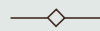


TARGETING
COMORBIDITY IN AOD
TREATMENT WITH EMDR
THERAPY –
AN INTRODUCTION AND
OVERVIEW



Logan Harvey
Clinical Psychologist
Accredited EMDR Consultant



1

I'd like to begin by acknowledging the Traditional Owners of the land from which I am presenting. I would also like to pay my respects to Elders past, present, and emerging.

2

Please note:

There will be mention of experiences of a traumatic nature today – please be mindful of your own safety and take steps to support yourself if you find this uncomfortable

3



Objectives:

- Identify the key components of EMDR therapy
- Understand the theory and evidence base for EMDR therapy
- Understand how EMDR therapy can be integrated into AOD clinical practice

4

The Background



Initial discovery



What's with the name?

5

Theoretical Model:

The Adaptive Information Processing Model

"...the model regards most pathologies as derived from earlier life experiences that set in motion a continued pattern of affect, behaviour, cognitions, and consequent identity structures" (Shapiro (2001).

1. The brain has an innate capacity to adapt to, and process stressful events.
2. Some events disrupt this normal information processing
3. The memories of these events are then maladaptively stored, and generate symptoms

6

Mechanisms of action – How might it work?



- There are a few proposed mechanisms of action and accompanying theoretical ideas.

(Novo Navarro et al., 2018; Schubert et al., 2009; Stickgold, 2002)

- It doesn't appear that EMDR works merely by exposure to the trauma memory – as Prolonged Exposure does

(Lee et al., 2006)

- There is no definitive answer at this stage

This is not unusual in the psychotherapy literature though!

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What does EMDR therapy look like?

There are 8 phases of EMDR therapy:

1. History taking and treatment planning
2. Preparation & Stabilisation
3. Target Assessment
4. Desensitisation
5. Installation
6. Body scan
7. Closure
8. Re-evaluation

Not all in the same session
(usually!)

8

What does EMDR therapy look like?

There are 8 phases of EMDR therapy:

- | | | |
|--|---|---|
| 1. History taking and treatment planning | } | May take multiple sessions
No actual trauma processing |
| 2. Preparation & Stabilisation | | |
| 3. Target Assessment | | |
| 4. Desensitisation | | |
| 5. Installation | | |
| 6. Body scan | | |
| 7. Closure | | |
| 8. Re-evaluation | | |

9

What does EMDR therapy look like?

There are 8 phases of EMDR therapy:

- | | | |
|--|---|--|
| 1. History taking and treatment planning | } | May take multiple sessions
No actual trauma processing |
| 2. Preparation & Stabilisation | | |
| 3. Target Assessment | } | Actual trauma processing
May take 20 minutes, or 6 sessions |
| 4. Desensitisation | | |
| 5. Installation | | |
| 6. Body scan | | |
| 7. Closure | | |
| 8. Re-evaluation | | |

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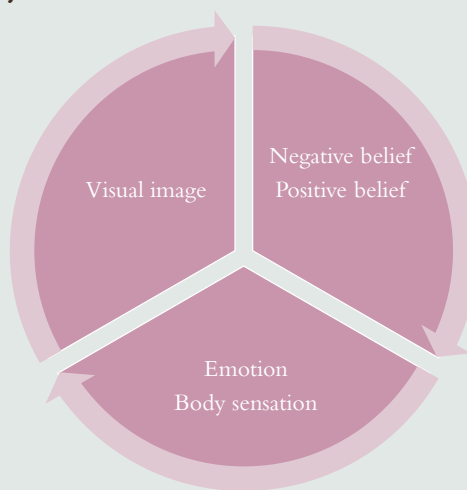
What does EMDR therapy look like?

There are 8 phases of EMDR therapy:

- | | | |
|--|---|--|
| 1. History taking and treatment planning | } | May take multiple sessions
No actual trauma processing |
| 2. Preparation & Stabilisation | | |
| 3. Target Assessment | } | Actual trauma processing
May take 20 minutes, or 6 sessions |
| 4. Desensitisation | | |
| 5. Installation | | |
| 6. Body scan | } | Checking in on a processed memory
target in the next session
Reviewing progress across treatment |
| 7. Closure | | |
| 8. Re-evaluation | → | |

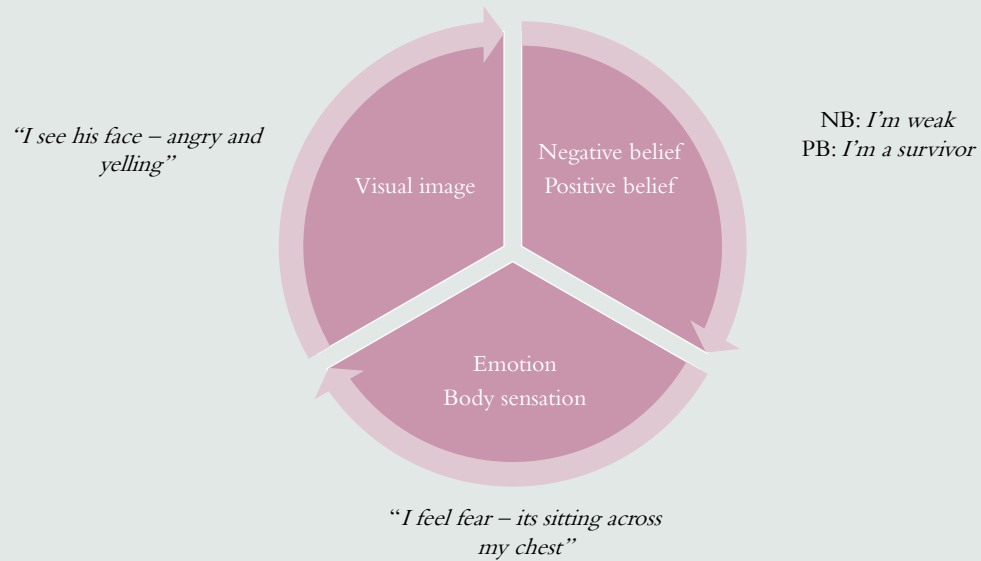
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Targeting a memory



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Targeting a memory



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The three “prongs” of EMDR

EMDR Targets three key types of targets:

- Past events underlying the presenting issue
- Present (recent) triggers for the presenting issue
- Future events that might be triggers, or are feared events (whether real or imagined)

<i>Past</i>	<i>Present</i>	<i>Future</i>
My car accident	Driving my car now Hearing a screech of tyres	I have to return to work and start driving again

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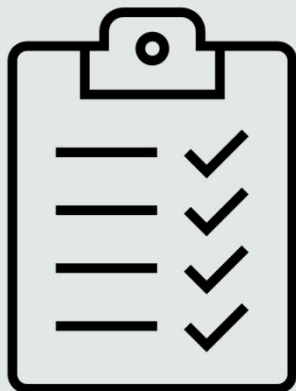
What's with the eye movements?

- EMDR involves the application of *bilateral stimulation*
 - Eye movements, tapping, auditory stimulation etc
- Despite the controversy, the eye movements do add something to the treatment (Lee & Cuijpers, 2013)
- There is evidence that eye movements during recall reduce the *vividness and emotional intensity of a memory* (Engelhard et al., 2019; Houben et al, 2020).
- It may do this in a few ways:
 - Reducing limbic system activation (de Voogd et al, 2018)
 - Taxing working memory (van Veen et al., 2019)
- This appears to then allow the brain to re-process the target memory and integrate *adaptive* information into the understanding of the event.



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The evidence for PTSD is clear:



Endorsed for the treatment of PTSD by:

- World Health Organisation (WHO, 2013)
- Australian Guidelines for the Prevention and Treatment of Acute Stress Disorder, Posttraumatic Stress Disorder and Complex PTSD (Phoenix Australia, 2021)
- The International Society for Traumatic Stress Studies - Guidelines for the Prevention and Treatment of PTSD (ISTSS, 2021)
- National Institute for Health and Care Excellence – UK (NICE, 2018)
- Australian Psychological Society (APS, 2018)

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PLOS ONE

Journal of Affective Disorders 269 (2020) 1–11
 Contents lists available at ScienceDirect
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 Journal homepage: www.elsevier.com/locate/jad

RESEARCH ARTICLE
Trauma-focused treatments for depression. A systematic review and meta-analysis
 Sarah K. Dominguez¹, Suzy J. M. A. Matthijssen^{2,3}, Christopher William Lee^{1,4*}

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Review article
The potential role of EMDR on trauma in affective disorders: A narrative review
 Cinzia Perlini^a, Valeria Donisi^a, Maria Gloria Rossetti^{b,c}, Chiara Moltrasio^c, Marcella Bellani^{b,c}, Paolo Brambilla^{c,d}

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^b Department of Neurosciences, Biomedicine and Movement Sciences, Section of Psychiatry, University of Verona, Verona, Italy
^c Department of Neuroscience and Mental Health, IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy
^d Department of Pathophysiology and Transplantation, University of Milan, Milan, Italy

- There is a growing evidence base in treating other conditions
- Using a trauma-focused approach to treating other symptoms and issues
- Plus many, many protocols and applications with limited evidence

(Dominguez et al., 2021; Perlini et al., 2020; Cuijpers et al, 2020)

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EMDR & Substance-use Treatment

The diagram consists of three elements arranged horizontally. On the left is a simple line drawing of a cracked egg. In the center are two thick, black horizontal arrows pointing in opposite directions (left and right). On the right is a simple line drawing of a small chick.

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Addiction Focused Treatment

Targeting components of the addiction directly

Using EMDR to target:

- Cravings & Urges
- Addiction related memories (e.g., first use, relapse, adverse events)

Trauma Focused Treatment

Targeting comorbidity to reduce the addictive behaviour indirectly

Using EMDR to target:

- Adverse experiences
- Comorbid symptoms
- Negative self-beliefs

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Addiction Focused EMDR - Experimental Studies

Laboratory studies show that use of EMDR tasks can reduce **craving** and the intensity of associated **visual imagery** but these results are mixed – and not necessarily sustained
(Littel et al., 2016; Markus et al., 2016)



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Evidence for EMDR in Addiction Treatment

A broad range of *addiction* related studies/papers have been published:

- **Alcohol** (Abel & O'Brien, 2010; Hase et al., 2008; Markus et al., 2019; Markus et al., 2015; Markus et al., 2020)
- **Tobacco** (Littel et al., 2016; Markus et al., 2016)
- **Opiates** (Shapiro et al., 1994)
- **GHB** (Qurishi et al., 2017)
- **Cocaine** (Cecero & Carroll, 2000)
- **Mixed substance use issues** (Brown et al., 2015; Carletto et al., 2017; Kullack & Laugharne, 2016; Perez-Dandieu & Tapia, 2014; Rougemont-Bucking & Zimmerman, 2012; Tapia et al., 2017)

Behavioural addictions such as:

- **Gambling** (Bae et al., 2015; Henry, 1996; Miller, 2010; van Minnen et al., 2020)
- **Internet** (Bae & Kim, 2012)
- **Sex** (Cox & Howard, 2007)
- **Mixed compulsive behaviours** (Miller, 2012)

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Evidence for EMDR in Addiction Treatment

ARTICLES

EMDR Interventions in Addiction

Wiebren Markus

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Nijmegen Institute for Scientist-Practitioners in Addiction, Radboud University, Nijmegen, The Netherlands*

Hellen K. Hornsveld

Hornsveld Psychologen Praktijk, Utrecht, The Netherlands

The use of tobacco, alcohol, and illicit drugs is widespread and has significant negative consequences for the individual, their families, and the communities to which they belong. A substantial number of users develop an addiction disorder. Cure-oriented addiction treatment is challenging regarding treatment retention and relapse rates. Here, we discuss the potential of eye movement desensitization and reprocessing (EMDR) therapy to aid addiction treatment. Two approaches are distinguished: trauma-focused and addiction-focused EMDR therapy. Existing adapted EMDR protocols and research on both approaches is critically reviewed. Despite 20 years of development and research, the feasibility and efficacy of addiction-focused EMDR therapy is still largely uninvestigated. Exciting new possibilities, offered by research on working memory theory, are discussed. An overview of all resourcing and EMDR therapy interventions in addiction is presented; the palette of EMDR interventions in addiction (PEIA). The article finishes with recommendations for further research in this field.

Keywords: craving; addiction; working memory; eye movement desensitization and reprocessing (EMDR) therapy; flashforwards; positive targets

Existing reviews have concluded EMDR may be useful in the treatment of addiction

(Tapia, 2019; Valiente-Gomez et al., 2017)

There are issues related to the methodology of studies and the risk of bias

(Cuijpers et al., 2020; Markus & Hornsveld, 2017)

To date there is not enough evidence to make definitive statements of efficacy

(Cuijpers et al., 2020)

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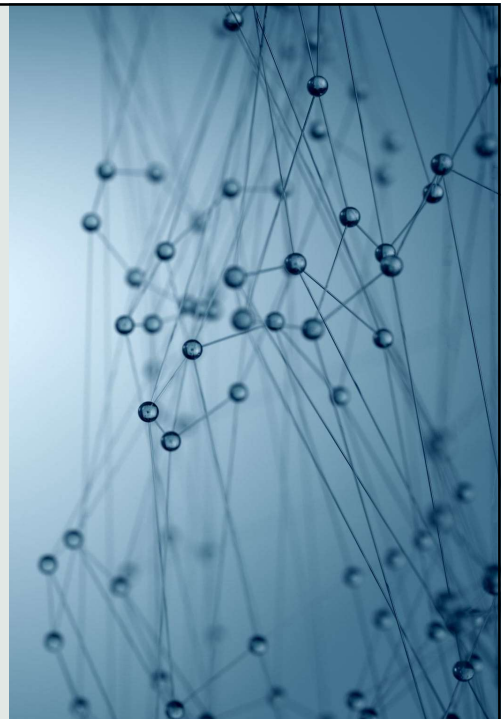
Evidence for EMDR in Addiction Treatment

- EMDR has an evidence base in treating PTSD, and a developing evidence for other conditions such as depression
- EMDR has some impact on craving and the intensity of thoughts about substance use
 - These impacts might only be short lived
- Treatment studies have shown positive effects of EMDR on substance use
 - It is hard to draw conclusions about a specific approach though, as these studies use vastly different approaches and have quality issues

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EMDR & Substance-use Treatment

- People seeking substance use disorder treatment are highly likely to have experienced multiple adverse events, including childhood and adult events both prior to and during their experience of substance use
(Afifi et al., 2008; Bellis et al., 2019; Dore et al., 2012)
- They are likely to have comorbid mental health symptoms
(Marel e al., 2018)
- The presence of previous adversity is related to treatment engagement and outcomes
(Darke et al., 2012; Hyman et al., 2008)



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EMDR & Substance-use Treatment

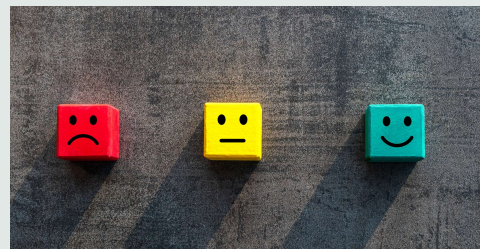
- EMDR has good treatment effects on symptoms related to adverse events (or traumatic experiences) in different populations and presentations (not just PTSD)
(Cuijpers et al., 2020; Matthijssen et al., 2020)
- EMDR is additionally efficient, can be implemented with relatively little preparation and doesn't involve homework
(Botelho de Haan et al., 2020; Mavranouzouli et al., 2020; Shapiro, 2018; van Vliet et al., 2021)
- Trauma focussed treatments are safe and effective to use in a substance use treatment setting
(Jarnecke et al., 2019; Simpson et al., 2021)

Given this – EMDR seems a useful addition to our existing interventions in this area

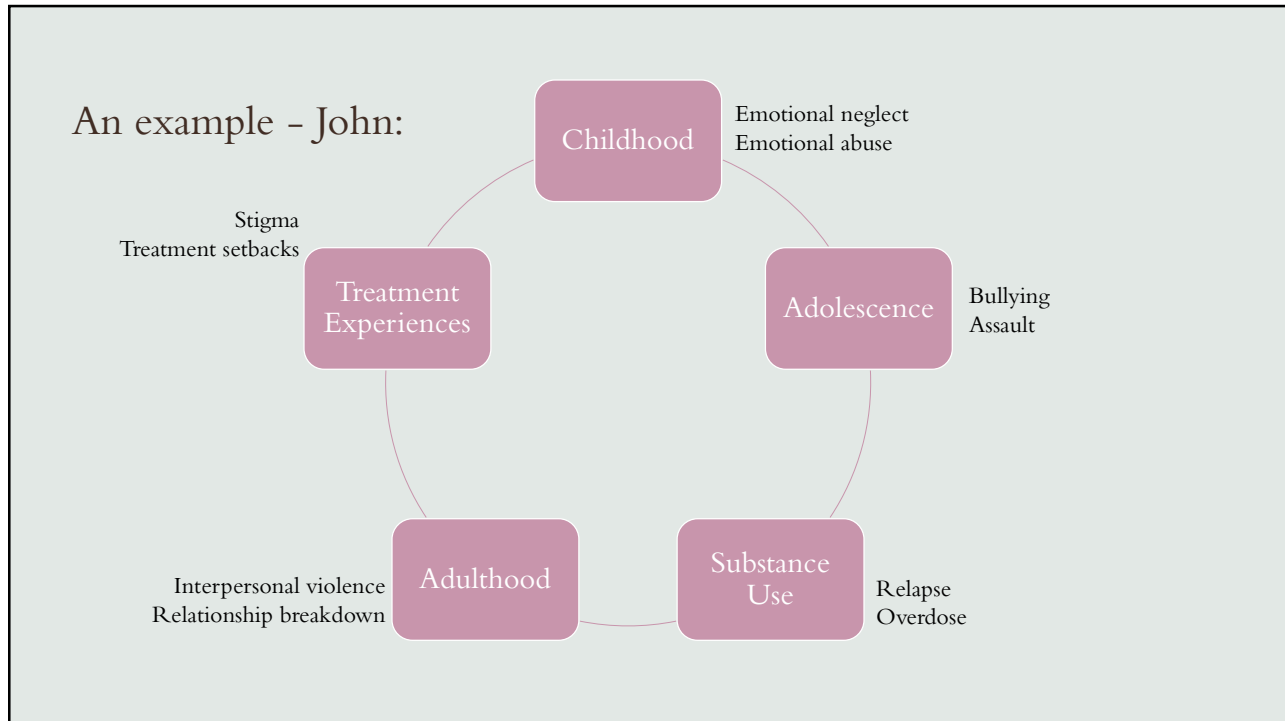
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An example - John:

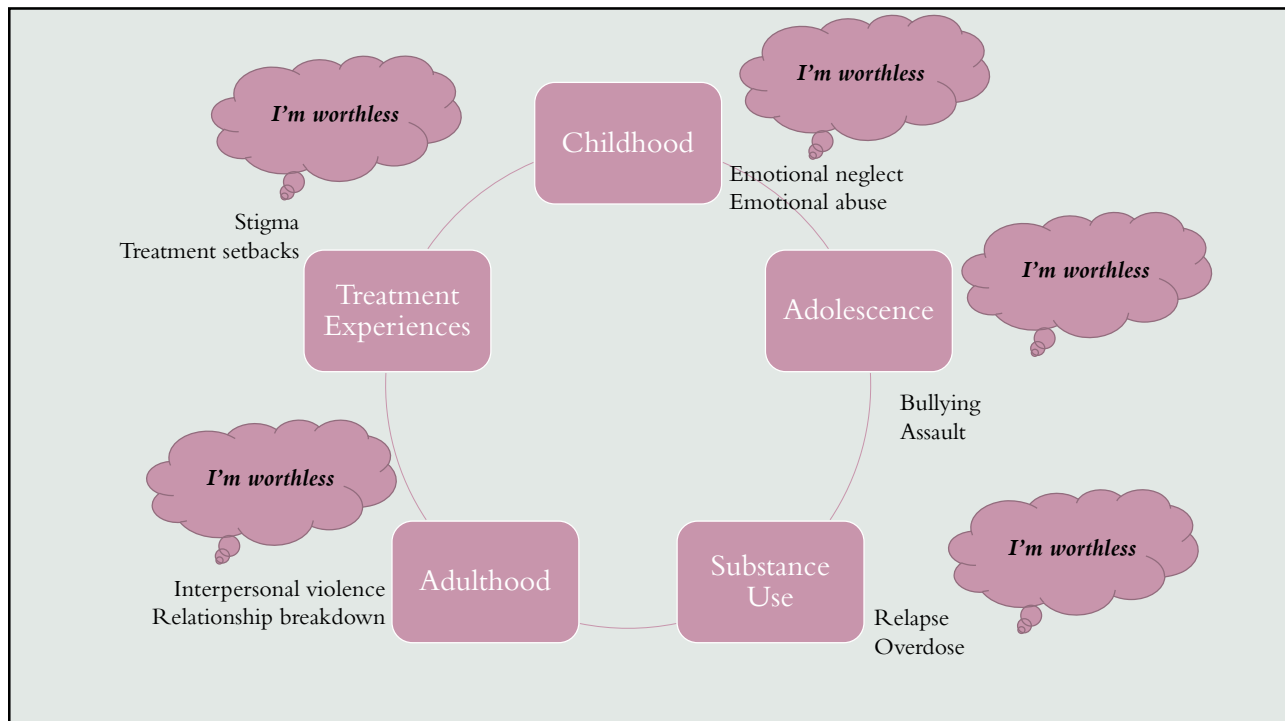
- John is a 34yo male
- Methamphetamine use
- Depression
- He had a repeating cycle of abstinence, relapse, and depressive symptoms
- He had multiple attempts at treatment
- He had significant issues with his sense of self-worth



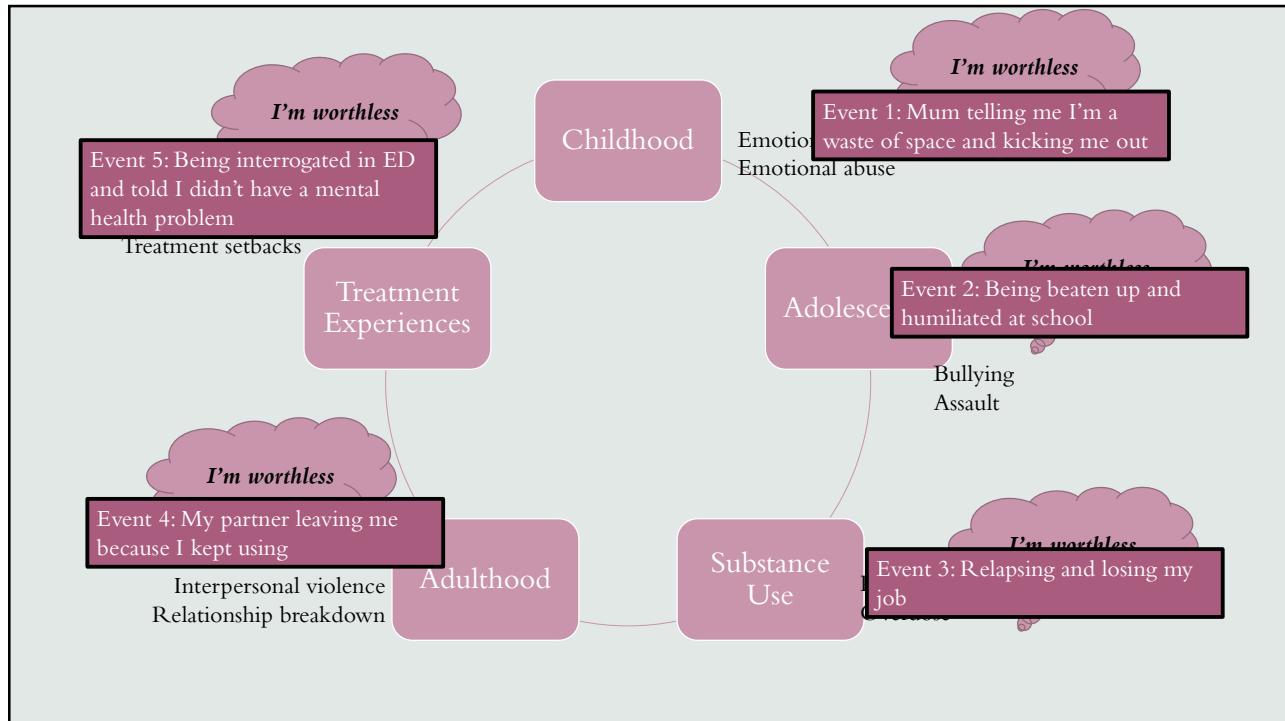
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What treatment looked like:

EMDR Therapy Phase	Activities
Phase 1-2: History Taking & Preparation	We developed a shared understanding of his past and how his negative self-beliefs had developed John was provided some basic skills and strategies to manage cravings and acute distress He was taught about how EMDR works and what it looks like
Phase 3: Target Assessment	We identified key experiences which most represented the "evidence" for his self-beliefs We activated these memories in session to work with them
Phase 4-7 (Processing)	We engaged in a series of EMDR processing sessions targeting these events
Phase 8: Re-evaluation	Progress was checked at the start of each session Any change in his experience was discussed We monitored the treatment effect on target memories across treatment

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What treatment looked like:



- John had multiple relapses
- Therapy was interrupted for periods of days or weeks
- Each relapse was reviewed and discussed – did it fit the pattern we had identified? What were the triggers?
- We targeted some *recent events* that reinforced his sense of worthlessness
- We targeted some *feared future events* (*What if I get a new job and struggle?*)
- John was able to increasingly sustain abstinence from methamphetamine
- More importantly he started to recognise his recurrent pattern underlying this – this led to a reduction in his depressive symptoms and improved his quality of life greatly

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Research underway

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Training?



Find an EMDRAA Accredited Training Programme

Dates	Location	EMDR Course	Training Provider	Registration
Jun 8-9	Perth	EMDR Part 1	Psychology Training	www.psychology-training.com.au/emdr-training/standard/
Jun 17-18	Online	Introductory level/EMDR Part 1	Graham Taylor	www.therapist-training.com.au/emdr
Jun 17-19	Online	EMDR Part 1	Nick Cocco	www.emdr-training.com.au

- EMDR training is overseen by the EMDR Association of Australia
- 50hrs of workshops and case consultation
 - 20hrs didactic (lecture)
 - 20hrs of skills (practicum)
 - 10hrs of case consultation
- Normally two workshops + 10hrs of case consultation

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More info?

EMDR Association of Australia

www.emdraa.org.au



EMDRAA
EMDR Association of Australia

EMDR International Association

www.emdria.org



emdria
EMDR International Association
CREATING GLOBAL HEALING, HEALTH & HOPE

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Summary

- EMDR Therapy is a trauma-focussed treatment approach
- It is well evidenced in some conditions – and has a *developing* evidence base in substance-use treatment both in laboratory and treatment research
- Because of the overlap of addiction and trauma related issues – it is a useful treatment approach to help us conceptualise the patterns underlying substance use

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Thank you!

Questions?



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