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A monthly newsletter keeping you informed.

Volume 3, Issue 4

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This is a monthly e-newsletter created primarily for EMDR researchers and trained clinicians. The purpose of it is to promote continued dialogue regarding the efficacy and current developments with EMDR Therapy and its use with a variety of populations.

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This month we focus on the issue of EMDR Therapy and Addictions. We hope you find it useful and informative.

As the EMDR Research Board of Directors works to create more research opportunities for our community, we hope you join the conversation with your suggestions for upcoming newsletters.

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Sincerely,

*Wendy Freitag, Ph.D.
EMDR Research Foundation*

"Expanding Our Research, Deepening Our Impact."

EMDR Therapy and Addiction

Substance and behavioral (process) addictions are some of the most challenging, treatment-resistant disorders of our time. Despite their prevalence and destructive impact on individuals, families, and society at large, effective, long-lasting treatments have been elusive. There are known, powerful correlations between addictions and trauma, in particular, Adverse Childhood Experiences (ACEs) (Felitti et al. 1998) <http://www.ncbi.nlm.nih.gov/pubmed/9635069> Given these correlations, EMDR therapy is a potentially missing piece in the treatment arsenal for addictive and compulsive behaviors. Addictive behaviors are often used as temporary solutions to self-medicate underlying, unprocessed disturbances of cognition, emotion, and sensation. In



addition to EMDR therapy's efficacy in treating unresolved trauma and distress, advances using modifications to the standard protocol have been introduced over the years, suggesting that targeting "addiction memories," (Hase et al. 2008) would be an important addition to standard trauma targets with this population. There are others who posit that triggers and urges (Popky, 2005), <http://www.emdrsolutions.com/books/> and positive/idealized linkages with addictive and compulsive behaviors (Knipe, 2005; <http://www.emdrsolutions.com/books/> (Miller, 2010, <http://psycnet.apa.org/journals/trm/16/3/2/>; 2012, <http://fsaproto.com/multiple-baseline-study.pdf> are also critical targets to reprocess but research is needed to test and refine those hypotheses.

Two randomized controlled studies have been conducted and are noted below:

Perez-Dandieu, B. & Tapia, G. (2014). Treating trauma in addiction with EMDR: A pilot study.

Journal of Psychoactive Drugs, 46(4), 303-309.
<http://www.ncbi.nlm.nih.gov/pubmed/25188700>

Abstract

Objective: This study investigated the effects of standard eye movement desensitization and reprocessing (EMDR) protocol in chronically dependent patients. We propose that reprocessing traumatic memories with EMDR would lead to measurable changes of addiction symptoms. Method: Twelve patients with alcohol and/or drug dependency were randomly assigned to one of two treatment conditions: treatment as usual (TAU) or TAU plus eight sessions of EMDR (TAU+EMDR). Measures of PTSD symptoms, addiction symptoms, depression, anxiety, self-esteem, and alexithymia were included in this study. Results: The TAU+EMDR group showed a significant reduction in PTSD symptoms but not in addiction symptoms. EMDR treatment was also associated with a significant decrease in depressive symptoms, while patients receiving TAU showed no improvement in this area. The TAU+EMDR group also showed significant changes in self-esteem and alexithymia post-treatment. Conclusions: This study suggests that PTSD symptoms can be successfully treated with standard EMDR protocol in substance abuse patients.

The study noted above describes treatment of only the "trauma memory" portion of the history, omitting the memory networks containing the "addiction memory" associations such as euphoric recall, cravings, urges, positively charged cognition, affect, and sensation linked specifically to the substance or behavior of choice.

Hase et al. (2008) conducted one of the few controlled studies on a modified targeting approach for the treatment of addiction by targeting "addiction memories" instead of trauma.

Hase, M., Schallmayer, S., & Sack, M. (2008). EMDR reprocessing of the addiction memory: Pretreatment, post treatment, and 1-month follow-up. Journal of EMDR Practice and Research, 2, 170-179 <http://dx.doi.org/10.1891/1933-3196.2.3.170>

Abstract

This randomized controlled study investigated the effects of eye movement desensitization and reprocessing (EMDR) in the treatment of alcohol dependency. EMDR was applied to reprocess the addiction memory (AM) in chronically dependent patients. The AM includes memories of preparatory behavior, drug effects (drug use), and loss of control (Wolffgramm, 2002). It is understood to involve extensive brain circuitry, drive part of conscious and unconscious craving, change environmental response at an organic level, and modify circuits that link to feelings of

satisfaction, future planning, and hope. Thirty-four patients with chronic alcohol dependency were randomly assigned to one of two treatment conditions: treatment as usual (TAU) or TAU plus two sessions of EMDR (TAU+EMDR). The craving for alcohol was measured by the Obsessive-Compulsive Drinking Scale (OCDS) pre-, post-, and 1 month after treatment. The TAU+EMDR group showed a significant reduction in craving post-treatment and 1 month after treatment, whereas TAU did not. Results indicate that EMDR might be a useful approach for the treatment of addiction memory and associated symptoms of craving.

These two studies taken together indicate that both trauma and addiction memories need to be addressed in order to arrive at a more comprehensive resolution of both trauma and addiction symptoms (suggested to be unprocessed maladaptive memory associated with addictive behavior).

Millions of dollars are spent incarcerating individuals arrested for drug-related offenses. Drug court treatment programs were developed as alternatives to incarceration for non-violent drug offenders. Program completion and graduation are the strongest predictors of lower post-program recidivism rates (*Mitchell et al. 2012*).

Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. Journal of Criminal Justice, 40, 60-71.

http://www.courtinnovation.org/sites/default/files/documents/Assessing_Efectiveness.pdf

A pilot study used an "Integrated Trauma Treatment Program" (ITTP) combining Seeking Safety© and EMDR therapy in an adult drug court program in Thurston County, WA. to treat co-occurring trauma and substance use disorder.

Brown, S.H, Gilman, S.G., Goodman, E.G., Adler-Tapia, R. & Freng, S. (2015). A Proposal for an Integrated Trauma Treatment Program in Adult Drug Court: Combining EMDR Therapy and Seeking Safety. *Journal of EMDR Practice and Research* (in press: August 2015 issue).

Abstract

Trauma and co-occurring Substance Use Disorders (SUDs) are disproportionately prevalent in individuals involved in the criminal justice system. The Thurston County Drug Court Program (TCDCP) in Washington State conducted a preliminary study with 220 participants arrested for non-violent, felony drug-related crimes. All TCDCP participants were required to engage in a structured 12-18 months 3-phase program referred to as program as usual (PAU). Data was collected from 2004 - 2009 to investigate the efficacy of adding an "Integrated Trauma Treatment Program" (ITTP) component for those endorsing a Criterion A trauma history (68% of TCDCP). The ITTP combined two empirically supported trauma therapies in a phased, integrated approach: mandatory Seeking Safety groups followed by voluntary, individual EMDR therapy. The investigators hypothesized that trauma-specific treatment might improve existing program outcomes, including higher graduation rates and lower post-program recidivism. One hundred twelve of the initial 150 participants endorsing trauma completed the Seeking Safety groups and were offered individual EMDR therapy. Of those 112, those who selected EMDR therapy (n = 65) graduated at a rate of 91%; those who declined (n = 47) graduated at 57%. Recidivism rates also differed among TCDCP graduates: PAU - 10%; graduates selecting EMDR therapy - 12%; and graduates declining EMDR - 33%. This article summarizes the literature, describes the ITTP program, reports on graduation rates and recidivism outcomes, and discusses possible differences between those who

selected and those who declined EMDR therapy. The authors discuss the benefits of including EMDR therapy in drug court programs with recommendations for future research.

Given the relationship between drug court program completion and graduation and lower post-program recidivism, the outcomes of the ITTP study may contribute important information to the drug court program literature and encourage more controlled research to be conducted in this area.

Although EMDR therapy is now internationally established as one of the most effective trauma treatments available, randomized controlled research is needed to establish the efficacy of EMDR therapy for one of the most daunting clinical challenges of our time: addictions and compulsions. Your contributions to the EMDR Research Foundation, no matter how small, will help to support controlled studies needed in this area.

Be a part of the Future! **Join the Visionary Alliance**

History

At the 2011 EMDRIA Conference, the Foundation initiated the "Visionary Alliance." This program offers our constituents the opportunity to give a sustaining pledge by automatic monthly donations. An effective way to "pay back" for all the benefits received due to EMDR is to "pay it forward" by your ongoing contribution to EMDR research. Since that time, a number of you have taken the opportunity to participate in this community of Research Supporters.



What does it take to be a member?

Your monthly donations of \$15 or more will provide a predictable, continuous stream of income that will give the Foundation leverage when pursuing funding from larger organizations, granting agencies and foundations. It also allows us to predict the amount we can distribute to support research proposals.

What does it mean to be a member of the Visionary Alliance?

When the Foundation is funding large scale research projects to the tune of thousands of dollars a year, you will know you were part of the ground swell of support that made it possible. Please consider becoming a "give as you earn" donor by donating one EMDR session or a portion of a session per month to support EMDR research.

The EMDR Research Foundation is the only funding source dedicated solely to supporting EMDR research worldwide.

Join Now!

Write a TRIP Article for the Journal of EMDR Practice and Research

Translating Research Into Practice (TRIP) articles bring research alive and make research findings relevant in a therapist's day-to-day practice. It also supports researchers in disseminating their findings and provides a critical link between research and practice.

- **Clinicians** - If you have read a research article that stimulated your thinking, inspired your work, or made a difference in your work with a client, please share this by writing a brief case description that elucidates or is inspired by the findings of a research article.
- **Researchers** - If you have been involved in a research study and would like to share clinical examples that elucidate your findings, we invite you to share them with your clinical colleagues by writing your case example and how it relates to your research.
- **Clinical consultants and trainers** - If you have found a research article that has proven helpful to a consultee or to trainees in their understanding of or application of EMDR, please share your experiences. We can support researchers in disseminating their findings and provide the critical link between research and practice. To learn more about TRIP, visit our website.

If you think you might want to contribute to the column and want more information, email Katy Murray at katymurraymsw@comcast.net.

2015 EMDRIA CONFERENCE

We are looking forward to the 2015 Conference in Philadelphia at the end of August. Updated activities of the EMDR Research Foundation at the Conference will be sent to your mailbox shortly!

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Don't forget to like us on Facebook or follow us on Twitter! It is just one more way to support ERF. It is free and quick! We provide updates to research grants, outcomes from funded programs, and resources for those who want to learn more about EMDR Therapy.

Sign up for [EMDR And The Military In Action](#). ERF sponsors a monthly newsletter that focuses on our colleagues who have been specifically trained to treat military personnel, veterans, and their families. *EMDR And The Military In Action* is designed to promote continued interest and education in EMDR and show our support for those clinicians who deal daily with this growing population of traumatized individuals.

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