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Current Tx Trends

Eye Movement Desensitization and Reprocessing

Over the last decade, Eye Movement Desensitization and Reprogramming (EMDR) has emerged as a well documented treatment for Post-Traumatic Stress Disorder (PTSD). A growing body of research is exploring its application to the treatment of other pathological conditions, including substance use disorders. EMDR was developed in the late 1980s by Francine Shapiro, at the time a graduate student in English literature confronting a diagnosis of cancer. Ms. Shapiro noted that, when dealing with her own distressing memories, simultaneously focusing on eye movements appeared to decrease the associated negative emotions. She assumed that eye movements had a desensitizing effect, and upon further investigation found that others also had the same response to the technique.

Having switched to a career as a therapist, her early work with clients suffering from PTSD demonstrated the effectiveness of the technique, documenting significant improvement after a limited number of sessions. Shapiro subsequently added other treatment elements, including a cognitive component, and developed a standard procedure for EMDR (Shapiro, 2001). The technique's name may cause some confusion in that desensitization is considered to be "only a by-product" of reprocessing and eye movement only one of the forms of dual attention employed (Shapiro, 2002). As practiced today, EMDR integrates elements of many effective psychotherapies in its structured protocols, including psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies.

During EMDR the client attends to past and present experiences in brief sequential doses while simultaneously focusing on an external stimulus. The client is then instructed to let new material become the focus of the next set of dual attention. This sequence of dual attention and personal association is repeated many times in the session. The application of EMDR stimulates an inherent psychological processing system that allows memories to be adaptively resolved, increasing insight and leading to more functional behavior (Shapiro, Vogelmann-Sine and Sine, 1994).

At the basis of EMDR is a theory of how individuals process information. This theoretical model also describes the development of personality, psychological problems and mental disorders.
All humans are understood to have a physiologically-based information processing system. The information processing system processes the multiple elements of experiences and stores memories in an accessible and useful form. Healthy individuals obtain meaning from experiences and interpret these experiences in a flexible manner. Memories are linked in networks that contain related thoughts, images, emotions, and sensations. Learning occurs when new associations are forged with material already stored in memory.

When memories are not successfully processed, the individual may become locked in a warped perception of reality caused by the interaction of these disturbing memories and the individuals present situation. These dysfunctional reaction patterns manifest themselves as automatic responses first caused by these past events.

As Shapiro suggests, "When a traumatic or very negative event occurs, information processing may be incomplete, perhaps because strong negative feelings or dissociation interfere with information processing. This prevents the forging of connections with more adaptive information that is held in other memory networks. For example, a rape survivor may "know" that rapists are responsible for their crimes, but this information does not connect with her feeling that she is to blame for the attack. The memory is then dysfunctionally stored without appropriate associative connections and with many elements still unprocessed. When the individual thinks about the trauma, or when the memory is triggered by similar situations, the person may feel like she is reliving it, or may experience strong emotions and physical sensations. A prime example is the intrusive thoughts, emotional disturbance, and negative self-referencing beliefs of posttraumatic stress disorder (PTSD)" (Shapiro, 2001).

It is not only major traumatic events that can cause psychological disturbance. Sometimes a relatively minor event from childhood, such as being teased or disparaged may not be adequately processed. Even such relatively minor trauma can result in personality problems and become the basis of current dysfunctional reactions. **EMDR attempts to alleviate clinical complaints by assisting clients to process the components of the contributing distressing memories**. Information processing occurs when the targeted memory is linked with other more adaptive information.

Learning can then take place, and the experience is stored with appropriate emotions.

Proponents of the use of EMDR in the treatment of substance use disorders recognize the multidimensional nature of chemical dependency and the need for an integrated treatment approach. **Application of EMDR to the treatment of substance use disorders should be undertaken only by trained clinicians after careful assessment of client needs and background.** Clients should be stabilized and abstinent for a sufficient period to prevent physical symptoms of withdrawal. Clients should have supports in place, such as participation in a 12-Step program, before beginning treatment with EMDR. While some clients report reduction of use or cravings, others have demonstrated a tendency to relapse or increase use. This may be the result of an attempt to self-medicate after getting in touch with disturbing psychological material or a re-connection with other materials that trigger cravings (Shapiro, 2001). A primary focus in treatment is the development of adaptive coping skills to assist the client to make appropriate choices and avoid relapse.

One critical issue in the application of EMDR to substance abuse is one of timing: when to be confrontational and directive and when to support the client and assist in working on traumatic issues. Chronic depression and personality disorders appear to be less responsive to the technique, and care is advised in applying it to individuals with dissociative disorders. The growing evidence of positive outcomes indicate that, particularly for individuals whose substance use is based in past trauma, EMDR may well be useful addition to a comprehensive treatment plan.

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