

Phase 1:
History &
Treatment Planning

Phase 2:
Preparation

Phase 5:
Installation

Phase 4:
Desensitization

Phase 8:
Reeval

The Evolving Landscape of Healing Addiction with EMDR Therapy

By Jamie Marich, Ph.D., LPCC-S, LICDC-CS, REAT, RYT-500

Unhealed trauma causes distress at the level of the body. Trauma survivors often find it natural to either numb themselves to this distress or seek a more pleasurable experience to escape it. This tendency we have as human beings to dissociate, or sever, from the present moment when the moment becomes unpleasant or painful is amplified for survivors when chemicals or other reinforcing behaviors enter the picture. The field of addiction studies has slowly yet surely attuned to this connection between unhealed trauma and addiction. Eye Movement Desensitization Reprocessing (EMDR) therapy founder Dr. Francine Shapiro was cognizant of this connection from the early days of EMDR, publishing her first paper

in 1994 about the implications of using EMDR therapy in healing Post Traumatic Stress Disorder (PTSD) in those with substance use disorders. The literature and practice knowledge in addictions have long identified untreated PTSD as a relapse risk factor. There is a rich history of EMDR therapy's role in healing addiction at a holistic level due to the long-established connection between unprocessed trauma and addiction.

AVOID THE VACUUM

Shapiro's early teachings on the use of EMDR therapy in the treatment and healing of addiction still ring true in the present. In her 1997 book written with Margot Silk Forrest (updated in 2016), Dr. Shapiro expressed

that EMDR must never be done in a vacuum, especially with alcoholics and addicts. She noted that clinicians best implement EMDR as "part of a system designed to make the client feel safe and supported" (p. 178). She names 12-step programs and other counseling groups as potential sources for this support, a recommendation that she upheld in the third edition of her textbook on EMDR therapy (Shapiro, 2018) even as she summarized advancements and developments. In exploring EMDR and addiction, there is a temptation to focus on only the specialty protocols that others have developed over the years. However, EMDR therapists must remember that EMDR therapy is a complete system of psychotherapy and

JEMDR articles featuring EMDR therapy and addictions

The Journal of EMDR Practice and Research (JEMDR) is our field's quarterly peer-reviewed publication edited by Dr. Louise Maxfield. *JEMDR* is an interdisciplinary journal that stimulates and communicates research and theory about EMDR therapy and its application to clinical practice. EMDRIA members have access to the digital version of the journal, for free. Log in at www.emdria.org/publications-resources/journal-of-emdr-practice-research to view.

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ought to be honored as such when conceptualizing cases connected to compulsive behavior, substance use disorders, or other addictions. Which variation protocol you use is not nearly as important as understanding the entire picture and the role EMDR therapy's standard protocol can play in healing the traumatic underpinnings of addiction.

SPECIALTY PROTOCOLS OFFER ADDITIONAL TOOLS

The specialty protocols that generate a great deal of excitement in our community include the Desensitization of Triggers and Urges Response (DeTUR). Created by the late Dr. A.J. Popky, one of the early clinicians who helped Dr. Francine Shapiro develop EMDR therapy, DeTUR has emerged as an excellent tool for harm reduction. For many, DeTUR provides an ideal entryway into standard EMDR therapy. Michael Hase's CraveEx followed as a specialty protocol based on his research. Very close to the standard protocol, CraveEx empowers clinicians to directly point the direction of an EMDR target to address the craving itself without having to go into early traumatic material. Robert Miller's Feeling State Addiction Protocol (FSAP) became instantly popular when it debuted in 2012, despite minimal research on the method. Many in the EMDR community swear by its efficacy. In contrast, others remain cautious, especially because targeting the feeling state only, especially if someone is actively using, may be risky and ignorant of the big picture for treatment.

Several other EMDR thought leaders introduced best practices for working with addiction that many have worked into their clinical work as protocols. Jim Knipe, Susan Brown, Laurel Parnell, Nancy Abel and John O'Brien, Jamie Marich,



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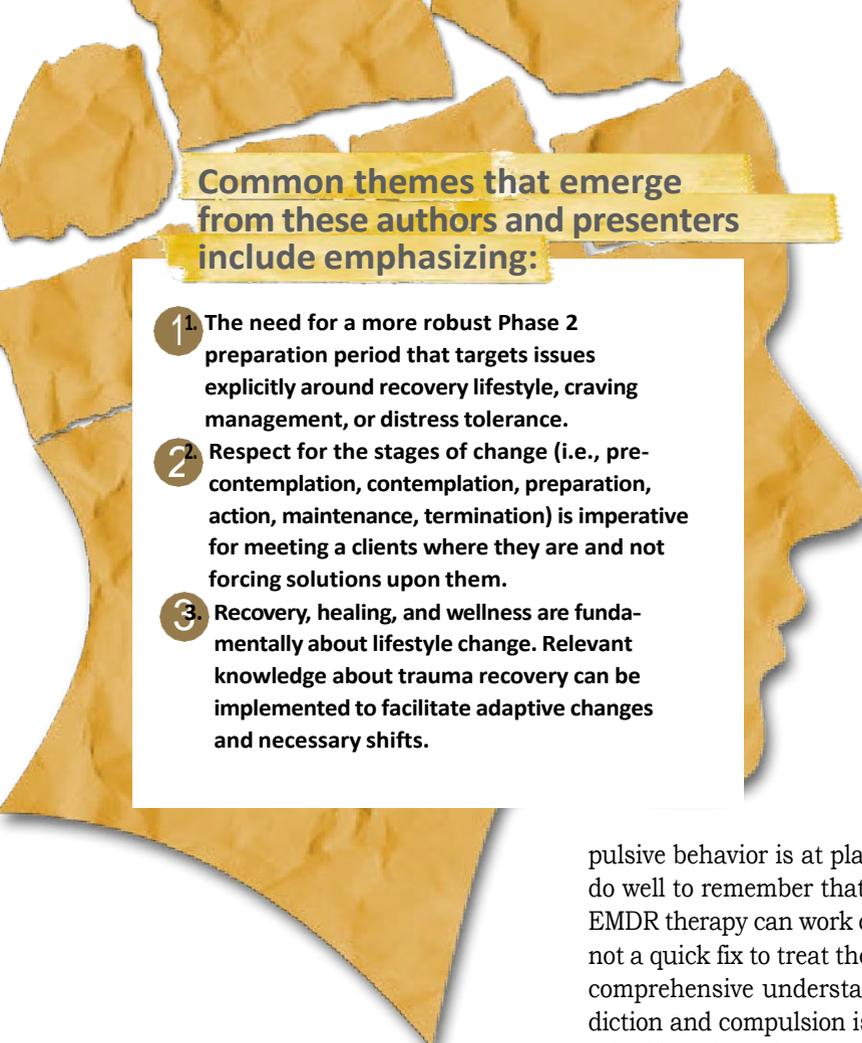
Steve Dansiger, and April Wise are all published in working with addiction care and EMDR therapy as an integrated issue. Even more members of the EMDR community have gone on to construct integrated training on implementing EMDR therapy into addiction.

THE EXCITING FUTURE FOR EMDR THERAPY

The next few years will be exciting as we see how research and treatment programs respond to the call to go with that put down in the first 30 years of EMDR's existence. Just 10 years ago, specific research studies on the use of EMDR therapy in addiction treatment were limited. An exciting body of literature is growing on the various ways that clinicians can implement EMDR therapy into addiction care. This includes three randomized controlled studies, several extensive case studies, qualitative

analyses, and investigation into implementation methods. Markus and Hornsveld's (2017) *Palette of EMDR Interventions in Addiction (PEIA)* is revolutionary for introducing research-based best practices on how EMDR therapy can be implemented into addiction care in both an addiction-focused and trauma-focused way. They feature 15 different modules of using EMDR therapy across the spectrum of care. In 2018, a team of European scholars also used the term addiction-focused EMDR (AF-EMDR) therapy, a term becoming more popular on that continent, in their continual research to investigate best practices for implementation of EMDR's possibilities.

These are exciting times as treatment programs worldwide are increasingly implementing EMDR therapy into their primary and ancillary interventions used with clients. EMDR therapist, trainer, and



Common themes that emerge from these authors and presenters include emphasizing:

1. **The need for a more robust Phase 2 preparation period that targets issues explicitly around recovery lifestyle, craving management, or distress tolerance.**
2. **Respect for the stages of change (i.e., pre-contemplation, contemplation, preparation, action, maintenance, termination) is imperative for meeting a clients where they are and not forcing solutions upon them.**
3. **Recovery, healing, and wellness are fundamentally about lifestyle change. Relevant knowledge about trauma recovery can be implemented to facilitate adaptive changes and necessary shifts.**

addiction specialist Dr. Steve Dansiger, for instance, is successfully launching a special protocol that he calls Mindfulness and EMDR Treatment Template for Agencies (MET(T)A). This path is ideal for agencies and treatment centers interested in implementing EMDR therapy as their primary treatment intervention. Based on over a decade of his experience using EMDR therapy in various inpatient treatment centers, MET(T)A directly contends that all clients who come into addiction treatment can be viewed as EMDR therapy clients, even if they are initially in Phases 1 and 2. EMDR therapy is, after all, a complete system of psychotherapy.

This complete system offers EMDR therapists an exciting roadmap into the future as they work with addiction and other issues where com-

pulsive behavior is at play. We will do well to remember that although EMDR therapy can work quickly, it is not a quick fix to treat these issues. A comprehensive understanding of addiction and compulsion is still imperative if we do no harm to our clients and be of ultimate service to them. Recovery, healing, and wellness are fundamentally about lifestyle change. The imperative of lifestyle change is one common denominator that emerges in the various approaches that exists out there for healing addiction. Even Alfred Adler, the father of our field who coined the term lifestyle in 1929, posited that maladaptive patterns in lifestyle develop as a response to feelings of inferiority. In his view, the maladaptive lifestyle is about putting on a pair of glasses that may have worked at the time; yet in the present, a new prescription is required. Or a new pair of glasses altogether.

EMDR empowers people with this opportunity to see the world through a new lens. EMDR therapy can be transformative in reprocessing the

core traumas and inferiorities at the root of what keeps people stuck in their symptoms. Yet, it's also available, with the assistance of skilled, holistically-minded clinicians, to teach the clients we serve new ways to interact with the world. Regardless of which specific protocols or approaches you may find useful in this process, may this intention of helping the people we serve see their lives with new light guide our process.

Jamie Marich, Ph.D., LPCC-S, LICDC-CS, REAT, RYT-500, RMT travels internationally speaking on topics related to EMDR therapy, trauma, addiction, expressive arts, and mindfulness while maintaining a private practice and online education operations in her home base of Warren, OH. She is the developer of the Dancing Mindfulness approach to expressive arts therapy and the developer of Yoga for Clinicians. Dr. Marich is the author of numerous books, including the popular EMDR Made Simple and EMDR Therapy and Mindfulness for Trauma Focused Care written in collaboration with Dr. Stephen Dansiger. North Atlantic Books published a revised and expanded edition of Trauma and the 12 Steps in the summer of 2020. She and Dr. Dansiger have a new book Healing Addiction with EMDR Therapy: A Trauma-Focused Guide coming out with Springer Publishing in the Fall of 2021.

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