EMDR Research Foundation and the Military-In-Action Newsletter

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This is a monthly e-newsletter created primarily for our colleagues trained in Eye Movement Desensitization and Reprocessing (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.

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. Click here for details. If you need access to expertise for a research project, don’t hesitate to apply for a $1,000 research consultation award. Click here for details.
The Impact of Psychological Interventions on PTSD and Pain Symptoms

EMDR and the Treatment of Pain


Chronic pain is the most common global cause of functional and quality of life limitations. Although there are many effective therapies for the treatment of acute pain, chronic pain is often unsatisfactory. Against this background, there is currently an urgent need to develop innovative therapies that enable more efficient pain relief. Psychosocial factors play an important role in the development and persistence of chronic pain. Especially in patients with high levels of emotional stress, significant anxiety, or relevant psychological comorbidity, classical pain therapy approaches often fail. This is in line with the results of recent pain research, which has shown that dysfunctions in emotion processing have a significant influence on the persistence of pain symptoms. The recognition that pain can
become chronic through maladaptive emotional processing forms the pathophysiological basis for the application of eye movement desensitization and reprocessing (EMDR) in the treatment of chronic pain. In this sense, EMDR can be used as an established method for desensitizing and processing of emotional distress from trauma therapy specifically for processing emotional stress in patients with chronic pain. Against this background, it is not surprising that the implementation of EMDR for patients with chronic pain is expanding. However, the increasing clinical use of EMDR in the treatment of chronic pain has also led to a reputation to test the efficacy of EMDR in pain management through randomized clinical trials. In addition to numerous case control studies, there are now also six randomized controlled clinical trials available that demonstrate the efficacy and safety of EMDR in the treatment of different pain conditions. However, in order to overcome several methodological limitations, large multicenter studies are needed to confirm the results.

**Efficacy of Eye Movement Desensitization and Reprocessing on the Phantom Limb Pain of Patients with Amputations within a 24-month Follow Up.**


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.

Comparing the Effect of Eye Movement Desensitization and Reprocessing (EMDR) with Guided Imagery on Pain Severity in Patients with Rheumatoid Arthritis


Objective: Previous studies reported the reduction of pain following eye movement desensitization and reprocessing (EMDR) and guided imagery; however, the effectiveness of these modalities was not compared. The current study aimed to compare the effects of EMDR and guided imagery on pain severity in patients with rheumatoid arthritis.

Materials and methods: In this randomized controlled trial, 75 patients were selected using non-random method, and then allocated into two intervention groups and one control group. Interventions were conducted individually in six consecutive sessions for the intervention groups. The Rheumatoid Arthritis Pain Scale was used for data collection before and after the interventions. Collected data were analyzed with descriptive and inferential statistics in SPSS. Significance level was considered at P<0.05.

Results: The post-intervention mean scores of physiological, affective, sensory-discriminative, and cognitive pain sub-scales for patients in guided imagery group were 16.3±2.2, 13.9±2.2, 30.6±3.4, and 23.2±3, respectively. The post-intervention mean scores of these sub-scales in the EMDR group were 22±1.5, 18.1±1.8, 39.6±2.8, and 29±1.8, respectively. A significant difference was observed in the mean pain score between EMDR and guided imagery groups, and also between each intervention group and the control group (P=0.001).

Conclusion: Guided imagery and EMDR could reduce pain in rheumatoid arthritis, but pain reduction was more following the EMDR than guided imagery.
Use of an Eye Movement Desensitization and Reprocessing (EMDR) Therapy in Chronic Pain Management: A Pilot Study


Introduction: Chronic pain is a major healthcare issue. Additional costs involved in pain management each year in France amount to more than one billion euros. While painkillers have been proven effective in treating acute pain, their long-term use has negative side effects reducing their effectiveness. Psychotherapeutic schemes like hypnosis and cognitive- behavioural therapies also seem to show mixed results.

Objective: Considering that the use of Eye Movement Desensitization and Reprocessing (EMDR) therapy is an innovative approach in chronic pain management, the main focus of this research was to compare the use of EMDR therapy versus eclectic healthcare in a hospital unit specialized in the management of chronic pain. Method: Forty- five patients divided into three groups were treated by standard protocol of EMDR therapy, pain protocol of EMDR therapy and eclectic therapy.

Results: Results show the effectiveness of EMDR therapy on sensory, cognitive, behavioural and emotional but also traumatic components of pain, EMDR standard protocol being most efficient after five sessions, and a reduction of pain extending one month after therapy has been discontinued.

Conclusion: The interest in the use of EMDR in chronic pain management then lies partly in its effectiveness in a few sessions, but also in clinical fast emergence and awareness that it allows to obtain from these patients.

The Impact of Psychological Interventions on PTSD and Pain Symptoms
OBJECTIVES: Posttraumatic stress disorder (PTSD) and pain often co-occur, introducing clinical challenges and economic burden. Psychological treatments are considered effective for each condition, yet it is not known which therapies have the potential to concurrently address PTSD and pain-related symptoms.

METHODS: To conduct a systematic review and meta-analysis, databases were searched for articles published between January 2007 and December 2017 describing results from clinical trials of interventions addressing PTSD and pain-related symptoms in adults. Two independent reviewers finalized data extraction and risk of bias assessments. A random effects model was used for meta-analysis and to calculate pooled and subgroup effect sizes (ESs) of psychological-only (single modality) and multimodal interventions.

RESULTS: Eighteen trials (7 uncontrolled, 11 randomized controlled trials, RCTs), totaling 1,583 participants, were included in the systematic review. RCT intervention types included exposure-based, cognitive-behavioral, and mindfulness-based therapies. Data from 10 RCTs (N=1,435) were available for meta-analysis, which demonstrated moderate effect for reduced PTSD severity (ES=-0.55, CI: -0.83, -0.26) and non-significant effect for pain intensity (ES=-0.14, CI: -0.43, 0.15) and pain interference (ES=-0.07, CI: -0.35, 0.20) outcomes. Findings from uncontrolled trials supported meta-analytic results from RCTs. Using GRADE assessment, the quality of evidence was deemed as moderate for RCTs and low for non-RCTs.

DISCUSSION: Findings indicated that the majority of the interventions appeared to have greater impact on reducing PTSD rather than pain-related symptoms. There remains a need to further develop interventions that consistently impact PTSD and pain-related outcomes when these two conditions co-occur.

NOTE: This meta-analysis included RCT using exposure-based, cognitive-behavioral, and mindfulness-based therapies. It does not appear that EMDR was included. Their findings don’t seem consistent with findings utilizing EMDR therapy. We need more research! If you work with this population, please consider conducting an RCT so that the effectiveness of EMDR therapy can be studied and documented!


**EMDR Pain Protocol for Current Pain and Pain Control with EMDR**

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**Have you had positive results in treating patients with pain using EMDR? Consider doing research – controlled trials are needed.**

For previously listed citations, books, and news articles on grief and a complete list of Military In Action Archives, visit [emdrresearchfoundation.org](http://emdrresearchfoundation.org).
Announcing a $50,000 Grant Award

In honor of the legacy of Dr. Francine Shapiro, the EMDR Research Foundation is pleased to announce a $50,000 grant to be awarded and funded by the Francine Shapiro Memorial Fund. It was her dedication to research that inspired and motivated us to form the EMDR Research Foundation. Her mantra was Research, Research, Research! She would often say to clinicians making a verbal report of success, “Will you write that up? That needs to be published!” Whatever is claimed in your clinical practice, must be validated in research. We hope to be able to carry that legacy forward in our work together. Learn more.

Grants & Awards

Our next grant application deadline is February 1, 2020 and can be submitted through our website.

RESEARCH AWARD GRANTS
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 - $50,000 research award through the EMDR Research Foundation.

RESEARCH CONSULTATION AWARDS
Up to $1,000 may be available to facilitate access to required expertise that would advance the development of an EMDR Therapy research project, to support the completion of an EMDR Therapy research project underway, or the writing of an article on EMDR Therapy for publication in a professional journal. Applications for these awards are accepted at any time during the year.
Revised Fidelity Rating Scale

NEW for Clinicians, Consultants, and Researchers! The EMDR Fidelity Rating Scale (EFRS) has been significantly revised since it was originally published, making it more precise and user-friendly.

Learn more.

New ISTSS Prevention and Treatment Guidelines

The new International Society for Traumatic Stress Studies' (ISTSS) guidelines on the prevention and treatment of post-traumatic stress disorder (PTSD), and position papers on complex PTSD, have recently been published. An international committee of experts was established in 2015 to update guidelines published in 2009 by reviewing the latest evidence from clinical research trials. The guidelines and position papers are intended to assist clinicians providing prevention and treatment interventions for children, adolescents and adults with, or at risk of, developing PTSD and Complex PTSD. Professor Julian Ford, ISTSS President, said, "The excellent work of the ISTSS Treatment Guidelines Committee will make a real difference to people affected by traumatic events" The new guidelines and position papers are available to download from the ISTSS website.

Learn more.

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!

Learn more.

See Our Updated Toolkit

Whether humanity inflicting harm on itself or due to natural disasters, left untreated, traumatic life experiences can lead to more harm. The EMDR Research Foundation has created the EMDR Early Intervention (EEI) Toolkit as a research to clinicians and researchers in times of need.

Learn more.

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Donates 0.5% of your purchases

CARRY ON HER LEGACY

The Francine Shapiro Memorial Fund