

Targeting comorbidity in AOD treatment with EMDR therapy: an introduction and overview

Webinar attendee questions with answers from Logan Harvey

Question: Can EMDR be used to treat anxiety?

Yes, EMDR is a *transdiagnostic therapy* – so it is useful in formulating and treating a variety of presentations. In terms of the evidence, there is emerging evidence for its efficacy in addressing anxiety, but more research is needed.

Question: Is EMDR effective in autism spectrum disorder (ASD)?

I am not aware of any specific evidence contraindicating EMDR in this population. In fact, there have been some studies specifically looking at this. This is a nice summary article:

https://www.researchgate.net/publication/339103705_E_Eye_Movement_Desensitization_and_Re_processing_EMDR_Therapy_in_Children_and_Adults_with_Autism

Question: Have you noticed a difference in the effectiveness of EMDR in people who have working memory issues (ADHD for example)? Considering the notion of taxing working memory during bilateral stimulation?

I personally haven't noticed any issues with this. There is variability across individuals in this though, and as a therapist I always adjust my EMDR to suit the individual client. Some clients require more working memory taxation (e.g., a more difficult task than standard eye movements) while the majority process effectively with eye movements only.

Question: You said that EMDR is evidenced in some conditions. Which conditions would you avoid or have demonstrated less efficacy?

There isn't any specific evidence *against* using EMDR with certain populations. We have seen good effects in some research trials, and small or non-significant effects in other trials. Unfortunately, the quality and size of the trials often makes it hard to draw firm conclusions regarding these small effects. The old adage is appropriate here – “*Absence of evidence is not evidence of absence.*” Importantly, there are a few meta-analyses published now which help us understand the current state of evidence.

Question: Is there a certain age or level of brain development needed for reprocessing to work?

The research in this area hasn't been quite as definitive to give us a clear age/developmental cut off. The current [Australian Guidelines for PTSD](#) endorse EMDR for use with children and adolescents however. As with any intervention, it would be important for a therapist to consider the client's developmental stage and adapt the intervention to suit them. EMDR is regularly used with young children, however it is adapted to suit this group (both in terms of language and mechanics of bilateral-stimulation).

Question: Do you have any experience or have you heard of using EMDR for people with a disability? What are your thoughts of its use in the area?

This is a very broad question – I have implemented EMDR successfully with a variety of people with different disabilities. I have had success in individuals with acquired brain injury, along with intellectual and physical impairments. It would depend heavily on the specifics for the individual though. EMDR would need to be adapted based on physical or intellectual disabilities and for some might not be possible.

Question: Has any study been conducted as to using EMDR as a relapse strategy for addiction rehab for individuals that achieved a period of sobriety?

Many of the current studies have specifically looked at this – for example adding a small dose of EMDR to other treatments. There seems to be some benefit initially in terms of reduced cravings, however this effect isn't present at later follow-ups suggesting it might not be sustained.

Question: If a client has alexithymia (unable to feel or express emotions), does this impede EMDR?

There is little evidence available in this area. Practically, this can cause challenges. It may be that individuals with alexithymia require a longer preparation phase or require adaptations to our standard EMDR protocol. In general, poor awareness of internal experiences (thoughts, feelings, body sensations) does make EMDR more difficult though.

Question: Can people take the technique and use it when a memory has been triggered?

We don't recommend that people administer self-EMDR alone after sessions typically. There are protocols that encourage this – however it is very important that a person realises they may experience *increased* distress during EMDR, and that navigating this without a therapist can be difficult.

Question: You mentioned that there wasn't a lot of evidence indicating long-term efficacy of EMDR. Do you recommend in that case that clients return for future EMDR sessions when they are experiencing a return of the distress?

This comment was specifically related to administering certain EMDR protocols to addiction related symptoms. There is good evidence for long term effects from EMDR in treating PTSD. In the case of the small, pilot trials of EMDR targeting addiction we have seen that the effects aren't as clear at follow-up points. There isn't enough research yet to determine what this means though.

In general, once a memory has been effectively processed with EMDR we would expect it to remain in a resolved state. This doesn't mean that people won't need additional treatment in future, but it would typically be targeting other memories.

Question: Can registered psychiatric nurses (RPNs) train in EMDR / is EMDR training available for mental health nurses?

There are specific requirements for all professions wanting to undergo EMDR training. Visit <https://emdraa.org/are-you-eligible/> to review the requirements. Note that there is an "exceptional circumstances" process for individuals who believe they may be eligible but who don't meet the specific requirements outlined on the EMDRAA website.