

Treat pain with EMDR

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***"To be strong doesn't mean
never to fall,
being strong means
to get up again and again"***

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Anamnesis and treatment planning

ENDORIS

Design and structuring of the anamnesis interview

(modified according to Tesarz et al. 2018)

The design of the anamnesis interview can be divided into different phases for individual structuring. Based on the so-called "4 Habits Model" of medical conversation, a 6-stage scheme has proven its worth in chronic pain patients. This scheme describes a total of six behavioural strategies, which are interdependent in a sequential relationship, sometimes in a more, sometimes in a less strong way. These six steps are:

1.) Invest in the beginning, 2.) Explore the patient's perspective, 3.) Create empathy, 4.) Avoid unreflected reaction, 5.) Reduce fears and uncertainties, and 6.) Invest in the end. Each of these six behavioural strategies comprises a group of principles and skills with different objectives. Such a 6-step approach offers a practical framework for structuring the anamnesis discussion, but can also be applied in a broader sense to any form of therapeutic contact.

The 6-Step Psychosomatic Conversation in Pain Therapy

Invest in the beginning

- | | |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Find an appropriate introduction to the topic | <ul style="list-style-type: none">- Start with open questions: <i>"What can I do for you today?"</i> or <i>"I understand that for ... are here. Can you tell me more about it?"</i>- Avoid directive and closed questions.- Repeat the most important points to avoid misunderstandings. |
| Plan the interview together with the patient | <ul style="list-style-type: none">- Let the patient know what he can expect: <i>"How about we start talking more about ___, then I'll do a physical before we talk about the possible therapeutic options - would that be okay with you?"</i>- Prioritize and structure the conversation if necessary and address this early: <i>"I think it would be important that we talk about ___ and ___ today. It may therefore be that I have to interrupt you at one point or another in the conversation. But we are happy to take up these points again at the end of the discussion! Or: "But it also sounds as if you want to make sure that we are talking about ___. But if, considering the other points, we don't get to it today, let's..."</i> |

Explore the patient's perspective

- | | |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Explore the individual disease model of the patient | <ul style="list-style-type: none">- Try to get an exact picture of how the pain feels for the patient!- Try to understand what (emotional, professional, interpersonal, ...) meaning the pain has for the patient.- Explore the patient's perspective: <i>"What do you think could cause your symptoms?" "What's your main concern with this problem?" "What have you done so far to treat your illness?"</i>- Ask for ideas from relatives or from the social environment.- Express respect for alternative healing methods and one's own therapy attempts. |
| Explore the impact on the patient's life | <ul style="list-style-type: none">- Check the context: <i>"How have your symptoms affected your daily activities / work / family?"</i> |
| Explore specific concerns | <ul style="list-style-type: none">- verbalize the patient's explicit request: <i>"How did you hope I could help?"</i> |

Create Empathy

- | | |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Be open to the feelings of the patient | <ul style="list-style-type: none">- Pay attention to the patient's empathetic opportunities.- Take note of the patient's feelings and reflect them when appropriate! |
| Make empathic offers | <ul style="list-style-type: none">- Look for ways to use short empathic comments: <i>"You seem really worried."</i>- Strengthen and support the patient in his efforts to solve problems or change problem behavior. |

Communicating empathy nonverbally	- Use a pause, a touch, or a facial expression
Avoid unreflected action	
Notice irritations	<ul style="list-style-type: none"> - Pay attention to the feelings and action impulses which the patient evokes in you! - Be sensitive to your own impulses for action (taking over tasks for the patient, or wanting to "get rid of him as quickly as possible").
Keep a serene attitude	- See idealizations, devaluations, demanding behavior and other difficult behavior patterns as part of the patient's symptom and not as a personal attack.
Avoid unreflected action	<ul style="list-style-type: none"> - Relativise high expectations and idealisations on the part of the patient at an early stage - Do not take on unreflected tasks and areas of responsibility that the patient can handle independently. - Avoid redundant examinations solely due to pressure from the patient
Reduce fears and uncertainties	
Create hope	- Give the patient hope and faith in the changeability of his current situation.
Encourage self-efficacy	<ul style="list-style-type: none"> - The self-efficacy of the patient is to be promoted. - Encourage the patient in his strengths and in the acceptance of his body - The patient, not the therapist, is responsible for the decision to change and its implementation. - The therapist's belief in the patient's ability to change is to be regarded as a "self-fulfilling prophecy". - Work with the patient to develop individual pain control techniques and an emergency plan.
Desensitize fears	<ul style="list-style-type: none"> - Enhance the patient's internal security and stability - Desensitize pain-related fears ("If I bend down too much, my intervertebral disc will tear") through information and exposure.
Invest in the end	
Provide adequate information for diagnosis	<ul style="list-style-type: none"> - Locate your diagnosis in a disease model individually adapted to the patient - Discuss the expected course of illness and recovery - Adjust your explanations to the patient's original concerns.
Place explanations available	- Explain reasons for diagnostic tests and treatment recommendations in a way that is clear to the patient.

Involve the patient in decisions	<ul style="list-style-type: none"> - Address possible side effects (and also check possible side effects of the information you've given). - Discuss options that fit the patient's lifestyle, cultural values and beliefs. - Where possible, offer written materials in the patient's preferred language. - Discuss treatment goals to ensure mutual understanding and agreement. - Evaluate the patient's willingness to change (ability and motivation) to implement a plan. - Explore barriers: "In your opinion, what would help to overcome the obstacles that may stand in the way of the treatment plan?"
Complete the visit appropriately	<ul style="list-style-type: none"> - Summarize the visit and review the next steps. - Give - if possible - space for uncoordinated topics: Is there anything else you would like to address that has not yet been discussed? „ - Check the understanding by asking the patient to briefly summarize what has been said. - Ask: "Do you have any questions about what we discussed today?" - If necessary, provide the patient with a written summary of the visit, including relevant websites. - Close the visit positive: "It was nice to see you. Thank you for coming!"

Resource exercises (therapist versions)



Decelerated breathing

Client:

Basic idea:

The concept of paced slow breathing is a basic technique for numerous relaxation and meditation procedures. With the aid of highly conserved psychovegetative reflex mechanisms in evolutionary biology, positive effects on the autonomic nervous system and the perception of pain (reduced sensitivity to pain) can be achieved by the targeted deceleration of respiration with prolongation, especially of the exhalation phase. Together with the associated shift in attention, this can have a positive effect on pain sensations.

basic principle

The conscious deceleration of the breath easily accessible to the conscious control is used as a gateway to the vegetative nervous system to achieve a generalized activation of the parasympathetic nervous system and thus positive modulation of the psychovegetative tone. In studies, in addition to on-demand use in tension situations, the regular use of 2 times daily between at least 2 and 11 minutes has proven to be particularly effective.

Forms of practice:

Conscious breathing with a breathing rate of 6/min:

- 4 sec. Inhale,
- 6-7 sec exhale,

Note: "4711 rule."

4 seconds inhalation, 7 seconds exhalation, and that for 11 minutes = 4711; where it should be more than 2 minutes, but not necessarily 11 minutes!

- We would now do an exercise that can help you to lower your inner state of excitement and help your body and nervous system to become calmer, more relaxed and more serene. Are you okay with that?"
- Now focus your attention on your breathing. Feel into your body and direct your attention completely inwards. Notice your breathing.
- As you inhale slowly, you notice how your muscles tense up a little and how your muscles and body relax again as you exhale. This tensing and relaxing of the muscles pumps blood into the vessels. If you then loosen the muscles again, the blood vessels expand and more blood flows. This leads to a feeling of cosy warmth and pleasant heaviness.
- Please feel yourself inside, perceive this pleasant feeling of well-being in your body and at the same time pay attention to the slow movements of your breathing.
- Now gradually try to lengthen the exhalation a little. Just consciously try to exhale very slowly.
- Focus your attention on your exhalation and perceive the relaxation throughout your body. You can count, too. Breathe out about twice as long as in. For example, try breathing in for 4 seconds and breathing out for seven seconds. Let your body find its own rhythm.

- When you have found a good rhythm, sit or lie still for about one or two minutes with your eyes closed. Feel the relaxation in your body. Think of something beautiful. These can be pleasant memories that you recall, or you can wander with your thoughts to beautiful places. Continue to breathe calmly, but without consciously thinking about breathing. When you have finished your journey of thought, stretch and stretch slowly. Just one yawn and you have new energies.

variations

- Exhaling with sound as an aid to extending the interval
- There is evidence that decelerated breathing in the therapist may have a calming effect on the patient.



Short Universal Regulative Exercise (SURE)

Client:

Basic idea:

Short Universal Regulative Exercise, short "SURE", is a non-verbal body-oriented self-regulation technique characterized by gentle rhythmic movements of the entire body. SURE gives a very fast and nonverbal way to activate the parasympathetic nervous system.

basic principle
Rhythmic weighing, swinging, "swaying movements", rotational movements, forward movements, sideways movements.
Forms of practice:
Practice: <ul style="list-style-type: none">• Weighing yourself on the front edge of the chair: front-back, right-left• Qi Gong Exercise: rotational movements in the upper body with swinging of the arms

- Note: Example video at <https://www.youtube.com/watch?v=FMZ3r1UnLVw>



Functional relaxation (FR)

Client:

Basic idea:

Development by gymnastics teacher Marianne Fuchs in collaboration with Viktor von Weizsäcker in the years after 1945 in Heidelberg against the theoretical background of body phenomenology: "subjective body that I am" in demarcation to. "objective body I have." The primary goal is to strengthen an inner balance of the vegetative nervous system by allowing the self-regulatory autonomous rhythm. An important element is the reflexive-verbalized reference to the experienced, to the body memory (method of body psychotherapy), as well as the connection of the breath as gate to the vegetative nervous system with the proprioception as basis for the living self feeling.

basic principle

Forms of practice according to the so-called "rules of the game":

- Gentle releasing joint movements during exhalation (exhalation leads to relaxation as a prerequisite for perception)
- Only 2-3 repetitions (perception flattens with frequent repetition)
- Breaks for tracing (deceleration)

Forms of practice:

Practical instructions FE short relaxation:

- We would now do an exercise that can help you to lower your inner state of excitement and help your body and nervous system to relieve pain and make your sensations softer and more pleasant. Are you okay with that?"
- Now direct your attention inwards and towards your body as you perceive it at the moment. Feel into your body and direct your attention completely inwards.
- Now try to take an upright and comfortable position. Try to take a position where you are upright and stable, but still need little strength and energy to stay in position.
- Now let the head settle down with your body so that the head is well supported by its stable longitudinal axis, the spine - we also speak of the ego axis.
- Now, I'd like to invite you to focus your attention on
 - Focus on affected body region
 - Focus positive body resource (pleasant feeling body regions).
- Pay attention to what changes where and how. Take your time to track it down.
- Note: Example video at <https://www.youtube.com/watch?v=13L3KmhTljo>

Addenda

Craft case with self-control techniques and emergency set

Step 1: Composition of the crafts kit with emergency set

The emergency kit may contain both personal sources of strength ("resources") and newly learned and well-trained techniques.

Resources are the inner abilities of a person to generate positive feelings. In this sense, resources can include memories, experiences, but also friendships, the social environment or hobbies. Within a psychotherapy these sources of power can be used to promote the healing process. The resources already used should be expanded and strengthened in a targeted manner.

For the question of which memories are suitable as resources, the subjective degree of well-being that occurs when the resource is activated is crucial.

The aim is to create a collection of graduated strategies that can relieve tension in stressful situations.

Stage I

1x muscle relaxation exercise

1x Imaginary distancing exercise

"Color-Form Distance"
"Vault exercise."

1x Imaginary resource

"Safe place"
"Luminous flux technology"

1x Real (tangible) resource

positively occupied objects
favorite music

Perfume with positive associations
Positive activities (noted on cards)
self-help literature

Stage II

Contact to related persons
Body Related Resource

Addresses and phone numbers of friends
Hot-water bottle, cherry pit pillow,
Ice water bath, Hedgehog ball, Lemon

Stage II

Emergency kit:

medications
Telephone number of a previously carefully selected clinic

Step two:

Gradual use and application of the case

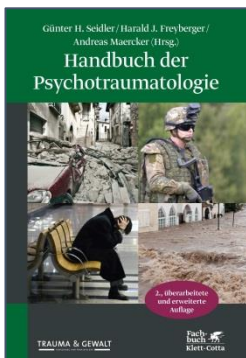
Recommended reading



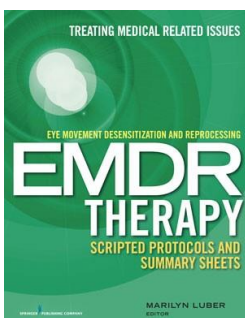
Jonas Tesarz, Günter H. Seidler, Wolfgang Eich
Treat pain with EMDR
The Practical Guide



Jonas Tesarz
Psychosomatics in pain therapy



Günter H. Seidler, Harald J. Freyberger, Andreas Maercker (Ed.)
Manual of Psychotraumatology
2nd, revised and extended edition



M. Luber (Ed.),
**Eye Movement Desensitization and Reprocessing (EMDR) Scripted
Protocols and Summary Sheets:
Treating Medical-Related Issues.**
New York: Springer.

Notes

Exercise I

Explore the patient's perspective

Pain anamnesis

Two basic questions that the therapist should ask himself are:

- I. How does the pain feel for the patient?
 - **Standard anamnesis:**
Start, course, medical diagnosis, previous therapies, modulators,
...
 - **Pain drawing:**
 - **Pain description:**
Localisation, shape, size, colour, temperature, texture...
- II. What does the pain mean for the patient?
 - **Explore the individual disease model of the patient**
 - **Explore the impact on the patient's life**
 - **Explore specific concerns**
 - **Pain question:**
*"Suppose the pain can speak,
what does it say to you? "*

