



changing lives
EMDRIA CONFERENCE 2020

EMDR with Substance Use & Co-occurring Addictive Behaviors

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LEARNING OBJECTIVES

- The clinician will be provided history taking techniques effective when working with addicted clients
- The clinician will be able to identify the role of affect tolerance, stabilization, and relapse prevention when working with addictive disorders
- The clinician will demonstrate understanding regarding case conceptualization, treatment planning and target sequencing for clients with addictive disorders, including when co-occurring addictive disorders exist

WORKING WITH ADDICTION

- The role of our own frustration when working with addiction
- The stress of the “Whack a Mole Effect”
- The problem with being overly focused with behavior

THE CLIENT'S EXPERIENCE

- Understanding the Client's experience in addiction leads case conceptualization, improved treatment alliance and more effective treatment planning
- We must understand the psychological and physiological experiences of the client's relationship with addiction

THE CLIENT'S EXPERIENCE

- The First Time
- The Progression
- The Binger

PSYCHOLOGY OF ADDICTION

- The allergic reaction
- The obsession to use *NORMALLY*
- Delusion, Denial & Dishonesty
- The powerlessness

PSYCHOLOGY OF ADDICTION

- The other side of the story
- “Not what I signed up for”



MAINTAINING FACTORS

- Rewiring for Survival (ex: barrel of water)
- Experiences that re-wire the survival need (and how dissociative parts and trauma influence this)

BARRIERS TO SOBRIETY

- Being “terminally unique”
- The fear of the shame
- The pain of reality

BARRIERS TO SOBRIETY

- “Dopesick”
- “Getting well” vs. getting high
- The Detox experience

DETOX

“When I was using, I wasn’t worried about the heroin killing me, I knew I was going to kill myself if I couldn’t stop. But stopping felt worse than death itself.”

DETOX

“It is like someone is shoving a steel rod in your back for days and the only way to stop it is to use”

DETOX

“I looked over the back fence at my detox trying to get out of my misery. I was shaking, vomiting, freezing and knowing that the only thing on the other side of this detox was remembering the reality of everything I have destroyed, remembering how much I hate myself and how many reasons I have to.”

TREATMENT CONSIDERATIONS

- 1) What phase of addiction are they in?
- 2) What information do I need to gather to understand the function of the symptom, and the maintaining factors?
- 3) What is required immediately to increase stabilization? (affect tolerance, skills, structural schedule change, etc.)
- 4) What targets will smoothly accomplish our treatment priorities without overloading the stress system?

PHASES OF ADDICTION

- Using
- Sober
- Relapsed

PHASES OF ADDICTION

Internal Motivation

- Using (Wants to stop)
- Using (Does not want to stop)

PHASES OF ADDICTION

SOBER

- Early Recovery
- Long Time Recovery

PHASES OF ADDICTION

Treatment Setting

- Medical Detox
- Residential Treatment
- Partial Hospitalization
- Intensive Outpatient Program
- Outpatient Therapy

HISTORY TAKING

- History taking helps us predict risk
- History taking Techniques:
 - Life Story
 - Substance Use Timeline
 - Relationship Timeline
 - Addictive Behavior Timeline

HISTORY TAKING

When a relapse exists

- Relapse begins before the substance is introduced to the body
- Identifying triggers (Relapse Autopsy)
- The gift of the relapse
- White Knuckling Effect

PREPARATION

- We want to try to keep from overloading their system
 - Stress and addiction
 - The Pain Bucket Metaphor
 - Identify triggers

PREPARATION

- Factors that contribute to relapse prevention
 - Structured routine
 - Sober social support
 - Stress manageability
 - Sense of purpose and fulfillment

PREPARATION

- Primary goal is to avoid progression of addictive disorder
- Importance of Stabilization
- Assess Affect Tolerance

AFFECT TOLERANCE

- Affect tolerance is not just distress tolerance
- The pursuit of “numb” with chemical addiction
- Creating a “new normal” is key

AFFECT TOLERANCE

We assess affect tolerance by examining:

- Pattern of relapse
- Pattern of use
- Look for self-sabotage patterns
- Potential secondary gains that could effect affect tolerance
- Safe/Calm Place & State Change Exercises

CROSS ADDICTION

- Chemical Addiction vs. Process Addiction
- Process addictions can include:
 - Eating Disorder, Self- Harm, Love Addiction, Sex Addiction, Codependency, Exercise, Gambling, Work Addiction, Shopping, Perfectionism

CROSS ADDICTION

- Whack A Mole Effect
- Obsession of one addiction leads to relapse with another addiction

CASE CONCEPTUALIZATION

- More than symptom reduction
- Tylenol doesn't cure the infection
- Finding the root of the symptoms

CASE CONCEPTUALIZATION

2 Parts of the addiction(s)

- Function of the Symptom
- The Mechanism Itself

FUNCTION OF SYMPTOM

Cloé Mandanes theory regarding the function of the symptoms

- Symptoms develop to serve a function
- Symptoms are maintained when the function is being achieved
- Our goal is to determine what function the symptom is serving
- Help the client find another way to achieve the function

UNDERSTANDING THE SYMPTOM

- Explore the experience the client receives when engaging in each symptom (e.g., ISAS, EDI-3, Feeling State, etc,)
- Examine how the symptom is helpful
- Identify maintaining factors and/or secondary gain

CASE CONCEPTUALIZATION

- We cannot address the function of the symptom and fail to address the actual mechanism of addiction
- Addressing the mechanism of addiction only will keep the unfilled need alive and will likely latch onto other maladaptive behaviors

Wisdom Teeth Metaphor

MAINTAINING FACTORS

- Lack of coping skills
- Social deficits
- Financial difficulties (post incarceration in particular)
- Nothing to live for/lose
- Underlying personality disorder (APD, Antisocial, BPD, etc.)
- Secondary Gain (e.g., identity, family role, lack of responsibility)
- High functioning
- Can't turn back (no hwy exit)
- Means to relationships
- Physical illness

TREATMENT PLANNING

3 goals for treatment and target selection

1) Relapse Prevention (Primary Focus)

2) Incite hope (Secondary Focus)

3) Increase quality of life (Tertiary Focus)

TREATMENT PLANNING

- Sometimes we target the addiction itself first, and sometimes we target underlying issues first.
- This depends on the client and what is needed first to help reduce client's progression in addictive patterns

TARGET SELECTION FOCUS

ACTIVE IN ADDICTION (no desire to stop)

- Harm reduction
- Path of least resistance
- Client-centered treatment planning (What is the client willing to work on?)

Always consider when HLOC is recommended

TARGET SELECTION FOCUS

ACTIVE IN ADDICTION (no desire to stop)

- Harm reduction
- Path of least resistance
- Client-centered treatment planning (What is the client willing to work on?)

TARGET SELECTION FOCUS

RESIDENTIAL TREATMENT

- Benefit: controlled environment with no access to substances
- Limitation: Time constraints
- Target what the client can tolerate, but what is the biggest catalyst to continued use/relapse
- Case Example: Husband overdose
- Case Example: Best Friend suicide

TARGET SELECTION FOCUS

PARTIAL HOSPITALIZATION

- Stress Reduction
- Stabilization
- Resource Development & Installation
- Keep an eye out for cross addictions to show up here
- Case Example: The TH binges
- Case Example: Oxytocin highs

TARGET SELECTION FOCUS

INTENSIVE OUTPATIENT

- Focus on experiences that interfere with self-esteem, emotional stress and hope
- Focus on triggers
- Focus on grief associated with changing people, places and things
- Anxiety reduction is often key because PAWS is still occurring
- Case Example: Drinking in the garage of sober living

TARGET SELECTION FOCUS

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TARGET SELECTION FOCUS

OUTPATIENT

Early recovery:

- Stabilization, structural support, social support
- Focus on coping without chemicals

TARGET SELECTION FOCUS

LONG TERM RECOVERY

- Bigger targets
- Specialized addiction protocols

TARGET SELECTION FOCUS

CHRONIC RELAPSE

- Target the catalyst
- Case Example: Playlist with the pathological dishonesty

TARGET SELECTION FOCUS

LONG TERM RECOVERY

- Bigger targets
- Specialized addiction protocols

TARGET SELECTION FOCUS

RELAPSE AFTER SUSTAINED RECOVERY TIME

- Relapse Autopsy
- Find what contributors and themes have not been addressed

Case Example: Drug counselors & Torchy's Tacos

TARGET SELECTION FOCUS

THE GOLFER BINGE

- Identify triggers
- Identify core beliefs that activates triggers

Case Example: The summer frat club

TARGET SELECTION FOCUS

- Trauma before use
 - Case Example: Death of girlfriend
- Trauma during use
 - Case Example: Overdoses and suicides
- Trauma after use
 - Case Example: “You’re just like your mother”
- 4th Step (fears, resentments, people we have harmed, sex inventory)
- Fear of the future
- Specialized Addiction Protocols

TARGET SELECTION FOCUS

- Targeting dysfunctionally stored information
 - Positive Feeling State
 - Urge to use/engage in behavior
 - Relief after use/behavior
 - Secondary Gain

TREATMENT PLANNING

- When multiple addictions exist
 - Acuity
 - Calculate risk (we don't know which might be more fatal)
 - Assess greatest impairment
 - Which behavior might be exacerbating another?

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