EMDR TREATMENT OF CHRONIC MIGRAINE

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EMDR Protocol for Headache

The Protocol

Phase 1 : History Taking-Treatment Planning
Phase 2 : Preparation
Phase 3 : Assessment
Phase 4-7 : Desensitization-Closure
Phase 8 : Reevaluation
General Rules

• Weekly sessions or more/wk

• Sessions are 50-90 minutes long

• Traumas or problems taught to be not related to headaches are dealt with later if necessary
Phase 1 History Taking: Case Formulation and Planning

The major task at this phase is to do a thorough intake.

This includes:

- Anything you need to know about the client
- Neurological assessment
- Psychiatric assessment
- Psychological assessment-Testing
- Case Formulation
- Treatment Plan
Phase 1 History Taking: Case Formulation and Planning

- **Intake as usual:**
  - Anything you need to know about the client

- **Neurological Assessment**
  - The reason why someone has a headache is usually medical.
  - Organic causes: Brain tumor, Epilepsy, MS etc.
  - EMDR Treatment: Migraine, tension headache or cluster headache.
Phase 1 History Taking:  
Case Formulation and Planning

- Psychiatric Assessment
  - Alcohol/Drug Addiction
  - Psychotic, Mentally Retarded, Suicidal Clients
  - Clients with "psychiatric" problems and chronic headache
  - The way you choose to begin and work with them depends on your clinical judgment.
  - We suggest that you begin with and stick to negative life events (traumas) that you think are related to headache the client has.
  - In around 8-15 sessions you will see where you are and then you will decide together with the client if you will work with other traumas and life experiences seemingly unrelated to headaches.
Treatment Plan

General strategy is to focus first on targets (memories) directly related to headache:

- Begin with the first remembered event related to headache
- Then the first attack, the worst attack(s) and the most recent attack
- Then traumatic events related to headaches
- Then focus on memories:
  - First, traumatic events unrelated to headaches between the first and the last
  - Then traumatic events before the first remembered event (abuse, violence, neglect etc.)

- Triggers: Out of a list of triggers begin with the ones client come across frequently and ones with high SUDs

- Future Template: When everything is done and complete use Future Template based on triggers. Also, exposure to triggers.
Phase 2: Preparation

- Prepare the client to EMDR.
- Here the rules and procedures of the Standard Protocol are applied.
Phase 3: Assessment Choosing The Target (Memory)

• Since we have the treatment plan, we know with which memory we are going to work.

• Usually we begin with the first remembered traumatic event.
Phases 4 through 8: Desensitization-Closure

- Follow the EMDR Standard Protocol
CONSIDER

- During the EMDR sessions if any traumatic experience comes up, after the session go over the treatment plan again.
- Stop EMDR above 6 in SPL scale and use the Pressure Technique (S. Marcus and Bonny Pruden)
- Finish the session by relaxing the patient using EMDR-relaxation techniques
- Generally the client has complaints besides the headache (family, child, husband, work etc.). They must be put somewhere in your priority list and use your clinical judgement to work with them.
CONSIDER

• If the client is a female and the headache history dates back to several years, she is probably not feeling comfortable with her role as a mother, wife and as a woman in general. You will have to work with these issues.

• In chronic headache, relationships are organized around the headache. You may have to work with relationships.

• These are issues that you may consider as important for the client. You will have to decide to work with them or not.
THE STUDY

EFFECTIVENESS OF EMDR TREATMENT ON CHRONIC MIGRAINE
Effects of EMDR Treatment on Chronic Migraine Patients

- A Suburban Hospital Setting in Istanbul
- 20 clients in exp/10 clients in cont. gr.
- 8 EMDR Therapists
- 50-90 min./session
- Average 11 EMDR Sessions/2-4 months
Instruments

- Personal Demographical Form
- Migraine Disability Assessment Test (MIDAS)
- Weekly Headache Questionnaire (HAS)
- Symptom Assessment Scale-45 (SA-45)
- Neurological Assessment Form
- Psychiatric Assessment Form
Method

Statistical Analysis Conducted

• Shapiro Wilk Test
• Chi-Square
• Dependent Sample t-test
• Independent Sample t-test
• ANOVA
Analysis

Independent sample t-test was used to investigate the differences between the post-test scores of:

- MIDAS (internationally used)
- Weekly Headache Questionnaire (frequency, intensity, duration)
- SA-45 of experimental and control groups.
RESULTS
# Experimental and Control Group Dependant Sample t-test Results for MIDAS Pre and Post Tests

<table>
<thead>
<tr>
<th></th>
<th>Pre (Mean)</th>
<th>Post (Mean)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDAS Total</td>
<td>52,3571</td>
<td>12,4286</td>
<td>3,646</td>
<td>,003**</td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MIDAS Total</td>
<td>52,3333</td>
<td>56,6667</td>
<td>-0,205</td>
<td>0,842</td>
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</tbody>
</table>

*p<,05  **p<,01  ***p<,001
Experimental and Control Groups Independent Sample t-test Results for POST MIDAS Total Scores

<table>
<thead>
<tr>
<th></th>
<th>Experimental (Mean)</th>
<th>Control (Mean)</th>
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<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>12,4286</td>
<td>56,6667</td>
<td>-2,918</td>
<td>.008**</td>
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</table>

*p<.05    **p<.01    ***p<.001
## Experimental Group Dependant Sample t-test Results

<table>
<thead>
<tr>
<th>Question</th>
<th>Pre (Mean)</th>
<th>Post (Mean)</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>On how many days in the last 3 months did you have a headache?</td>
<td>34,2143</td>
<td>14,3571</td>
<td>3,22</td>
<td>.007**</td>
</tr>
<tr>
<td>On a scale of 0 - 10, on average how painful were these headaches? (where 0 = no pain at all, and 10 = pain as bad as it can be.)</td>
<td>7,2857</td>
<td>5,2143</td>
<td>3,64</td>
<td>.003**</td>
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## Control Group Dependant Sample t-test Results

<table>
<thead>
<tr>
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<th>Pre (Mean)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>On how many days in the last 3 months did you have a headache?</td>
<td>38,1111</td>
<td>42,7778</td>
<td>-0,435</td>
<td>0,675</td>
</tr>
<tr>
<td>On a scale of 0 - 10, on average how painful were these headaches? (where 0 = no pain at all, and 10 = pain as bad as it can be.)</td>
<td>7,4444</td>
<td>7,1111</td>
<td>0,471</td>
<td>0,65</td>
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</table>

29/06/2014
### Experimental and Control Groups

**Independant Sample t-test Results for POST Scores**

<table>
<thead>
<tr>
<th>Question</th>
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</thead>
<tbody>
<tr>
<td>On how many days in the last 3 months did you have a headache?</td>
<td>14,3571</td>
<td>42,7778</td>
<td>-5.22</td>
<td>.000***</td>
</tr>
<tr>
<td>On a scale of 0 - 10, on average how painful were these headaches?</td>
<td>5.2143</td>
<td>7.1111</td>
<td>-2.264</td>
<td>.037*</td>
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EMDR and SA-45

SA-45: 11 Psychiatric Symptom Domain:

- Anxiety
- Depression
- OCD
- Somatisation
- Phobic Anxiety
- Hostility
- Interpersonal Sensitivity
- Paranoid Ideation
- Psychoticism
- GSI
### Experimental Group SA-45 Pre and Post Tests

<table>
<thead>
<tr>
<th>SUBSCALES</th>
<th>Pre (Mean)</th>
<th>Post (Mean)</th>
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<tbody>
<tr>
<td><strong>ANXIETY</strong></td>
<td>12.3</td>
<td>7.55</td>
<td>3.907</td>
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<tr>
<td><strong>DEPRESSION</strong></td>
<td>14.4</td>
<td>10</td>
<td>3.182</td>
<td>.005**</td>
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<tr>
<td><strong>OBSESSIVE-COMPULSIVE</strong></td>
<td>14.25</td>
<td>10.1</td>
<td>3.881</td>
<td>.001***</td>
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<tr>
<td><strong>SOMATIZATION</strong></td>
<td>14.85</td>
<td>11.4</td>
<td>2.69</td>
<td>.014*</td>
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<tr>
<td><strong>PHOBIC ANXIETY</strong></td>
<td>8.2</td>
<td>6.05</td>
<td>2.607</td>
<td>.017*</td>
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<tr>
<td><strong>HOSTILITY</strong></td>
<td>10.85</td>
<td>8</td>
<td>2.797</td>
<td>.011*</td>
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<tr>
<td><strong>INTERPERSONAL SENSITIVITY</strong></td>
<td>12</td>
<td>9.5</td>
<td>2.091</td>
<td>.050*</td>
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<tr>
<td><strong>PARANOID IDEATION</strong></td>
<td>12.4</td>
<td>8.85</td>
<td>2.308</td>
<td>.032*</td>
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<tr>
<td><strong>PSYCHOTICISM</strong></td>
<td>8.5</td>
<td>6.2</td>
<td>3.378</td>
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<tr>
<td><strong>GSI</strong></td>
<td>107.75</td>
<td>77.65</td>
<td>3.303</td>
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<tr>
<td><strong>PTS</strong></td>
<td>28.4</td>
<td>18.5</td>
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*p<.05 **p<.01 ***p<.001
Control Group Pre and Post SA-45

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<th>SUBSCALE</th>
<th>Pre (Mean)</th>
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<tbody>
<tr>
<td>DEPRESSION</td>
<td>11,8889</td>
<td>14,8889</td>
<td>-4,243</td>
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<tbody>
<tr>
<td>ANXIETY</td>
<td>7,55</td>
<td>12,8889</td>
<td>-4,06</td>
<td>0.000***</td>
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<tr>
<td>DEPRESSION</td>
<td>10</td>
<td>14,8889</td>
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<td>OBSESSIVE-COMPULSIVE</td>
<td>10,1</td>
<td>15</td>
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<td>0.006**</td>
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<td>SOMATIZATION</td>
<td>11,4</td>
<td>15</td>
<td>-2,321</td>
<td>0.035*</td>
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<tr>
<td>PHOBIC ANXIETY</td>
<td>6,05</td>
<td>9,5556</td>
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<td>0.005**</td>
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<tr>
<td>HOSTILITY</td>
<td>8</td>
<td>9,8889</td>
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<td>0.139</td>
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<td>INTERPERSONAL SENSITIVITY</td>
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<td>11,6667</td>
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<td>PARANOID IDEATION</td>
<td>8,85</td>
<td>11,1111</td>
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<td>0.134</td>
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<tr>
<td>PSYCHOTICISM</td>
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<td>7,5556</td>
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<td>0.09</td>
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<tr>
<td>GSI</td>
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<td>107,5556</td>
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<td>PST</td>
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*p<.05  **p<.01  ***p<.001
EMDR Session Score

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<th>Max.</th>
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<th>Std. Deviation</th>
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<td>16,00</td>
<td>10,8000</td>
<td>3,62157</td>
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</tbody>
</table>
The Project Team

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