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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- Phantom Limb Pain

Phantom Limb Pain:

Amano, T., Seuyama, A., & Toichi, M. (2013). **Brain activity measured with near-infrared spectroscopy during EMDR treatment of phantom limb pain.** Journal of EMDR Practice and Research, 7(3), 144-153.

This report describes a female client with phantom limb pain (PLP), who was successfully treated by eye movement desensitization and reprocessing (EMDR) using a PLP protocol, as well as her cerebral activities, measured by near-infrared spectroscopy (NIRS), throughout the therapeutic session. She suffered from paralysis in the left lower limb because of sciatic nerve damage caused by a surgical accident, in which she awoke temporarily from anesthesia during surgery and felt intense fear. When recalling this experience, the superior temporal sulcus was activated. However, at the end of the session, her PLP was almost eliminated, with a generalized decrease in cerebral blood flow. This case suggests the possibility of involvement of a posttraumatic stress disorder (PTSD)-like mechanism in the pathogenesis of PLP, as well as the possible efficacy of EMDR for this type of PLP.

Wilensky, M. (2006). **Eye movement desensitization and reprocessing (EMDR) as a treatment for phantom limb pain.** Journal of Brief Therapy, 5, 31-44.

OBJECTIVE: Little research substantiates long-term gains in the treatment of

phantom limb pain. This report describes and evaluates an eye movement desensitization and reprocessing (EMDR) treatment with extensive follow-up.

DESIGN: A case series of phantom limb pain patients. Setting. In-patient hospitalization and out-patient private practice.

PATIENTS: Case series of five patients with phantom limb pain ranging from 1 to 16 years. All patents were on extensive medication regimens prior to EMDR.

INTERVENTIONS: Three to 15 sessions of EMDR were used to treat the pain and the psychological ramifications.

OUTCOME MEASURES: Patients were measured for continued use of medications, pain intensity/frequency, psychological trauma, and depression.

RESULTS: EMDR resulted in a significant decrease or elimination of phantom pain, reduction in depression and posttraumatic stress disorder (PTSD) symptoms to subclinical levels, and significant reduction or elimination of medications related to the phantom pain and nociceptive pain at long-term follow-up.

CONCLUSIONS: The overview and long-term follow-up indicate that EMDR was successful in the treatment of both the phantom limb pain and the psychological consequences of amputation. The latter include issues of personal loss, grief, self-image, and social adjustment. These results suggest that (1) a significant aspect of phantom limb pain is the physiological memory storage of the nociceptive pain sensations experienced at the time of the event and (2) these memories can be successfully reprocessed. Further research is needed to explore the theoretical and treatment implications of this information-processing approach.

Tinker, R., & Wilson, S. (2005). The phantom limb pain protocol. In R. Shapiro's (Ed.), **EMDR Solutions: Pathways to Healing.** New York, NY: W.W. Norton.

NOTE: additional phantom limb citations can be found in Military in Action newsletter Volume 1, Issue 3 from the Archives of EMDR Research Foundation.

From the EMDR Bookshelf

Shapiro, R. (2005). **EMDR solutions: Pathways to healing.** New York, NY: W. W. Norton & Co.

This book is a manual for doing EMDR with diverse client populations. [Text, P. 3] TOPICS TREATED: The strategic developmental model for EMDR; Integrating resource development strategies into your EMDR practice; EMDR for clients with dissociative identity disorder, DDNOS, and ego states; EMDR processing with dissociative clients: adjunctive use of opioid antagonists; The phantom limb pain

protocol; The two-hand interweave; DeTUR, an urge reduction protocol for addictions and dysfunctional behaviors; Targeting positive affect to clear the pain of unrequited love, codependence, avoidance, and procrastination; The reenactment protocol for trauma and trauma-related pain; EMDR with cultural and generational introjects; Exiting the binge-diet cycle; Utilizing EMDR and DBT techniques in trauma and abuse recovery groups; Using EMDR in couples therapy; EMDR with clients with mental disability; Treating anxiety disorders with EMDR; Affect regulation for children through art, play, and storytelling.

EMDR in the News

Wong, S. (2014). **WW1 surgeons could do little for amputees' pain.** Retrieved from Imperial College London News.

Special Notes

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