EMDR treatment of chronic pain "cheat sheet"

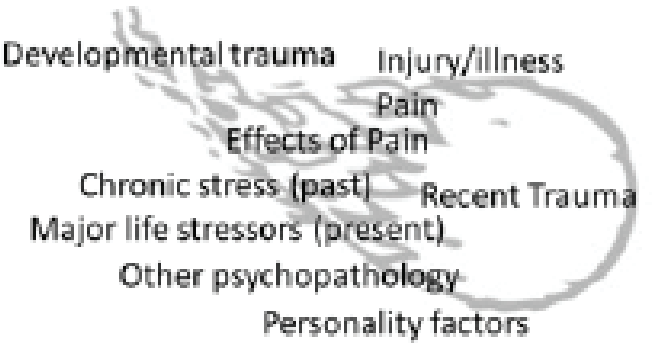
As with most clients' problems, the secret to successful treatment of chronic pain is making a good assessment, the who, what, how, and when of the case. While we all approach this based on our own personal style of training and experience, here for your benefit are the questions I have in my mind when commencing treatment with a new chronic pain client:

1. ***How*** did the pain start?
2. ***What*** injury or illness(es) initially triggered the pain?
3. ***What*** other current stressors is this person facing in addition to their pain complaints and how might they be impacting on their coping?
4. ***What*** past trauma or neglect has this person endured and how might that be impacting on their coping?
5. ***Who*** is this person? What is their basic emotional style (anxious, depressive, optimistic, etc.)? How do they typically deal with negative emotions?
6. ***How*** are their ego states organized? Does this person's psyche appear to be divided into parts (vulnerable child vs. invincible adult, exiles vs. protectors). Is there any evidence of dissociation (mild or major)?
7. ***What*** are their main presenting complaints (declared or unspoken): pain, trauma, anxiety, disability, shame, tension, inability to relax, hypervigilance, dissociation, disconnection, fatigue, unintegrated parts?
8. ***What*** presenting problem is the client most aware of/worried about?
9. ***Which*** problem is the client capable/ready to work on now?
10. ***If not ready***, what does the client need to bring them to a state where they could address their problem(s)?

Note that I commence the assessment before our first session, by emailing prospective clients an intake questionnaire, a chronic pain fact sheet, and a welcome letter. The intake form not only asks them about the presenting problem, but also about their strengths, achievements, abilities, and hopes. The chronic pain fact sheet and welcome letter introduce the prospective client to understanding chronic pain as a mind-body problem which can be modified. Rather like the pre-talk in hypnosis, the aim of this is to put the client's mind on an open, hopeful path from the very beginning.

Case conceptualization

Your case conceptualization should, as much as possible, include the whole picture regarding your client's history, personality, and current presenting problems, plus their primary pain/trauma combination (see right) in terms of what they are seeking help for now. What problems might you focus on now, in what order?



Treatment planning

Is this person ready for EMDR or are other interventions indicated? Remember that commencing EMDR means you have established that the client is ready to reprocess the emotional trauma that is thought to be maintaining their pain. It is not always so easy to uncover hidden subconscious parts that might "need" the pain (e.g., to punish, warn, or protect) and even then, where there has been significant illness or injury, it may not be possible to completely resolve the pain. In recent years I have realized that, with the exception of the most simple trauma-pain presentations, you will need to supplement EMDR with adjunctive interventions. By far the most useful adjunctive intervention is hypnosis: for delivering antidote imagery, ego strengthening, stress management, mind-body healing, resolving unconscious conflicts, etc. To help you conceptualize the case in terms of likely treatment needs, below are the 7 main presentations (pain/trauma combos) that you can expect to see when working in this area. Note that #1 (pain without psychological adversity) is rare and that the more complex the presentation, the more likely you are going to need to supplant EMDR with adjunctive interventions, and the less likely that desensitization will be your primary intervention.

Presenting problem	Treatment options	
	EMDR	Hypnosis/other
1. Chronic pain with no psychological adversity	✓	
2. Chronic pain related to simple trauma (e.g., low-grade whiplash)	✓	
3. Chronic pain and unrelated simple trauma (e.g., arthritis pain, MVA)	✓	✓
4. Chronic pain + simple injury + non-traumatic adversity (emotional abuse/neglect)	✓	✓
5. Chronic pain + complex injury + non-traumatic adversity (emotional abuse/neglect)	✓	✓
6. Chronic pain + simple injury/illness + severe trauma/abuse/ neglect	✓	✓
7. Chronic pain + complex injury/illness + severe trauma/abuse/ neglect	✓	✓

The most common theme in chronic pain sufferers (survivors is a better word) and the key to most cases is that of someone who has overcome their childhood adversity by developing a strong coping self, but who has never learned to live in an integrated, embodied way, culminating in illness/injury and a collapse in their coping systems. They need help to see that this current crisis presents an opportunity to heal the trauma, do the ego state work, repair the inner rupture, etc., and learn to live in an integrated, embodied "here and now" way rather than trying to restore their previous functioning/way of being. Treatment is often about balancing their present needs for pain management against these deeper, long-term goals. Even clients who present as knowledgeable about trauma and are actively trying to manage their problems may still be operating out of a "command and control" top-down mentality rather than one that is based on resolution of the trauma that is maintaining their ego states/disembodied self.

The primary targeting option involves choosing between present pain and trauma. Another potential target is the effects of the pain.

If processing present pain, I recommend continuous auditory BLS with check-ins during BLS rather than the stop-start approach normally used when processing trauma.

Resources such as antidote imagery are invariably necessary for helping the client manage ongoing pain and can be created out of positive sensory changes following BLS, memories, or "canned" imagery (healing light, water, etc.).

Chronic pain clients generally need a holistic, multi-disiplinary approach and I encourage my clients to consider a wide range of mainstream and alternative approaches, including spiritual practices if appropriate.

In the most complex trauma/pain cases, where more severe manifestations of dissociation are detected, other psychological approaches may also be necessary.

Below is a more detailed outline of adjunctive treatment options associated with different aspects of trauma/pain combinations.

Presenting problem	Treatment options
Pain	EMDR, bilateral stimulation, guided imagery, hypnosis, pendulation
Trauma	EMDR, emotional containment and regulation issues (safety)
Attachment	ego state work, parts work,
Trauma	EMDR and/or addressing inner conflict or trauma with hypnosis
Emotional	self-validation of emotions, FLASH technique, BLS
Regulation	emotional container, mindfulness, tapping, etc.
Dissociation	utilizing avoidance, parts work, grounding, self-soothing
Self-care	rest, diet, exercise, attending to emotional needs, support, attending to spiritual needs
Adjustment & coping	accepting limitations, pacing, lifestyle changes, appropriate goal-setting
Identity issues	grief work ("I am not who I used to be") schema work/self-concept ("I am still okay even if I can't do things as well as I used to") relationships ("I am still loveable even if I can't live up to others' expectations") spirituality ("What can I ultimately learn from this experience?")

Remember, treatment of chronic pain other than simple trauma-related pain is usually long-term, dynamic, and requiring multi-faceted interventions. I give all my chronic pain clients a copy of my pain management recipe after the first or second session, for them to know what sorts of things they need to be doing and what sorts of outcomes to expect.