



## EMDR with Addiction & Co-Occurring Addictive Disorders

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- Understanding the client's experience with each addictive behavior provides insight into how information may be stored dysfunctionally in the brain.
- When working with chemical addiction, it is important to examine if/how the client experiences the obsession to use *normally*. If this is present, there may be an important negative cognition to be reprocessed with EMDR (e.g., If I can't drink normally, it means I am defective or something is wrong with me, etc.)
- Conceptualizing a client's addiction behaviors from a survival perspective helps the Clinician to become less distracted by unhelpful behaviors (dishonesty, stealing, manipulation, etc.). This helps us to find compassion for the root suffering the client is experiencing, even if the client has not yet acknowledged the suffering.
- History Taking is crucial for predicting risk in terms of a client's level of tolerance. Useful history taking tools can be:
  - Life Story Assignment
  - Substance Use Timeline (List substance of reference, first age/time of use, duration of use, frequency of use, amount of substance used, use pattern *e.g., binge, chronic, all day, party only, etc.*)
  - Relationship Timeline (List romantic relationships/flings; time of relationship initiation, relationship start up pace (*fast/slow*), how they met (*tinder, a friend, etc.*), duration of relationship, termination reason, relationship end pace (*fast/slow*), Amount of time between this relationship and next.
  - Addictive Behavior Timeline
  - Relapse Autopsy
- When planning to use EMDR with a client, we want to keep from overloading their stress system and contributing to increased desire to use. We can utilize the Pain Bucket Metaphor to conceptualize our client's capacity as we examine client history and assess for Affect Tolerance.

- We assess Affect Tolerance by examining:
  - Pattern of use
  - Pattern of relapse
  - Identify if self-sabotage patterns exist
  - Examine if secondary gains could affect tolerance
  - State change exercises (e.g., Safe Calm Place)
  - Emotional presence while in session reporting experiences
  - Clients understanding of the Window of Tolerance and their reports of times they have been outside of their window
  - Assessing the role of dissociation in their life across the lifespan
- When treating addiction, it can be helpful to treat:
  - The Function(s) of the symptom
  - The Mechanism of the Addiction
- It is important that both are addressed when both are present to help the client fully clear out the need for the addiction
- When treatment planning, these 3 goals should guide target selection and set the structure for focus of therapy over time:
  - Relapse Prevention
  - Incite hope
  - Increase quality of life
- Select targets based on the client's current state of functioning and greatest barrier to sobriety. Targets are selected differently for each person based on level of treatment structure they are in, level of affect tolerance, and external resources that will contribute to stability.



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