EMDR Research Foundation Clinical Newsletter
Volume 6 | Issue 6
November 2018

emdr RESEARCH FOUNDATION

EMDR Therapy and Caregivers

November is Caregiver month, a month dedicated to a studied yet ignored and invisible population. It can be overwhelming, frustrating, and exhausting to be in the role of caregiver.

For a good resource, see the Alzheimer's Association article on Caregiver Stress. For More Information **Click Here!**

If you look at some of the research mentioned below, caregiving can also be a positive source of increased self esteem. There are many factors that might lead to such different outcomes.

For More Information from Johns Hopkins **Click Here!**

Studies

EMDR STUDY

The emotional and physical toll of caregiving was studied in a 1999 article, **Caregiving as a Risk Factor for Mortality: The Caregiver Health Effects Study,** Richard Schulz, PhD; Scott R. Beach, PhD JAMA. 1999;282(23):2215-2219. doi:10.1001/jama.282.23.2215

ABSTRACT:

Context:There is strong consensus that caring for an elderly individual with disability is burdensome and stressful to many family members and contributes to psychiatric morbidity. Researchers have also suggested that the combination of loss, prolonged distress, the physical demands of caregiving, and biological vulnerabilities of older caregivers may compromise their physiological functioning and increase their risk for physical health problems, leading to increased mortality.
Results: After 4 years of follow-up, 103 participants (12.6%) died. After adjusting for sociodemographic factors, prevalent disease, and subclinical cardiovascular disease, participants who were providing care and experiencing caregiver strain had mortality risks that were 63% higher than noncaregiving controls (relative risk [RR], 1.63; 95% confidence interval [CI], 1.00-2.65). Participants who were providing care but not experiencing strain (RR, 1.08; 95% CI, 0.61-1.90) and those with a disabled spouse who were not providing care (RR, 1.37; 95% CI, 0.73-2.58) did not have elevated adjusted mortality rates relative to the noncaregiving controls.

It is important to notice in the results that participants who were providing care but not experiencing strain did not have elevated adjusted mortality rates relative to the non-caregiving controls.

EMDR STUDY

This finding was confirmed in a later article. Perkins, M., Howard, V.J., Wadley, V.G., Crowe, M., Safford, M.M., Haley, W.E., Howard, G., and Roth, D. **Caregiving Strain and All-Cause Mortality: Evidence From the REGARDS Study** Gerontol B Psychol Sci Soc Sci. 2013 Jul; 68(4): 504-512 Published online 2012 Oct 2. doi: [10.1093/geronb/gbs084].

ABSTRACT:

Using a large, national sample, this study examined perceived caregiving strain and other caregiving factors in relation to all-cause mortality. The results indicated that: caregivers who reported high caregiving strain had significantly higher adjusted mortality rates than both no strain (hazard ratio [HR]

= 1.55, p = .02) and some strain (HR = 1.83, p= .001) caregivers. The mortality effects of caregiving strain were not found to differ by race, sex, or the type of caregiving relationship (i.e., spouse, parent, child, sibling, and other).

Their conclusion is that high perceived caregiving strain is associated with increased all-cause mortality after controlling for appropriate covariates. They asserted that high caregiving strain constitutes a significant health concern and these caregivers should be targeted for appropriate interventions.

On the **Johns Hopkins website,** they reported contrary findings. A study sponsored by Johns Hopkins conducted by David Roth et al and published in the Journal of Epidemiology was designed to measure "excess stroke risk amongst African-Americans in the so-called 'stroke belt' and used a sample of 3503 caregivers and compared their death risk to the same number of non-caregivers. Their conclusions were both interesting and surprising.

"We did not find any subgroup of caregivers in the REGARDS sample that appeared to be vulnerable to increased mortality risks. This includes our analyses of all spouse caregivers and of the spouse caregivers who report experiencing some caregiving strain," stated Roth.

"In many cases, caregivers report receiving benefits of enhanced self-esteem, recognition and gratitude from their care recipients. Thus, when caregiving is done willingly, at manageable levels, and with individuals who are capable of expressing gratitude, it is reasonable to expect that health benefits might accrue in those situations," added Roth.

We don't have the data to account for all of these differences, but other Johns Hopkins researchers report that those caregivers who are able to ask for help, have a good social network and an internal religious focus seem to be the ones who do better.

What EMDR therapy can bring to the picture is the opportunity for caregivers to heal themselves so they are able to provide both for the person they care for **and** for themselves.

EMDR STUDY

In 2018, researchers investigated the effectiveness of the **Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) on the caregiver syndrome** Passoni, S., Curinga, T., Toraldo, A., Berlingeri, M., Fernandez, I., and Bottint, G. Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) Applied to Caregivers of Patients With Dementia. Frontiers in Psychol., 15 June 2018. Published online 2018 June. https://doi.org/10.3389/fpsyg.2018.00967

ABSTRACT:

Caregivers of patients with dementia experience high levels of stress and burden, with effects comparable to those of a traumatic event. Eye Movement Desensitization and Reprocessing (EMDR) appears to be effective in recovering post-traumatic stress disorder (PTSD). We aimed at investigating the effectiveness of the Eye Movement Desensitization and Reprocessing Integrative Group Treatment Protocol (EMDR-IGTP) on the "caregiver syndrome". Forty-four primary caregivers entered the study. They were randomly assigned to either the "immediate" branch, who received the treatment soon after recruitment, or to the "delayed" branch, who received it two months after recruitment. The treatment consisted of eight group sessions (one per week) spanning over two months. Emotional distress was measured before the treatment, immediately after the end of it, and two months later (follow-up), by means of several clinical scales (Impact of Event Scale-Revised, IES-R; Caregiver Needs Assessment, CNA; Caregiver Burden Inventory, CBI; Anxiety and Depression Scale-Reduced Form, AD-R). The "immediate" branch improved significantly more than the "delayed" (control) branch on The Impact of Event Scale-Revised, the Anxiety, and the Depression scales; however, after treatment such an improvement was maintained only in the first scale. The "delayed" branch took less advantage of the treatment, showing significant reduction only on the Depression scale, an effect which disappeared at follow-up. These

preliminary results show for the first time that EMDR-IGTP reduces stress-related symptoms, anxiety, and depression in caregivers of patients with dementia. Interestingly, caregivers who were inserted in a waiting list after recruitment showed smaller treatment effects. Larger samples are needed to better interpret such differential clinical profiles.

EMDR STUDY

There have been additional non-randomized studies regarding the use of EMDR in helping patients and their caregivers overcome the difficulties related to the worsening of the illness and their feelings of loss and separation. Gattinara, P.C. (2009). **Working With EMDR in Chronic Incapacitating Diseases: The Experience of a Neuromuscular Diseases Center.** Journal of EMDR Practice and Research, Volume 3, Number 3.

ABSTRACT:

They concluded in part that "EMDR may be a valid, flexible, and effective treatment option for a particularly difficult population. Combining the EMDR approach and use of the attachment model may be useful both in resolving medical traumas and in facilitating close relationships between patient and caregivers,"

In brief, this is an incredibly important and increasingly growing population in need of support and continued research. **Your donations make this possible.**

What's New?

NEW for Clinicians, Consultants, and Researchers!

EMDR Fidelity Rating Scale (Version 2)

Deborah L. Korn, Psy.D.
Louise Maxfield, Ph.D.
Robert Stickgold, Ph.D. Medi
Nancy J. Smyth, Ph.D.

See the new EMDR Fidelity Rating Scale

CREATE A FUNDRAISING PAGE!

You have the opportunity to create a fundraising page in which your network can easily donate to the EMDR Research Foundation in honor of a family member, friend, colleague, yourself, or through a special event or occasion like a wedding,

graduation, or running in a 5K race!

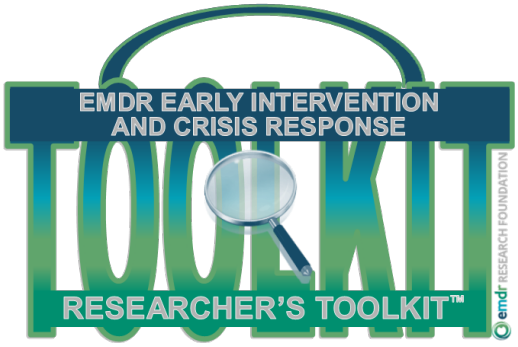
[More Details on Creating a Fundraising Page]

SEE OUR UPDATED TOOLKIT!

EMDR Early Intervention and Crisis Response: Researcher's Toolkit
Version 03.2018 © 2014-2018

Rosalie Thomas, Ph.D., R.N. with formatting/design work by Katy Murray, MSW, LICSW

[View Our New Researcher's Toolkit]



As Seen on our Website

NEWSLETTER ARCHIVES

For a complete list

[Military-In-Action Newsletters]

[Clinical Newsletters]

please visit our website.

You, as always, are invaluable in this endeavor!

DONATE TODAY!

EMDR Research Foundation
https://emdrresearchfoundation.org | info@emdrresearchfoundation.org | 630-296-4399

CONNECT WITH EMDR RESEARCH FOUNDATION ON SOCIAL MEDIA