EMDR Therapy
An Effective Adjunct to Addiction Treatment

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Focus on the Future
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Presenter

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Learning Objectives

1. Understand the Adaptive Information Processing Model

2. Develop an appropriate treatment strategy for addiction clients with PTSD

3. Identify two EMDR therapy protocols for reducing acute symptoms of compulsion and euphoric recall
Disclaimers

This presentation is a general overview of EMDR Therapy and how it can be helpful in working with clients. You will not learn to do EMDR Therapy. You will not learn how to use the specialized protocols.

I am not an expert on gambling treatment specifically. The information applies to the general characteristics of the addictive experience.

There has not been much research on the efficacy of EMDR Therapy and gambling treatment or recovery.

In the debate of what came first trauma or addiction, I don’t care. If you treat “the underlying causes” without treating the addiction people relapse. If you treat the addiction and not the pain behind it, people relapse.
No matter how far we ran, we always carried fear with us.

--Narcotics Anonymous Basic Text p. 14
Question: #1
What is your background?

A. Direct Service
B. Administration
Question: #2
What is your focus?

A. Addiction
B. Trauma
C. Co-Occurring
Question: #3
What is your experience with EMDR Therapy?

A. Heard of it
B. Work with someone who uses it
C. Have been through full training
D. Certified
E. Consultant
Co-Occurring Disorders

What we still do

Treat the disorders at different times and places, with different treatment teams and therapists

Have the expectation that the client will be able to integrate information, skills and recovery process themselves
Co-Occurring Disorders

Mental Health Problems

Depression
Anxiety
Bipolar Disorder
PTSD
Psychotic Disorders
Dissociative Disorders
Co-Occurring Disorders

Addiction

Substances

Process addictions (e.g. gambling, sex)
Co-Occurring Disorders

Treatment Settings

Chemical Dependency treatment: residential
intensive outpatient
outpatient

Mental Health treatment: inpatient
day treatment
outpatient
medication

Gambling treatment: outpatient
Co-Occurring Disorders

Primary Treatment Modalities

Chemical Dependency treatment: group
  psychoeducation
  CBT/DBT
  individual

Mental Health treatment: individual
  medication

Gambling treatment: group
  family
Co-Occurring Disorders

What could go wrong?

The client is treated for part of the problem they are living with.
There are different counselors and different agencies.
The treatment providers do not coordinate or agree on treatment.
There is no realistic or comprehensive recovery or relapse prevention plan.
Clients feel alienated, confused, inadequate and hopefully resentful.
Trauma and Addiction Recovery
“What is addiction, really? It is a sign, a signal, a symptom of distress. It is a language that tells us about a plight that must be understood.”
– Alice Mille
Gambling is addiction

Addiction is traumatic

Trauma affects recovery

EMDR Therapy heals trauma
EMDR Therapy can reduce
- urges
- obsession
- compulsion
- shame of addiction
Trauma and Addiction Recovery

Every addict has experienced trauma

- Family Conflict
- Divorce
- Financial Problems/Bankruptcy
- Violence
- Rage
- Betrayal
- Abuse (sexual, physical or emotional)
- Incarceration
- Homelessness
- The horror of violating your own values
Big “T” traumas

- Car accidents
- Rape
- Witnessing a traumatic event
- War
- Assault
Little “t” Traumas

- ongoing emotional abuse or neglect
- experiences of shame, being humiliated
- being bullied
- racism, sexism and/or homophobia
- Adverse Childhood Events

My test for any trauma is, “Does it haunt you?”
Post-Traumatic Stress Disorder

- Some people will meet criteria for Post-Traumatic Stress Disorder and some will meet only partial criteria.
- A diagnosis is complicated by symptoms caused by addiction.
DSM-5 Criteria for Post-Traumatic Stress Disorder
DSM-5 PTSD

**Criterion A: stressor**

- Direct exposure.
- Witnessing
- Indirectly, close relative or friend was exposed to violent or accidental trauma.
- Repeated or extreme indirect exposure to details of the event(s), usually in the course of professional duties.
DSM-5 PTSD

**Criterion B: intrusion symptoms**

- Recurrent, involuntary, and intrusive memories.
- Traumatic nightmares.
- Dissociative reactions (e.g., tuning out, flashbacks)
- Distress after traumatic reminders.
- Marked physical reactions after exposure to trauma-related stimuli.
DSM-5 PTSD

Criterion C: avoidance

Of memories, thoughts or feelings
Of external reminders (people, places, conversations, activities, objects, situations)
DSM-5 PTSD

Criterion D: negative alterations in cognitions and mood

- Memory of event impaired
- Persistent, distorted negative beliefs
- Blame of self or others
- Persistent negative feelings (e.g., fear, horror, anger, guilt, or shame).
- Feeling alienated, detached or estranged
- No or little interest in activities
- Constricted affect (faint smiles, shrugs)
- Unable to feel happiness, joy, love, pride, gratitude (positive emotions)
DSM-5 PTSD

Criterion E: alterations in arousal and reactivity

- Irritable or aggressive behavior
- Self-destructive or reckless behavior
- Hypervigilance
- Exaggerated startle response
- Problems in concentration
- Sleep disturbance
DSM-5 PTSD

**Duration** more than one month.

**Functional significance**
- distress or functional impairment (e.g., social, occupational).
Similarities between Addiction and PTSD Recovery
1. Dissociation (tuning out, distracted, inconsiderate, Feeling alienated, detached or estranged)
2. Anxiety
3. Sensitivity to Stress
4. Emotional Lability (crying, yelling) or Constriction (faint smiles, shrugs)
5. Difficulty with Concentration/Thinking
6. Sleep disturbance
7. Triggers
8. Persistent, distorted negative beliefs
   Blame of self or others
   Persistent negative feelings (e.g., fear, horror, anger, guilt, or shame).

9. No or little interest in activities

10. Unable to feel happiness, joy, love, pride, gratitude (positive emotions)

11. Irritability

12. Self destructive behavior
Triggers

- Consist of the same type of stimuli for both
  - Sights, Sounds, Smells, Physical Sensations
  - Atmosphere
  - People, Places, Things
“When the past calls, let it go to voicemail. Believe me, it has nothing new to say.” – Unknown
Strategies for Treatment
Strategies for Treatment

• For all clients:
  – Provide support, validation and education
  – Teach skills to manage emotions, other symptoms
  – Provide Resources

• Determine
  – Treat directly now
  – Wait until trauma related symptoms become acute
Strategies for Treatment

Client 1 is gaining insight, making positive life changes and is relatively stable emotionally.
Question: #4
What is the best treatment strategy?

A. Wait to address trauma specifically until later in recovery.
B. Provide addiction and trauma treatment now.
Strategies for Treatment

Client 1 is gaining insight, making positive life changes and is relatively stable emotionally.

Provide support, education, skills, resources.
Client 2 is gaining insight, emotionally unstable, having nightmares, high anxiety, has suicidal ideation or attempts, uses self harm, is unable to stay clean, recovery is sporadic, reactive
Question #5

What is the best treatment strategy? Provide education, teach skills, provide resources and...

A. Wait to address trauma specifically.
B. Provide concurrent trauma therapy.
Client 2 is gaining insight, emotionally unstable and reactive, has suicidal ideation or attempts, uses self harm, is unable to stay clean, recovery is sporadic.

Treat trauma and addiction at the same time.
To Treat or Not to Treat

- Known trauma or holes in memory
- Client does not think about "it" often
- No nightmares or flashbacks
- Client is able to make changes in the present

Wait to treat trauma until later stages of recovery
To Treat or Not to Treat

Intrusive Thoughts
Cannot manage feelings
Is on the edge of relapse
Unable to stay clean
Suicidal ideation or attempts

Continue addiction treatment and address trauma simultaneously
Mistakes Clinicians Make

- Addiction Clinicians
  - Work only on abstinence and relapse prevention
  - Avoid any mention of traumatic experiences
  - See any medication as a “drug”
  - Refer client to MH Counseling as a separate modality
  - Assume that relapse is due to a character defect or lack of motivation
  - Become frustrated with the client for “not getting it,” being a “frequent flyer” or “retread”
  - Give up
Mistakes Clinicians Make

- Mental Health Clinicians
  - Don’t ask about addictive behavior
  - Refuse to treat until client has clean time
  - Assume addictive behavior is only a symptom of underlying “issues”
  - Refer to addiction treatment as a separate modality
  - Underestimate the impact of addiction on therapy
  - Overreliance on MH medication
  - Assume the client is treatment “resistant”
  - Give up
Integrate addiction and mental health treatment

Have a team approach with coordinated interventions, skill building and education

Clinical staff is experienced and trained in co-occurring disorders

Use individual, family and group counseling, psychoeducational groups and medication management as necessary

Encourage involvement in support groups

Help client understand how to manage triggers, no matter their origin

Help client develop personal relapse prevention plan integrating mental health disorders
“Sometimes you can only find Heaven by slowly backing away from Hell.” – Carrie Fisher
Treatment with EMDR Therapy
EMDR Therapy is an 8 stage process that includes Bilateral Stimulation to access and process conscious and nonconscious triggering memories.
Eye Movement Desensitization and Reprocessing

- Developed in 1989 by Francine Shapiro
- Recommended by the World Health Organization and Veterans Affairs
- 2004, determined to be an effective treatment by the American Psychiatric Association.
- New protocols for
  - Depression  Anxiety  Performance enhancement
  - Addiction  Eating Disorders  Chronic Pain
  - Complex traumas including childhood physical, sexual and emotional abuse
Eye Movement Desensitization and Reprocessing

Research:
24 randomized controlled studies
12 nonrandomized studies

Addressing simple, single event trauma
EMDR Therapy Training

“Attendance at the workshop is limited to all levels of social workers and mental health professionals who have a masters degree or higher in the mental health field and are licensed or certified through a state or national board which authorizes independent practice.”

- www.emdr.com
- www.emdr.com/us-basic-training-overview
- www.emdr.com/us-basic-training-schedule
The individual eventually becomes self-centered, focusing so much on self-protection that there is little objectivity or ability to have empathy for others.

- Neurobiological Foundations for EMDR Practice
Adaptive Information Processing Model

- The body has strong healing mechanisms
- The brain will also heal given the right conditions due to plasticity
- Clusters of neurons = neural maps
  - Sight - Sound - Taste
  - Touch - Smell - Interpretations
  - Feelings
Healthy memory processing is disrupted when there is strong fear or horror and intense sensory information.

Sensations are encoded into the nervous system.

Conditions for healing can be created.
Adaptive Information Processing Model

- Sensations are encoded into the nervous system.

- Senses are activated, the message passes to the neural map associated with the trauma. The nervous system reacts to danger. This activates the Sympathetic Nervous System:

  - Fight
  - Flight
Adaptive Information Processing Model

The parasympathetic nervous system has its own survival strategy: Freeze
Adaptive Information Processing Model

- **Sympathetic nervous system:**
  1. Accelerates the heart rate
  2. Constricts blood vessels
  3. Raises blood pressure
  4. Approach, seek, fight or flight

- **Parasympathetic nervous system:**
  1. Slows heart rate
  2. Increases intestinal and glandular activity
  3. Relaxes the sphincter muscles
  4. “Rest and digest”
Adaptive Information Processing Model

- Neurologically the event is happening again
- Bilateral stimulation disrupts the neural map
- Processing disconnects the experience of those sensations from the memory of the event or events
- Parasympathetic Nervous System is activated
- The memory then is just a memory.
Our disease isolated us... Hostile, resentful, self-centered, and self-seeking, we cut ourselves off from the outside world.

- NA Basic Text pp. 3-4
Intense fear can cause changes in neural pathways, or maps, in the brain.

Repetitive experiences of anxiety and fear can result in panic attacks, health problems, chronic pain, sleeping difficulties, and eating difficulties.

Relive trauma, fear
- places
- tones of voice
- Objects
- Even people with certain body types.
- Smells

This makes every relationship unstable.
Brain Research

- fMRI
- SPECT
- EEG
Helping victims of trauma find the words to describe what has happened to them is profoundly meaningful, but usually it is not enough. The act of telling the story doesn’t necessarily alter the automatic physical and hormonal responses of bodies that remain hypervigilant, prepared to be assaulted or violated at any time.

--The Body Keeps the Score p.21
Brain Research

- Bessel van der Kolk, MD *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*

- Advocates
  - EMDR Therapy
  - Yoga
  - Neurofeedback
EMDR Therapy

- EMDR is more than a technique
- It is an 8 step approach
- It is powerful
- It is fast
- It is permanent
- It is effective
How does EMDR Therapy work?

- Activating the neural map (triggering the memory)
  - Cognition (thoughts and beliefs)
  - Emotion/feeling
  - Physical Sensations

- Adding
  - External sensation (auditory, visual or tactile)
  - Dual Focus (internal and external)
  - Bilateral Stimulation (alternate and rhythmic hemispheric activation)
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<tr>
<th>Phase</th>
<th>Purpose</th>
<th>Procedures</th>
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| History taking | • Obtain background information  
• Identify suitability for EMDR treatment  
• Identify processing targets from events in client’s life according to standardized three-pronged protocol | • Standard history-taking questionnaires and diagnostic psychometrics  
• Review of the selection criteria  
• Questions and techniques to identify 1) past events that have laid the groundwork for the pathology, 2) current triggers and 3) future needs |
| Preparation | Prepare appropriate clients for EMDR processing of targets               | • Education regarding the symptom picture  
• Metaphors and techniques that foster stabilization and a sense of personal control |
| Assessment  | Access the target for EMDR processing by stimulating primary aspects of the memory | Elicit the image, negative belief currently held, desired positive belief, current emotion, and physical sensation and baseline measures |
| Desensitization | Process experiences toward an adaptive resolution (no distress)         | Standardized protocols incorporating eye movements (taps or tones) that allow the spontaneous emergence of insights, emotions, physical sensations and other memories |
| Installation | Increase connections to positive cognitive networks                     | Enhance the validity of the desired positive belief and fully integrate the positive effects within the memory network |
| Body scan  | Complete processing of any residual disturbance associated with the target | Concentration on and processing of any residual physical sensations |
| Closure    | Ensure client stability at the completion of an EMDR session and between sessions | • Use of guided imagery or self-control techniques if needed  
• Briefing regarding expectations and behavioral reports between sessions |
| Reassessment | Ensure maintenance of therapeutic outcomes and stability of client      | • Evaluation of treatment effects  
• Evaluation of integration within larger social system |

The table above has been adapted with permission from Francine Shapiro’s article “The Role of Eye Movement Desensitization and Reprocessing (EMDR) Therapy in Medicine: Addressing the Psychological and Physical Symptoms Stemming from Adverse Life Experiences,” published in the Winter 2014 issue of The Permanente Journal.
## Overview of eight-phase EMDR therapy treatment

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Bilateral Stimulation

- Bilateral Stimulation is the most unusual aspect of EMDR Therapy. It allows the brain to be aware of internal and external stimuli. The external stimulus alternates so that each hemisphere of the brain is activated.

- Tactile
- Auditory
- Visual
Visual Bilateral Stimulation
Tactile Bilateral Stimulation
Tactile Bilateral Stimulation
Auditory Bilateral Stimulation
You have just been treated using EMDR. Because of the effect your processing is having neurologically, please remember the following points:

- You may feel tired, spacy or "out of it."
- You may be a little clumsy.
- Your reaction time may be a little impaired.
- You may have dreams that are more vivid than usual.
- You may be emotional.
- Occasionally people feel nauseous, have headaches or other minor physical sensations.

These effects are temporary. They last between a few hours to a few days.

Steps you can take:
- Take a walk before you leave.
- Drink plenty of water.
- Allow yourself time to rest or sleep.
- Eat well.
- Exercise.
- Write in a journal feelings, thoughts and dreams.
- Call if symptoms do not subside or are extreme.

If you experience problems that are interfering with your daily life, are having nightmares or feeling very upset, crying excessively, have high anxiety or other disturbing symptoms, call me at (888) 949-2324.
EMDR Addiction Protocols
Addiction Protocols

- Positive Feeling State
- The Cycle Model
- DeTUR
- CravEx
Addiction Protocols

The Cycle Model - Mark Nickerson, LICSW

- Identify Problem Behaviors
- Describe an incident or episode of behaviors
- What happened afterward?
- How have you gotten back to normal?
- What has worked to solve the problem?
- Identify triggers and vulnerability
- Connection to past events
- Warning signs
- Positive reward of behavior
- Positive treatment goal: What do you want your life to be in 6 mos.
Addiction Protocols

The Cycle Model - Mark Nickerson, LICSW
DeTUR  Desensitization of Triggers and Urges Reprocessing

Developed by A.J. Popky, PhD.

- Combination of CBT, solution focused, Ericksonian, narrative, object relations, NLP and EMDR Therapies.
DeTUR  Desensitization of Triggers and Urges Reprocessing
Developed by A.J. Popky, PhD.

- Identify and strengthen internal resources
- Build coping skills
- Abstinence is recommended not required
- Reduce withdrawal and anxiety
Addiction Protocols - DeTUR

- The treatment goal is positive and achievable rather than away from a negative behavior (i.e. abstinence)
- Relapse is reframed as new “targets of opportunity”
- Desensitize triggers in order to reduce the Level of Urge to use or act out
- Level of Urge reduces to 0 with BLS
- Client commitment beyond the immediate relief so that all triggers can be desensitized and issues processed
Addiction Protocols
Positive Feeling-State Protocol - Robert Miller PhD.

- Feeling = sensation + emotion + cognition
  - The rush + relief + “This will make everything better”
- Feeling-State = linkage of feeling + behavior
  - Playing slots
- Positive Feeling State 0-10 measures strength of the link between the feeling and behavior.
- Link Intense Desire + Positive Event = Feeling-State
Addiction is created when positive feeling states become wired to specific behaviors.

Abstinence is not the goal; loss of interest in the behavior is the goal.

Success is no longer feeling euphoria when activating neural map associated with the substance or behavior.
CravEx - Michael Hase (Germany)

- Sometimes called the “Addiction Memory” protocol.
- The Addiction Memory (AM) is the target. It contains the memory of loss of control or cravings, and/or the memory of use of a specific drug.
- The AM outlasts periods of abstinence.
The Moral to the Story

- Trauma and addiction have similar effects on the brain
- Similar symptoms
- Need to be treated concurrently
- Determining when to address trauma directly is critical
- EMDR Therapy is complex, powerful, effective and relatively fast
- There are specific protocols to disrupt addictive behavior
References

4. EMDR.com/General Information/Research Overview
EMDR Trainings

Weekend 1
Oct 26-28, 2018
Weekend 2
Mar 22-24, 2019

Sheraton Portland Airport
8235 NE Airport Way
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503-281-2500

Karen Forte, LCSW 541-388-0095
Barbara Parrett, RN, MS

http://www.emdr.com/us-basic-training-schedule/