



EMDR AND THE MILITARY IN ACTION E-NEWSLETTER

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EMDR Therapy and Pain

This is a monthly E-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Desensitization (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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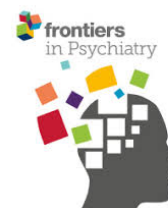
Researchers!

If you are interested in doing research that addresses EMDR topics related to the military and you need additional funding, consider applying for a \$25,000 research award through the EMDR Research Foundation. Go to <http://emdrresearchfoundation.org/research-grants/research-grant-awards> for details. If you need access to expertise for a research project, don't hesitate to apply for a \$1,000 research consultation award. For details go to <http://emdrresearchfoundation.org/research-grants/research-consultation-awards>.

Citations - EMDR therapy and Pain

EMDR Therapy and Back Pain

Gerhardt, A., Leisner, S., Hartmann, M., Janke, S., Seidler, G. H., Eich, W., & Tesarz, J. (2016). [Eye movement desensitization and reprocessing vs. Treatment-as-Usual for non-specific chronic back pain patients with psychological trauma: A randomized controlled pilot study.](#) *Frontiers in Psychiatry / Frontiers Research Foundation, 7, 201.*
doi:10.3389/fpsy.2016.0021.



OBJECTIVE: Eye movement desensitization and reprocessing (EMDR)-an

evidence-based approach to eliminate emotional distress from traumatic experiences-was recently suggested for the treatment of chronic pain. The aim of this study was to estimate preliminary efficacy of a pain-focused EMDR intervention for the treatment of non-specific chronic back pain (CBP).DESIGN: Randomized controlled pilot study.

METHODS: 40 non-specific CBP (nsCBP) patients reporting previous experiences of psychological trauma were consecutively recruited from outpatient tertiary care pain centers. After baseline assessment, patients were randomized to intervention or control group (1:1). The intervention group received 10 sessions standardized pain-focused EMDR in addition to treatment-as-usual (TAU). The control group received TAU alone. The primary outcome was preliminary efficacy, measured by pain intensity, disability, and treatment satisfaction from the patients' perspective. Clinical relevance of changes was determined according to the established recommendations. Assessments were conducted at the baseline, posttreatment, and at a 6-month follow-up. Intention-to-treat analysis with last observation carried forward method was used. Registered with <http://ClinicalTrials.gov> (NCT01850875).

RESULTS: Estimated effect sizes (between-group, pooled SD) for pain intensity and disability were $d=0.79$ (C195%: 0.13, 1.42) and $d=0.39$ (C195%: -0.24, 1.01) posttreatment, and $d=.50$ (C195%: 0.14, 1.12) and $d=0.14$ (C195%: -0.48, 0.76) at 6-month follow-up. Evaluation on individual patient basis showed that about 50% of the patients in the intervention group improved clinically relevant and also rated their situation as clinically satisfactory improved, compared to 0 patients in the control group.

CONCLUSION: There is preliminary evidence that pain-focused EMDR might be useful for nsCBP patients with previous experiences of psychological trauma, with benefits for pain intensity maintained over 6 months.

Veterans and Chronic Pain

Gauntlett-Gilbert, J., & Wilson, S. (2013).
[Veterans and chronic pain](#). *British Journal of Pain*, 7(2), 79-84.
doi:10.1177/2049463713482082



Summary points

1. Musculoskeletal problems are the commonest reason for medical discharge in all the British armed forces. By definition, these problems are chronic and resistant to treatment.
2. Pain is also common in veterans who have experienced severe injuries (polytrauma), often accompanied by post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) or postconcussive syndrome.
3. In veterans seeking treatment for chronic pain, PTSD is common. There is also evidence for elevated levels of alcohol misuse in veterans who have been deployed to conflict. However, most veterans do not have pain, PTSD or alcohol problems.
4. Pain clinicians would benefit from training in meeting veterans' needs, in order to promote their engagement and successful treatment. This should include countering stereotypes, information about the military and support for the assessment and onward referral of PTSD and alcohol problems.

EMDR and Phantom Limb Pain

Rostaminejad, A., Behnammoghadam, M., Rostaminejad, M., Behnammoghadam, Z., & Bashti, S. (2017). [Efficacy of eye movement desensitization and reprocessing on the phantom limb pain of patients with amputations within a 24-month follow-up](#). International Journal of Rehabilitation Research. doi:10.1097/ MRR.0000000000000227.

The aim of this study was to evaluate the efficacy of eye movement desensitization and reprocessing (EMDR) on the phantom limb pain (PLP) of patients with amputations within a 24-month follow-up. This study was a randomized-controlled trial. A total of 60 patients with amputations were selected by a purposive sampling and patients were divided randomly into two experimental and control groups. Samples were assigned through randomized allocation. EMDR therapy was administered individually to the experimental group participants in 12 one-hour sessions over a 1-month period, In each session, the patient completed the Subjective Units of Distress Scale and a pain-rating scale before and after the intervention. Follow-up measures were obtained 24 months later for the experimental group. The participants in the control group were measured on the two scales at an initial session and again after 1- and 24-month follow-up. The mean PLP decreased in the experimental group between the first and last sessions and remained so at a 24-month follow-up. No decrease occurred for the control group over the 1- and 24-month period. The differences were statistically significant ($P < 0.001$) according to a repeated-measures analysis of variance. EMDR therapy proved to be a successful treatment for PLP. Because of its efficacy and the fact that the positive effects were maintained at the 24-month follow-up, this therapy is recommended for the treatment of PLP.

Tinker, R., & Wilson, S. (2005). [The phantom limb pain protocol](#). In R. Shapiro (Ed.), *EMDR Solutions: Pathways to healing* (pp. 147-158). New York, NY: W. W. Norton.

In the News

Anson, P. (2016, December 14). [Veterans more likely to have chronic pain](#). Retrieved from Pain News Network.

Archives

For previous issues containing EMDR therapy and pain and a complete list of Military in Action Archives to the Military section after clicking [here](#).

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