

MINDFULNESS AND THE 8 PHASE PROTOCOL AS A TEMPLATE FOR ADDICTIONS TREATMENT

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Summary & Abstract
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SUMMARY:

One new model for residential and outpatient addictions treatment proposes that readiness for EMDR therapy and treatment planning will take place best in an agency that utilizes mindfulness and adjunctive modalities at the center of its stabilization and resourcing strategy, while using EMDR therapy, the AIP model and the 8-phase protocol as the theoretical orientation and primary practice on the clinical side. The theory and research behind this and current use of the model are explored through this presentation, including case studies and anecdotal evidence, with recommendations for further research and implications for future development of addictions treatment centers.

ABSTRACT:

Addictions treatment has come a long way over the centuries, particularly since the advent of Alcoholics Anonymous over 80 years ago. For the past 2600 years, Buddhist mindfulness and the therapies and practices it has brought about have contributed to psychological and spiritual relief to millions of people. Over the last 25 years, our understanding and the treatment of trauma related disorders and difficulties have progressed, particularly through the development of EMDR therapy and the AIP model. Little by little, the understanding of the link between traumatic experiences, regardless of whether PTSD is present, and the difficulties and suffering of alcoholics and addicts has grown. SAMSHA (2014) and others have indicated the need for addictions treatment to follow the principles of trauma informed care. There is a need, and now there is a template, for integrating all of this knowledge and practice into a design of an addictions treatment center.

For many years, in the EMDR community there has been a healthy debate about how to assess readiness for a recovering addict to engage in the standard protocol and reprocess trauma to positive effect. One new model for addictions treatment, now in progress at Refuge Recovery Centers in Los Angeles, proposes that readiness and treatment planning will take place best in an agency that utilizes mindfulness and adjunctive modalities at the center of its stabilization and resourcing strategy, while using EMDR therapy, the AIP model and the 8-phase protocol as the theoretical orientation and primary practice on the clinical side. This would be evidenced in practice by the first two phases of the Standard protocol being in the hands of a team where all the clinicians have received at least Basic Training in EMDR therapy, and all other staff receiving trauma training that helps them understand EMDR, stabilization strategies and the language and practice of trauma recovery.

Besides the value of an integrated team approach during the first two phases, a similar dynamic during the reevaluation phase propels the treatment to a new level. At this juncture the team can reevaluate everything from continued readiness to potential relapse dangers to long term trauma specific treatment planning. With a team of clinicians sitting in weekly EMDR consultation groups in addition to regular supervision and clinical meetings, the additional support needed to treat this complex population is now built in at an agency level. A culture of mindfulness and trauma informed care promotes staff wellness in addition to improved client care. Staff and clients are all involved in creating an environment where safety and containment allow for a faster entry to trauma reprocessing when appropriate.

This presentation will make clear the theory and research behind the development and implementation of mindfulness and EMDR therapy as central to addictions treatment, how the 8-phase protocol and AIP model can be the theoretical orientation for addictions treatment in general, and through case studies and anecdotal evidence thus far how this model is progressing, with recommendations for further research and practice.