**EDEN Pilot 3**
- Case series N = 3
- Psychosomatic rehabilitation day clinic setting
- Trying to define target memories

**EDEN Pilot 3**
- N = 3, 2 W. and 1 M.
- 45, 40, 40 Y.
- F 3x
- Setting psychosomatic Rehabilitation in day treatment
- Basically the same treatment for all patients
Results

BDI Mean

-40  -20  0  20  40  60

Prä  Post  Reduktion

Results

Case A B C

Reduktion BDI

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prän</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Post</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduktion</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How to explain the difference?

- Duration of treatment?
- Number of EMDR sessions?
- Medication?
- .................?

Duration of treatment

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aufenth/Tage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduktion BDI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of EMDR sessions

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>AnzSitzungen</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduktion BDI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medication

- A Citalopram
- B Citalopram
- C Mirtazapine
- All were on fixed meds which weren’t change during treatment
How to explain the difference?

- Duration of treatment?
- Number of EMDR sessions?
- Medication?
- Targets?

Memories targeted A

- Four EMDR sessions
- Target 1: Childhood trauma (2 sessions)
- Target 2: Workplace related problems (2 Sitzungen – association adolescence)

Memories targeted B

- 3 EMDR sessions
- Target 1: Family troubles initiating current depressive episode
- Target 2: Workplace related problems
- Target 3: dysfunctional belief (‘I’m responsible for everything’)

Memories targeted C

- 2 EMDR sessions
- Target 1: Bullying at school
- Target 2: Mobbing at workplace

EMDR and the beliefsystem

Check for “cognitive intrusions”
- Check for „proof memories”
  (de Jongh, 2010)
- Search for touchstone memory
  (use Floatback or Affect Scan to detect touchstone memories (Shapiro, 2001))

Sequence of reprocessing in EMDR:
- Touchstone first
- Proof memories second
- If touchstone is not accessible reprocess proof memories
- Trigger and Future Template

Treatment Planning
Processing Of depressive of suicidal states

Scars on your soul—depression memory
- 283 Pxs of F33 were assessed
  - All of the in remission
  - The number of previous episodes was connected to depressed mood
- This predicted relapse
- Associated with reduced functioning
- Depression memory?

Depression Memory
- 53 y. male Pxs in 2. depressive episode
- Current episode was initiated by a beshaming adress of his boss
- Episodetrigger is targeted and reprocessed
- This leads to improvement
- But a depressed mood in the morning remains, pronounced on Mondays

Depression Memory
- Patient reports this was initially experienced on a monday
- Focussing on „depressed mood in morning”
- Image: Depressive face in bathroom mirror
- NK: I’m out of control
- SUD 8, Anger and anxiety—> SUD 0
- After this session mood remains stable!

Suicidal state case example 1
- 55 year old patient with F33.2
- First episode age 13, more than 13 episodes usually in spring
- Episodes ended with her first child
- Stronger recurrence after menopause
- Strong suicidal urge, several „visits” at the traintracks (no suicide attempt)
- Medication and psychotherapy for years
- 10 sessions psychotherapy (4 EMDR)

Suicidal state case example 1
- 10 sessions of psychotherapy
  - 5 sessions of history taking, explanation and resource activation
    - First EMDR session: stressful image from last episode (SUD 6,5 went down to 0)
    - 2 and 3rd session: two other memories connected to episodes (felt improvement)
    - Railroad image „urge to kill myself” (SUD 8)
    - „An atmosphere of desparation and hopeless”
      - In EMDR a memory age 5/6 appears: grandmother tells war stories – (lost husband and grandson, son – the patients father- severely wounded)
• The SUD comes down to 0 in session and ends with an image of safety
• Last session for closure
• Patient in full remission at therapy end
• Follow up five years later:
  Two shorter depressive episodes triggered by the cancer diagnosis of her husband (citalopram 10mg for 4 months)
  Present full remission, BDI II: 2
  In situations of former suicidality – image of safety

• Male px, 40 ys. Of age
• Recurrent depression F33.1 with comorbid alcohol dependency
• In his childhood physical (father) and emotional (mother) violence
• Death of mother triggered first depressive episode
• Suicide attempt after his spouse left him

• Admitted to hospital after drunken driving
• Emotionally instable
• Severely insulted by former spouse
• Current relationship instable
• BDI 28

• Reports a nightmare with suicidal content (steering car against tree)
• EMDR session focussing on previous suicide attempt (intoxication)
  – Image: ICU
  – NK: I’m guilty
  – PK: I can learn
  – VoC 4, SUD 6, Abdomen

• Good, adaptive process
  – 3 channels
  – End of phase 4 SUD 0
  – VoC 7 and stable
• Phase 8: stable, no suicidal ideation
• Next session proof memory – I’m not worth (break up of relationship) increasing stability of mood

• The patient is focussed on his depressive state of mind
• He is stuck in his pathology
  • ruminations, delusions
• Medication, suicide prevention
• Use BLS targeting symptoms
  • Comparable to continous intrusions in acute stress

Acute Depression
Akute Depression

- Take a SUD relating to
  - Rumination
  - Depressive thoughts, delusion, arousal
- Apply BLS
- feedback ... BLS ... feedback ...
- Take a SUD
- Install Ressource if possible

Case example - acute Depression

- 27 ys. old female, editor with tv
  - Stressed out, sleep impaired
- Severe depression, delusion of guilt
  - Massive rumination, suicidal ideation
- Husband and family caring
- Does not want in-patient treatment
- 1th session: medication
  - anti-suicidal contract, inability to work

Case example - acute Depression

- 2nd Session
  - Targetting 'Rumination'
  - BLS by EM's: SUD 9 ->3

- 3rd Session
  - Targetting 'Stressed' SUD 8
  - 3 rounds BLS by EM's
  - Targetting 'Failure'
    - 2 Rounds of BLS SUD 4

Case example - acute Depression

- 4th Session
  - Fokus on delusions 'guilt'
  - BLS by EM's: SUD 10 -> 8
  - Fokus 'agitation'
  - BLS by EM's: SUD 8 – 4

- Feels relief and agrees to hospital treatment

Summary

- Depressive episodes often are connected with trigger events like losses, rejections, humiliations or trauma
- Processing of such memories with EMDR seems to improve
  - the rate of full remissions as well as
  - reduce the relapse rates
- RCT studies are underway