

DeTUR™

Desensitization of Triggers and Urge Reprocessing

An Urge Reduction Protocol

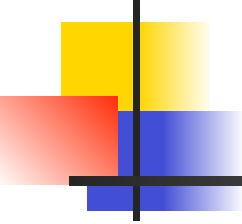
as

**A Methodology to Address Addictions
and Dysfunctional Behaviors and
the Underlying Trauma**

Based on the AIP model of EMDR

Arnold (AJ) Popky, Ph.D.

Benefits of combining DeTUR & EMDR

- 
- ★ Both measurable
 - ★ Replicable step models (procedures)
 - ★ Use of bilateral stimulation is familiar
 - ★ AIP foundational to both: triggers and urges laid down from past experience with neurobiological correlations
 - ★ Preparatory for trauma treatment with focus on addictive, impulsive, compulsive behavior symptoms
 - Focus on trauma can ‘uncover’ triggers and urges to use (conditioned from early experience)
 - Focus on triggers and urges can ‘uncover’ traumas that are associated with them



EMDR & DeTUR

EMDR

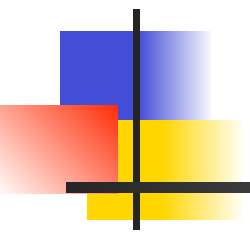
- ★ Complete Psychotherapy (8 phases, 3 prongs)
- ★ Past, Present, Future
- ★ Target: Trauma
- ★ Limited cognitive interweaves
- ★ SUDS & VOC
- ★ Focus on experience of Trauma
- ★ Client centered

DeTUR

- ★ Specialized “phase 2” intervention
- ★ Future, Present,—>Past
- ★ Targets: Triggers & Urges
- ★ Overt cognitive interweaves
- ★ LOU & Positive State/Goal
- ★ Focus on Behavior
- ★ Client Centered

What is EMDR like?

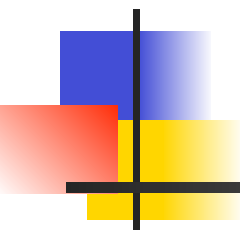
Metaphor



De-Fragging the Brain
just like de-fragging your hard
drive
combining memory locations

Something to think about

EMDR song



You Want to Accent (BLS) the Positive
Eliminate (BLS) the Negative
Latch on to the Affirmative (Go with That)
Don't Mess with Mr. In-between
(You don't have to know what's going on)



What is addiction?

“Any behavior that becomes a priority replacing other priorities despite negative consequences” *Patrick Carnes*

“Anything, substance or behavior that prevents an individual from coping and functioning successfully in life” *A. J. Popky*

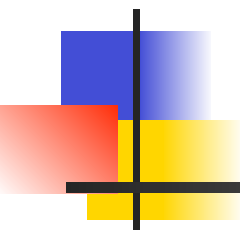


Addiction Theories

By adhering strictly to our American ideas about “alcoholism” and “alcoholics (created by AA in their own image) and restricting the term to those ideas, we have been continuing to overlook other problems of alcohol that need urgent attention.

“TRAUMA”!!!

Definition of Alcoholism



Alcoholism is a primary, chronic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.

ASAM, NCADD, 1990

The Genetics of Alcohol



"Based on our current understanding, it is probable that environmental influences will be at least as important, and possibly more important, than genetic influences."

NIAAA Director Enoch Gordis, M.D. USDHHS, Alcohol Alert, 1992

18, p. 3



Disease Model or Disorder

"Important, central, theory-relevant predictions derived from a dispositional disease model are unconfirmed or disconfirmed by a large body of basic and clinical research, a fact that can be avoided only by the most selective reading and citing of studies".

Alexander's Experiment

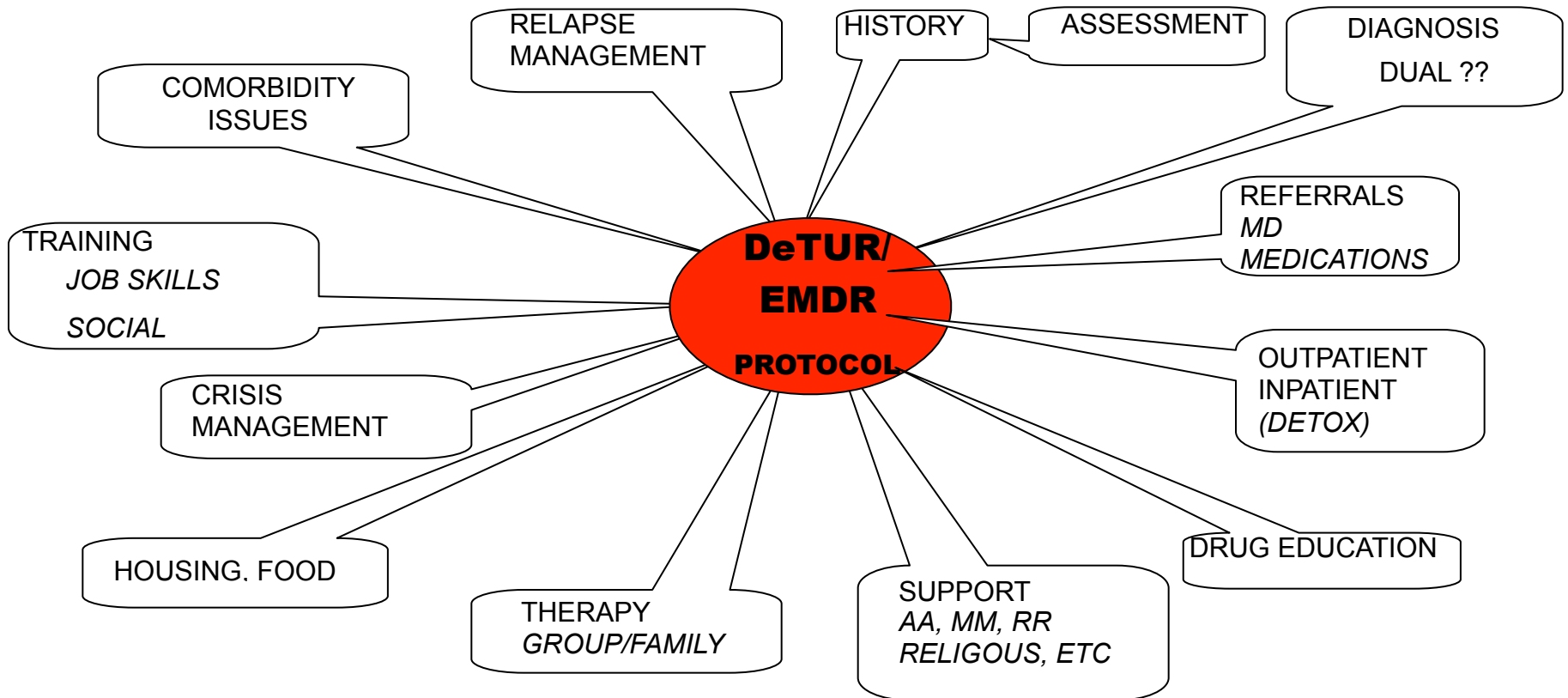


1. Single rat in cage w/ water & cocaine water
 - preferred cocaine water & died
2. Rat groups in a fun cage w/ cocaine & water
 - Tested cocaine BUT preferred water
3. Addicted rats from 1 put into 2
 - changed to preferring pure water

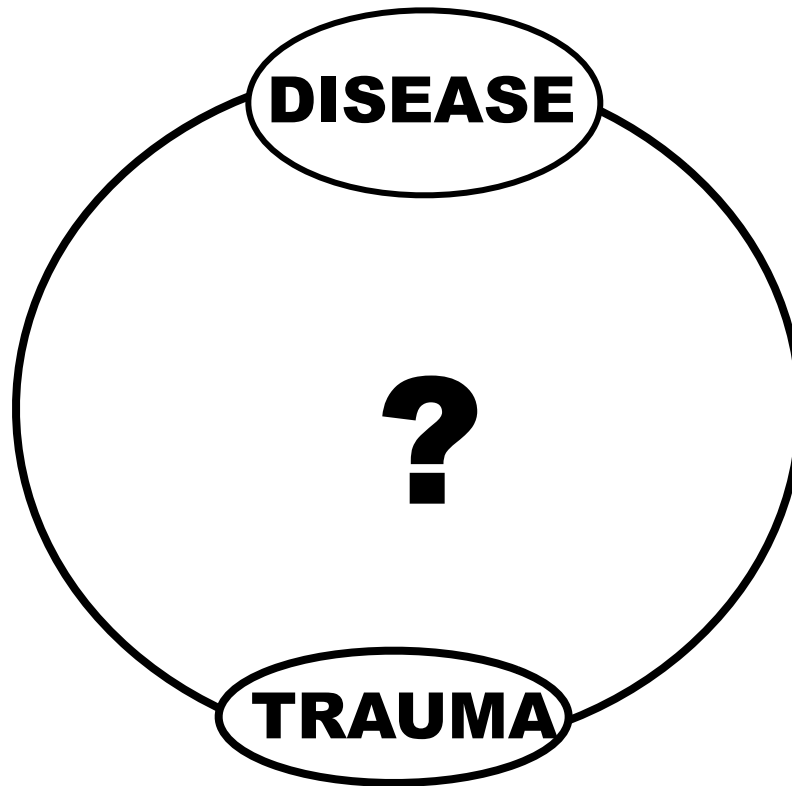
Heroin use in Vietnam

Addiction Treatment Model

only the nucleus



Basis of Addictions

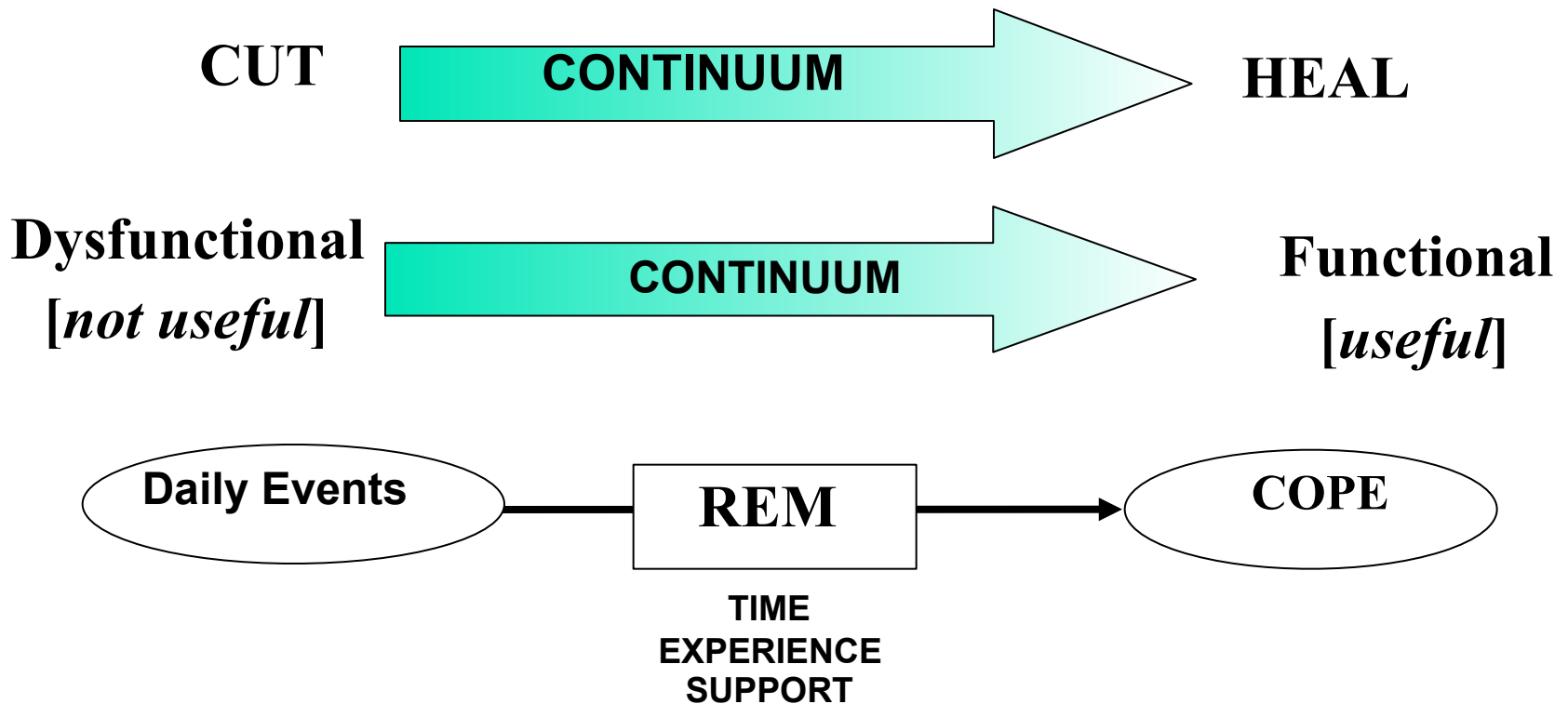


Genetic

Chemical

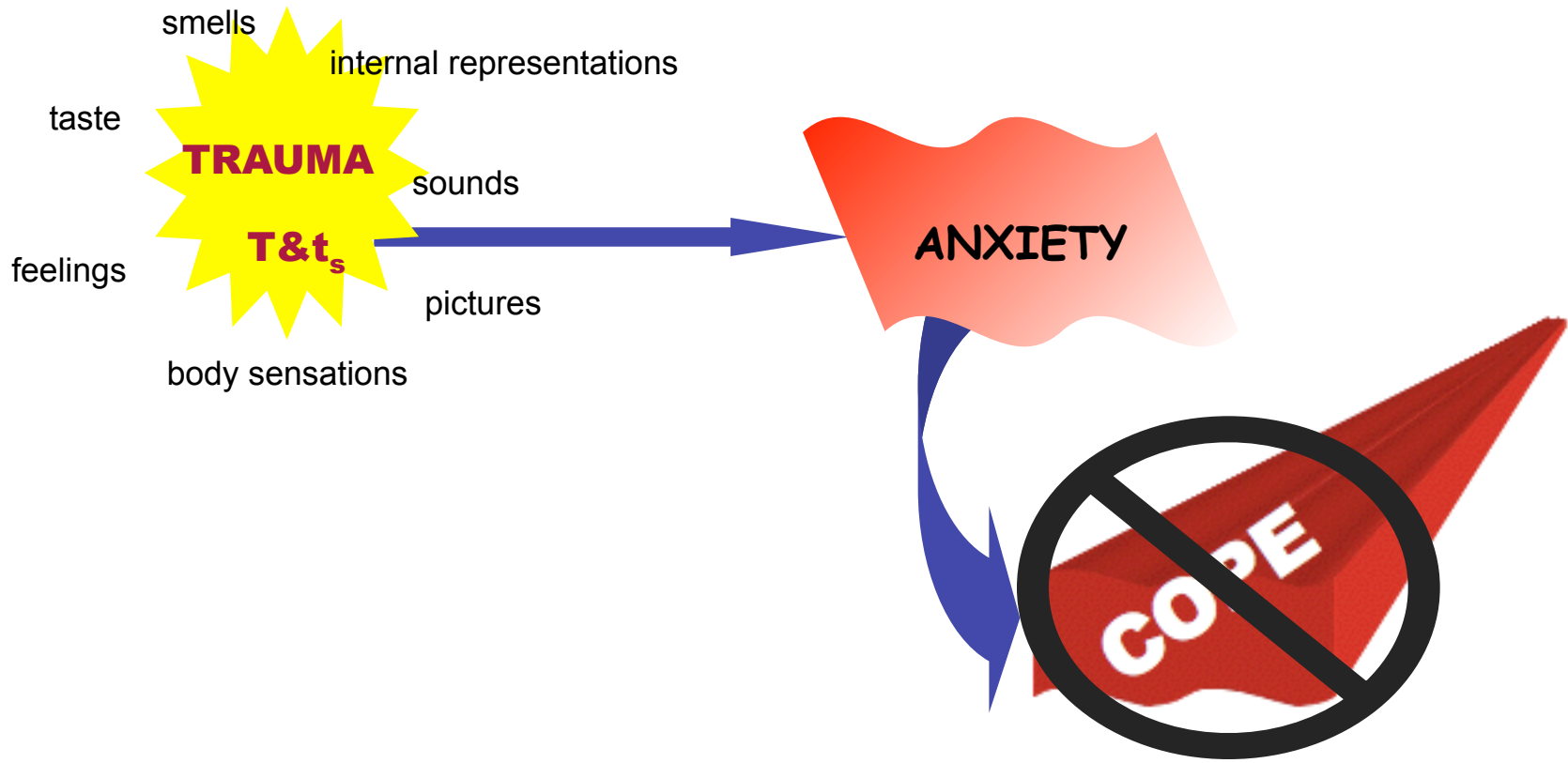
Modeling

ADAPTIVE INFORMATION PROCESSING MODEL

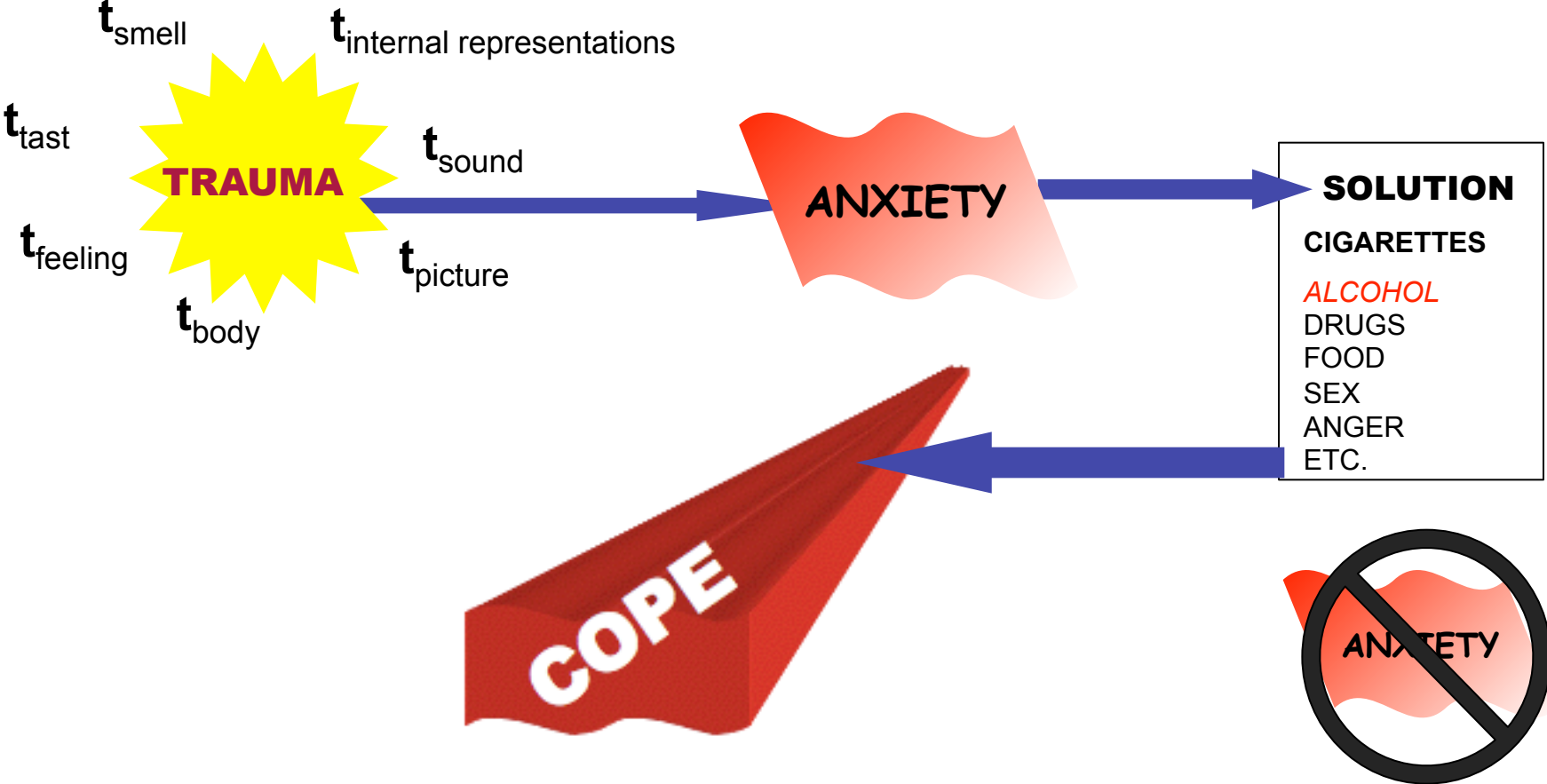


Trauma

[Insufficient Resources]

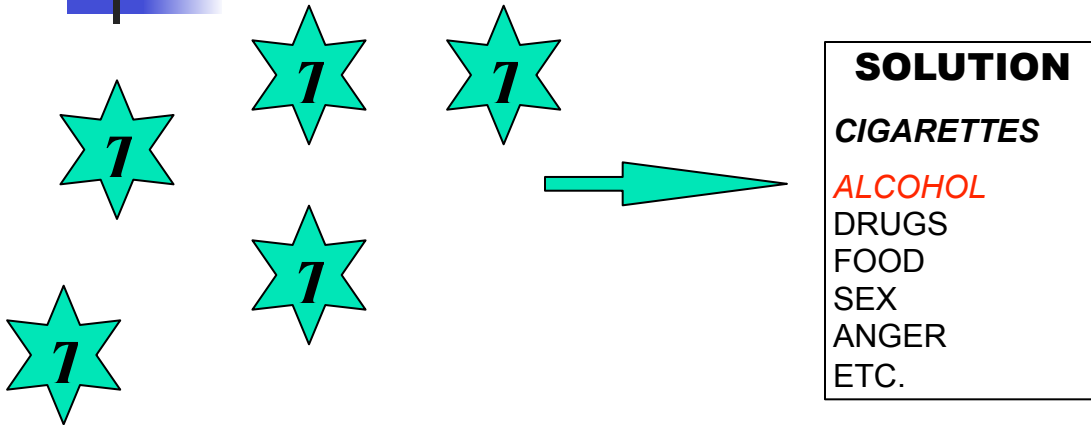


Relieving Anxiety

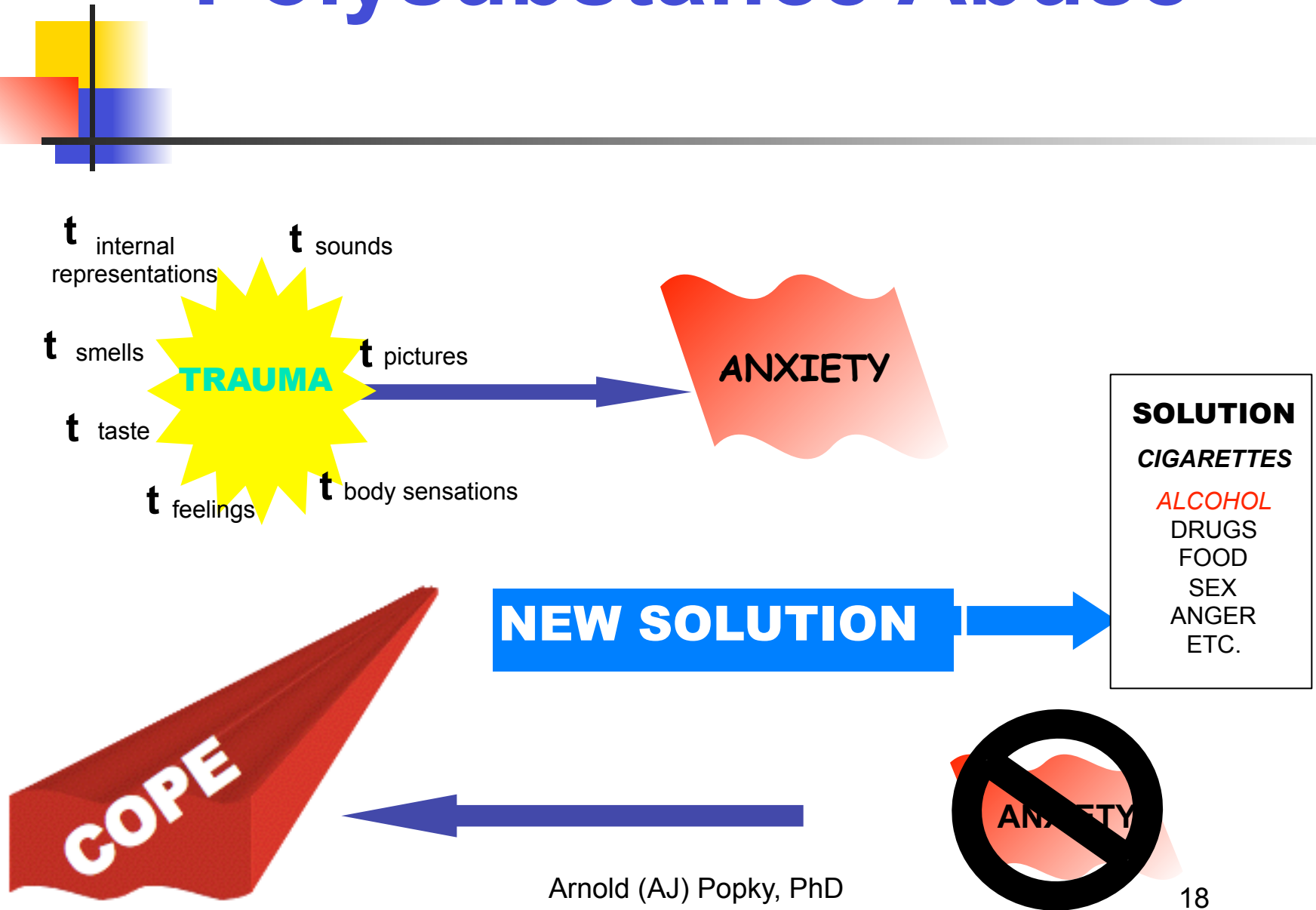


POSITIVE REINFORCEMENT AND REPETITION

Conditioned Response



Polysubstance Abuse



Trauma Reprocessed

t internal representations
t sounds
t smells
t pictures
t taste
t body sensations
t feelings



SOLUTION
~~CIGARETTES~~
~~ALCOHOL~~
~~DRUGS~~
~~FOOD~~
~~SEX~~
~~ANGER~~
~~ETC.~~



Addictive Population

?

Gender

Age

Race

Religion

Culture

Education

Economic status

Sexual preference



DeTUR™

- **Only ONE component of addiction treatment**
- **Written on Rubber**
- **Developed through clinical experience (self and others)**
- **Utilizes therapist's training and experience**
- **Flexible to match client's world**



DeTUR™

- **Requires client desire and commitment**
- **Only ONE component of addiction treatment**
- **Written on Rubber**
- **Developed through clinical experience (self and others)**
- **Utilizes therapist's training and experience**
- **Flexible to match client's world**

EMDR or DeTUR

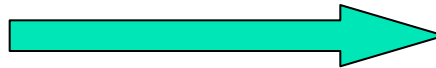
where to start

Trauma known



EMDR

Behavior



DeTUR

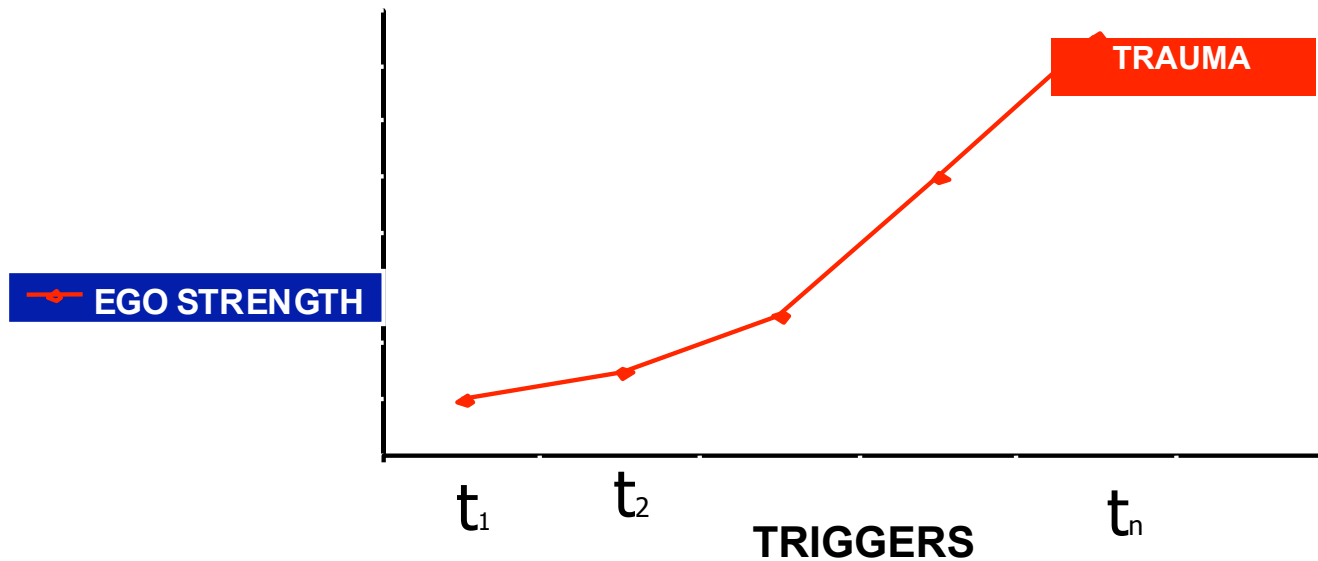
EMDR [trauma] and/or DeTUR [relapse]

Differences in Treatment

between AIP and others

- ★ Being in recovery is not a requirement
- ★ Abstinence is preferred but not mandatory
- ★ Treatment goals are defined by the client
- ★ Targets triggers that bring up the urge to use [t_n]
- ★ Builds coping skills
- ★ Deals with withdrawal symptoms
- ★ Addresses relapse
- ★ Ego strength enhancement
- ★ Individualize therapy to address core issues behind behavior
- ★ Therapeutic interventions accommodate clinician's style and training

Why Target Triggers vs Trauma?



Safe Therapeutic Environment

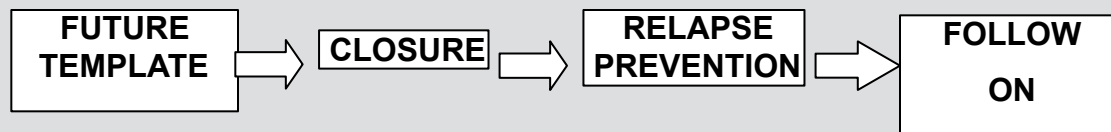
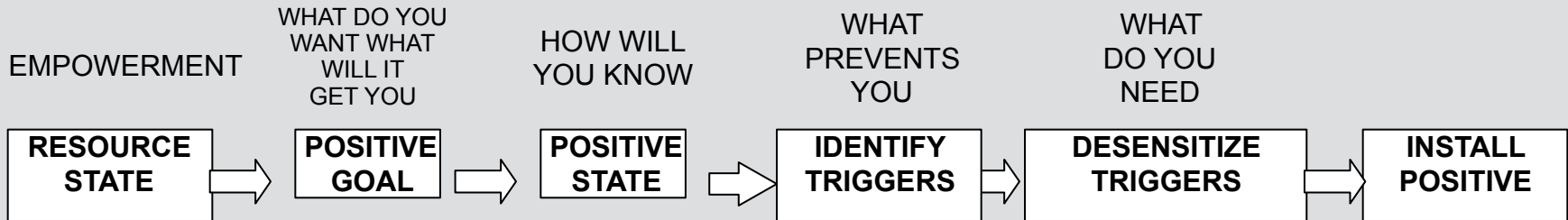


“Rapport”

The foundation for trust in any relationship is rapport. It is the high level of trust the client feels with the therapist causing the safe therapeutic relationship. One of the most important characteristics of a therapist is the ability to gain trust rapidly, and to maintain it throughout the therapeutic process. Rapport gives the therapist the right to ask questions and to elicit appropriate answers. This is crucial for this for success in this model.

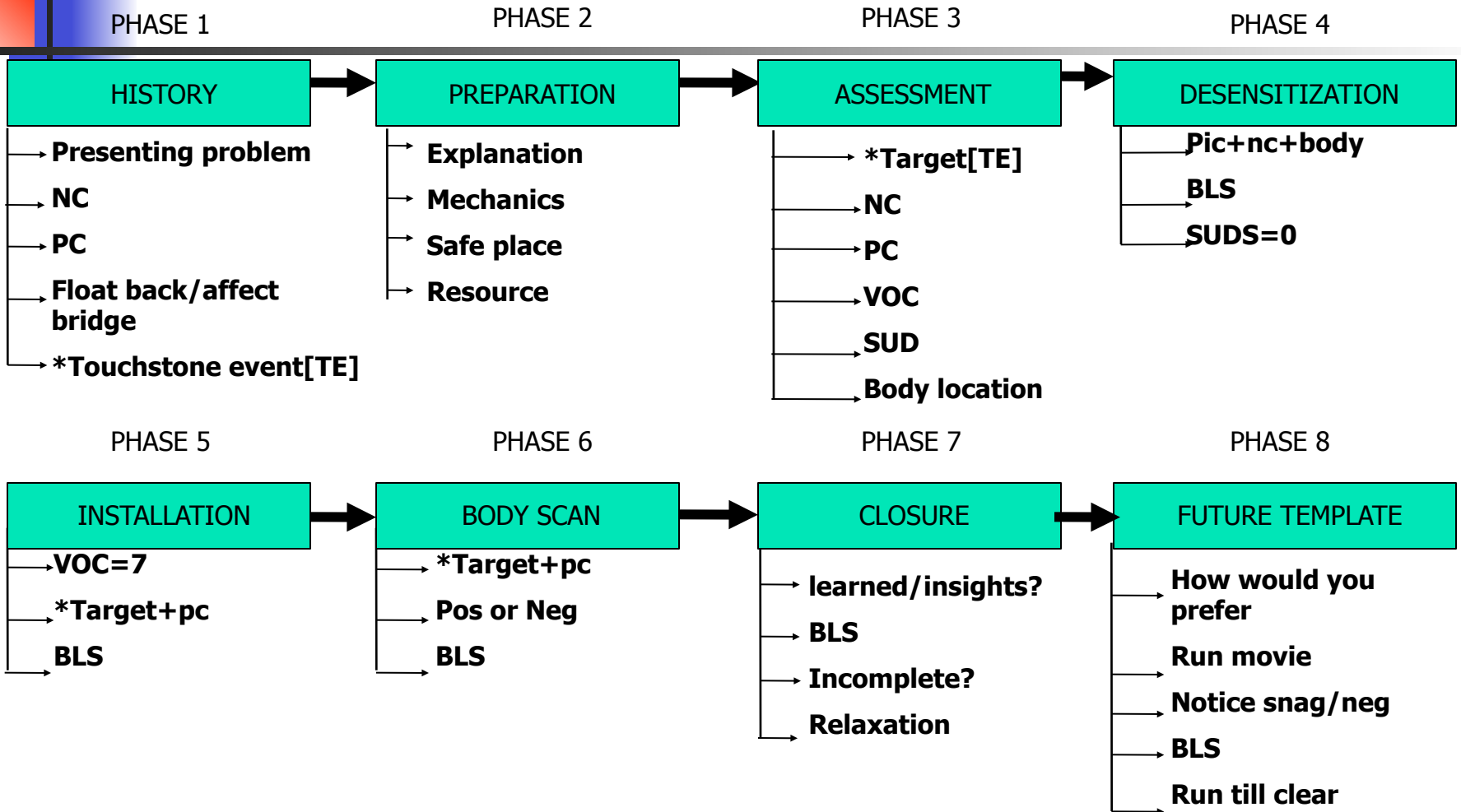
DeTUR

R A P P O R T



EMDR Flow Chart

PAST [TOUCH TONE] → PRESENT[TRIGGERS] → FUTURE [TEMPLATE]





History/Assessment

- Genogram
- Thinking/decision making process
- Coping styles skills
- Source of interweaves
- Affect management
- Addiction history
- Safety issues
- Resources: internal/external
- Previous therapy
- Medications



Assessment

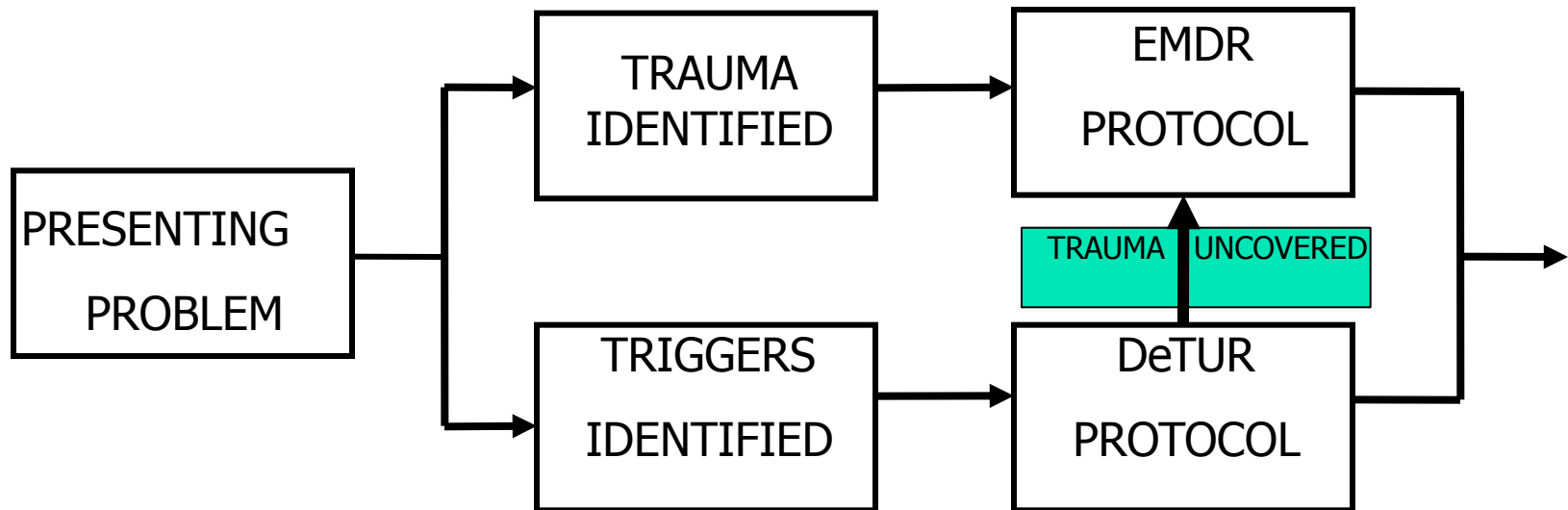
- EMDR treats the client NOT the diagnosis
- Medications?
- Where to start?
 - AIP/EMDR - Trauma
 - AIP/DeTUR -Triggers

Diagnosis



- EMDR treats the client NOT the diagnosis
- Abandonment Issues
- Dissociative? How much/when
- DID

Where to start....





Preparation

- Commitment from the client and the desire to heal
- Check for client safety and stability
- Explanation of bi-lateral stimulation and the process
- Train metaphor
- Change: pictures, memories, body sensations
[Minnie mouse in Malibu]
- Emotions [hill metaphor]
- Stop signal
- 12 step suggestions

Rapport & Preparation



Accessing Internal Resources



- **Recall previous time when feeling empowered**
- **Access fully - feed back to client**
- **Bi-lateral stimulation to enhance (rapid =>24)**
- **Word for auditory anchor**
- **Check with client (non-verbals for congruence)**
- **Test**

time freeze

model someone known

fictional character

Accessing Internal Resources



Positive Treatment Goal (PG)

What do they want.....What will it get them?

Theory [VISUALIZATION]

- Elicited from client
- Coping & Functioning
- Positive terms
- Component specifics
- Within time constraints
- Abstinence not necessary
- Picture
- Adjustments to enhance [bigger, closer, brighter, etc.]
- BLS
- Test

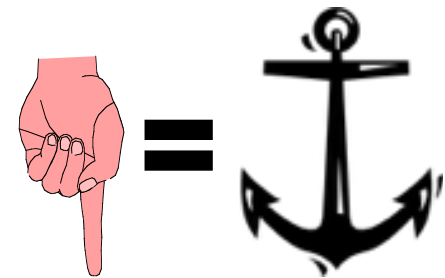
Positive Treatment Goal (PG)



Positive State (PS)

How will you know?

- ★ Associate with/step into [as if]
- ★ Anchoring the feelings
- ★ Build
- ★ Enhance anchor w/BLS
- ★ Test



Anchoring the Positive Goal State





Identifying Triggers

How do they know when to.....

- **Person**
- **Place**
- **Thing**
- **Time**
- **Emotion**
- **Situational**
- **Action**
- **Smell**
- **Taste**

Identifying Triggers





Prioritize

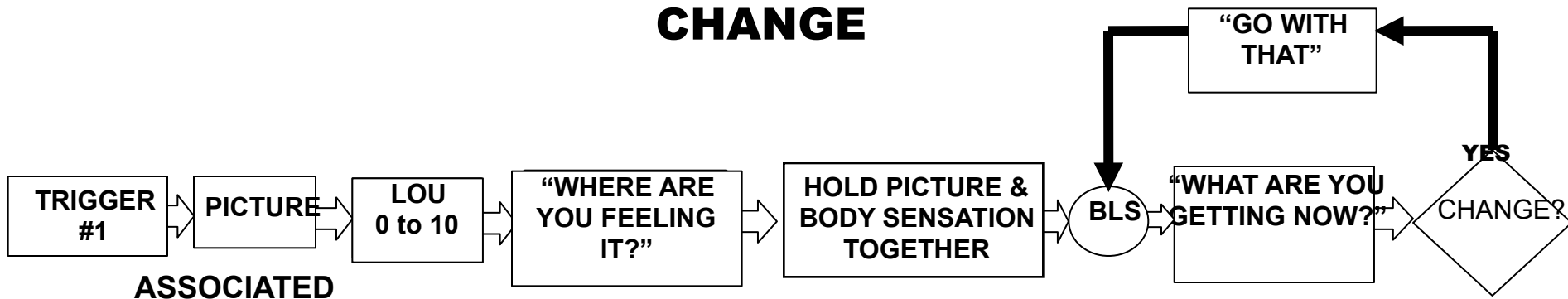
- **The worst addiction first**
Coke > Alcohol > Cigarettes
- **The least powerful urge (t) first**
- **If smoking: start at the first of the day**
builds ego strength

Assessing the Level of Urge (LOU)



Desensitize Triggers

**YES
CHANGE**



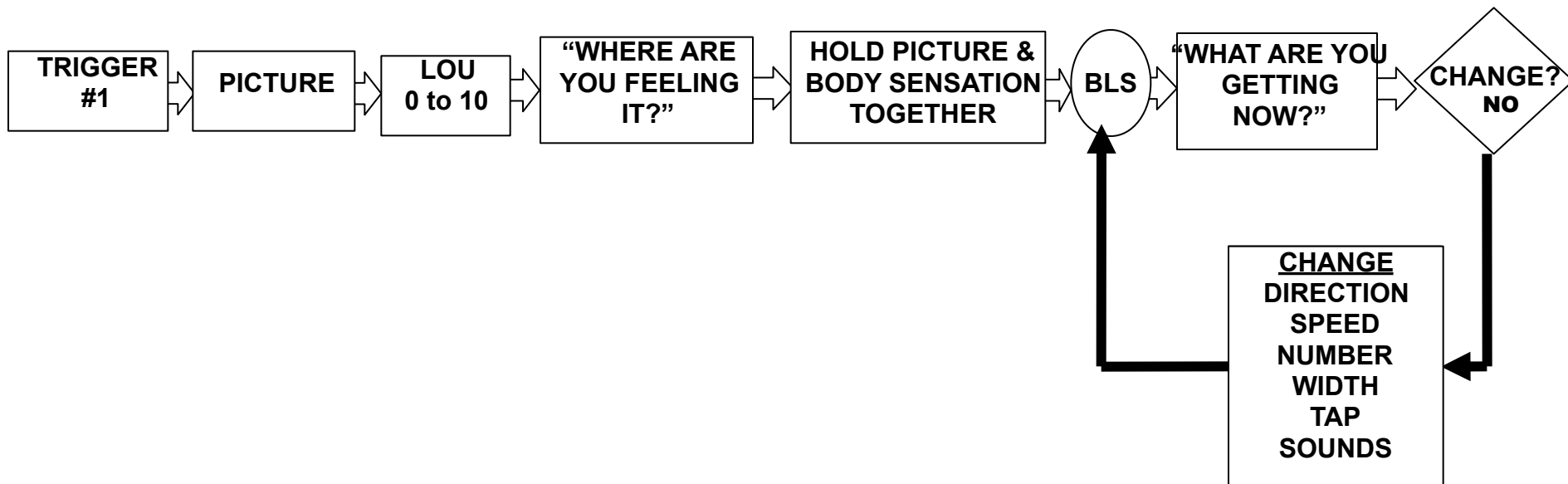
**ASSOCIATED
SMELLS
TASTES
FEELINGS
SOUNDS**

LOU = Level of Urge

BLS = Bi Lateral Stimulation

Desensitize Triggers

NO CHANGE



Desensitization

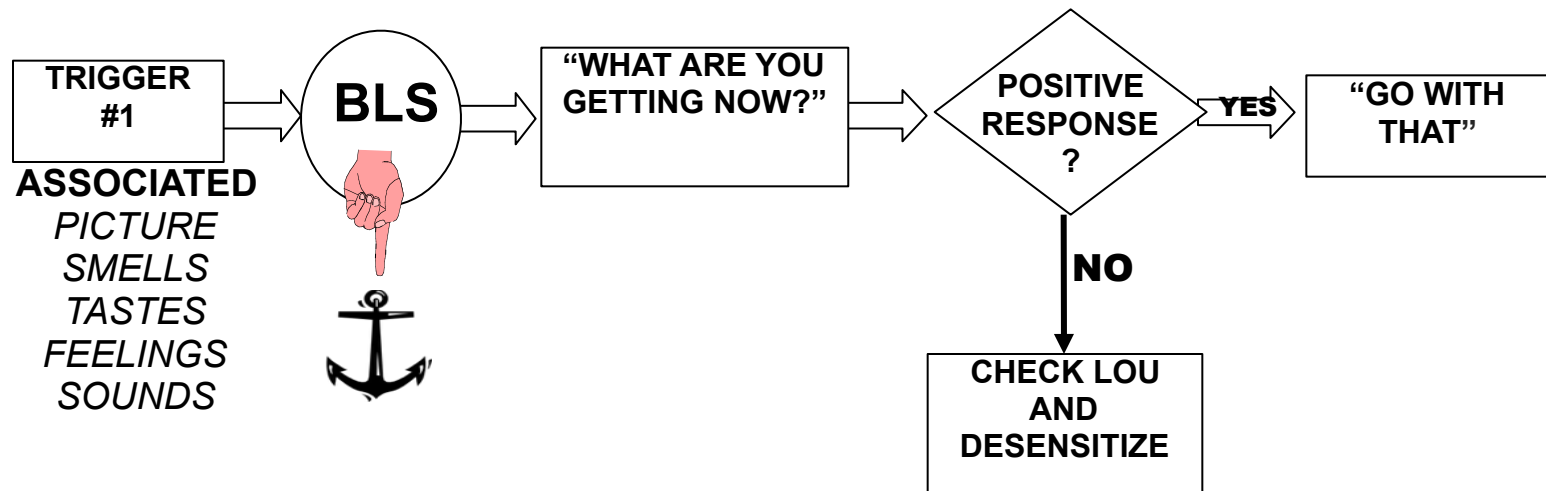




What Can Happen!

- **If client abreacts**
- **If client dissociates**
- **If client intellectualizes**
- **If interruptions or therapist gets lost**
- **If response changes to positive**
- **If therapist notices change in physiology; Milton yes**
- **If client looping**
- **If thread opens to trauma**

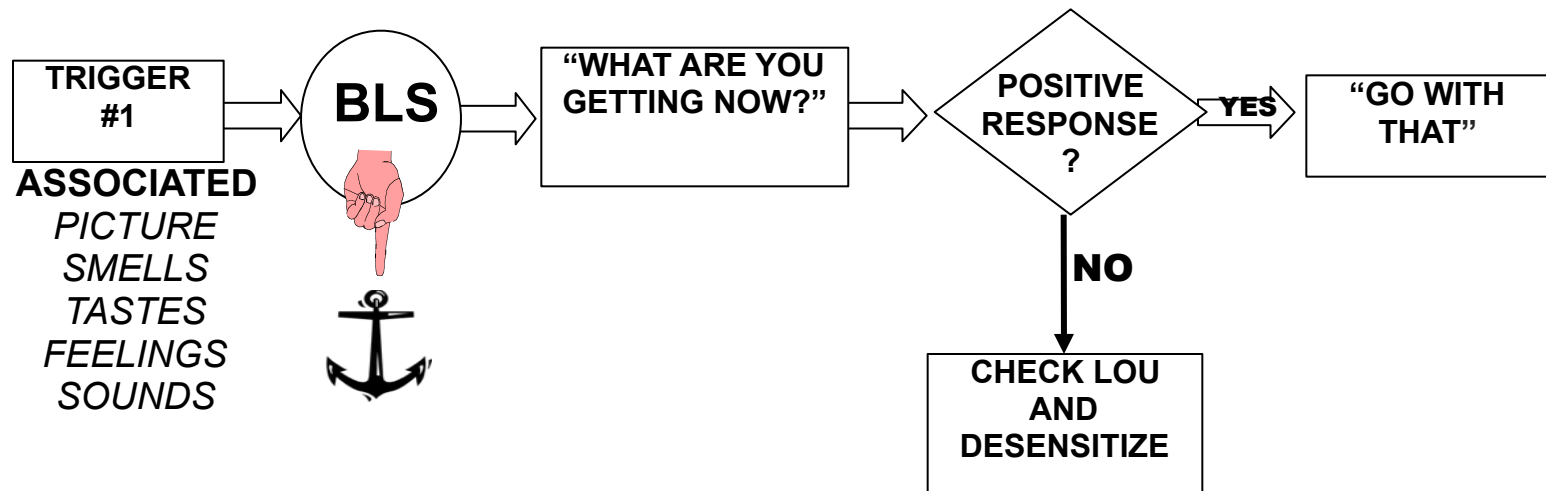
Installation



Interweaves

- 
-
- Inner Child
 - Garbage (titrate)
 - O₂
 - Parts (ego state)
 - Past-Present-Future
 - Past (abreactions)
 - Guard Duty
 - TV
 - Adjustment
 - VoC
 - Choices
 - b
 - c

Installation





Future Template

- Run a movie of you experiencing the trigger and handling it successfully
- If you run into a pothole or problem open your eyes and focus on the problem
- BLS till desensitized
- Run the movie from the beginning again looking for potholes
- Continue till movies runs through successfully
- BLS on positive



Arnold (A5) Popky, PhD



Closure & Relapse

- Reframing relapse (artichoke)
- Continuing process
- Use of support structures
- Homework: Use of anchors
- Emotional Freedom Techniques (EFT)



Follow on Sessions

- Enhance any/all successes w/BLS
- Target new emerging triggers (relapse)
- Work through remaining triggers



Research

Sexual Compulsivity

The use of the DeTUR method utilized as the primary treatment modality with 24 clients who identified sexual compulsivity as their principal treatment issue.

DeTUR was utilized to access an internal resource state, install their positive goal state, and anchor it in their physiology), to desensitize known triggers to decrease the risk of relapse behavior, and access these positive resources in the future.



Research

Sexual Compulsivity

The subjects were selected from a client base of over 60 clients who self-reported sexual compulsivity and also met the clinical criterion for a diagnosis of sexual compulsivity using Dr. Patrick Carnes' Sexual Assessment Screening Test (SAST).



Research

Sexual Compulsivity

- Group A-talk therapy only, reported a richer understanding of their sexually compulsive behaviors and also reported struggling with relapse issues due to no symptom relief.
- Group B-EMDR treatment, reported a significant decrease in their SUDS, VoC, trauma profile, and an increase in their healthful living scale. They also reported struggling with relapse issues.
- Group C-DeTUR treatment, reported a significant decrease in their LOU level, but did not report a significant decrease in their trauma profile or an increase in their healthful living scale.
- Group D-EMDR and DeTUR treatment reported a significant decrease in their SUDS, VoC, LOU, trauma profile, and an increase in their healthful living scale.



RESEARCH DESIGN

CONTROL GROUP	# OF SUBJECTS	# OF SESSIONS	TREATMENT MODALITY
GROUP A	6	10	TALK THERAPY
GROUP B	6	10	EMDR
GROUP C	6	10	DeTUR
GROUP D	6	10	EMDR + DeTUR

Research

Sexual Compulsivity

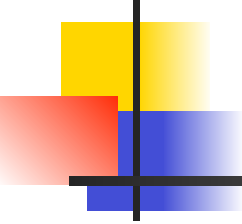


- Preliminary findings appear to indicate that the use of EMDR and DeTUR are effective means in treating sexually compulsive behaviors.
- Further research studies are needed to examine the use and effectiveness of EMDR, DeTUR and traditional talk therapy in the treatment of sexual compulsivity and other addictions.

RESEARCH

Domestic Violence

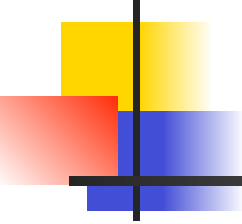
Dr. R. Bata

- 
-
- Conflict Tactic Scale 2 (CTS2) was administered as pre and post test measurement scale.
 - Concentration was on Psychological Aggression & Physical Assault
 - 5 Individual sessions
 - Pre test was validated by police reports & history of abuse in relationships
 - Post test was validated by CJIC database by Domestic Violence Unit of the District Attorney's Office at 1 & 2 years

RESEARCH

Domestic Violence

Dr. R. Bata



PSYCHOLOGICAL AGGRESSION		
SUBJECT	FREQUENCY	
	PRE TEST	POST TEST
1	2	3
2	1	4
3	5	0
4	8	0
5	6	3

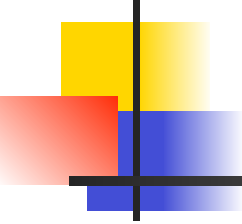
SUM=22

SUM=10

RESEARCH

Domestic Violence

Dr. R. Bata



	PHYSICAL ASSULT	
SUBJECT	FREQUENCY	
	PRE TEST	POST TEST
1	0	0
2	0	0
3	0	0
4	2	0
5	1	1
	SUM=3	SUM=1

RESEARCH

Domestic Violence

Dr. R. Bata

After 2 years

- A decrease of 45% in the number of emotionally abusive incidents
- A decrease of 65% in the number of physically abusive incidents

DeTUR for Adolescents With Internet Addiction Disorder

Hwallip Bae St. Andrew's Psychiatric Hospital, Incheon, South Korea
Daeho Kim Hanyang University Guri Hospital, South Korea

This case study reports the successful treatment of Internet addiction in a 13-year-old male using four 45-minute sessions of the desensitization of triggers and urge reprocessing (DeTUR) protocol—an addiction protocol of *eye movement desensitization and reprocessing* (EMDR; Popky, 2005).

Using the DeTUR protocol, the level of urge for each trigger was reduced to 2, which the participants defined as "not being able to think about or crave for the game." After treatment, his symptoms had declined to nonclinical levels (38 on IAT and 6 on BBI) and he was able to restrict his time on the Internet to an hour per day. The DeTUR may be a good treatment option for Internet addiction and further controlled studies are needed.

DeTUR for Adolescents With Internet Addiction Disorder

**Hwallip Bae St. Andrew's Psychiatric Hospital, Incheon, South Korea
Daeho Kim Hanyang University Guri Hospital, South Korea**

At baseline, the participant showed a moderate level of Internet addiction (scoring 75 on Young's Internet Addiction Test [IAT]) and moderate depression (26 on the Beck Depression Inventory [BDI]). During assessment, he identified 7 triggers for Internet gaming and rated the associated urge to engage in the activity with scores of 3-9 on the level of urge scale."

After treatment, his symptoms had declined to nonclinical levels (38 on IAT and 6 on BOI) and he was able to restrict his time on the Internet to an hour per day. These therapeutic gains were maintained at 6- and 12-month follow-up.

DeTUR for Adolescents With Internet Addiction Disorder

Hwallip Bae St. Andrew's Psychiatric Hospital, Incheon, South Korea
Daeho Kim Hanyang University Guri Hospital, South Korea

Recommendations

Currently, no standard treatment of IAD has been established, Given the seriousness of the problem and high prevalence of this illness worldwide, vigorous efforts should be made to develop effective treatment modalities and obtain empirical evidence through clinical trials, **The strengths of DeTUR that were evident in this study include the brevity of therapy time, no extra hours for homework, rapid decrease in urge, and positive healthy changes in the adolescent's lifestyle,** It appeared that his engagement in treatment was furthered by focusing positive aspect. Consequently, we recommend further research to ascertain if these positive outcomes can be replicated with other clients and to compare EMDR with other IAD therapies.

RESEARCH

Internet Addictions

Hwallip Bae & Daeho Kim

St. Andrews Psychiatric hospital, South Korea

- 13 year old male, started at 9 years old
- 5+ hrs/day for 4 years
- 4-45 min weekly sessions
- 6 month follow up, maintained control 1 hr/day
- 12 month completely stopped

RESEARCH

Internet Addictions

Hwallip Bae & Daeho Kim

St. Andrews Psychiatric hospital, South Korea

The Strengths of DeTUR that were evident in this study include:

- Brevity of therapy time
- No extra hours for homework
- Rapid decrease in urge
- Positive healthy changes in adolescent's lifestyle

RESEARCH

Gambling

Hwallip Bae, Changwoo Han & Daeho Kim

Journal of Gambling Studies Vol. 29 Number 4

- 47 yr married male, horses, lost job, suicidal
- 53 yr male, slots, cards, since youth, divorced, bankrupt
- 52 yr male, executive large corp, horses & cycles, divorced and fired
- 34 yr male engineer, slots & casinos, fired

RESEARCH

Gambling

Hwallip Bae, Changwoo Han & Daeho Kim

Journal of Gambling Studies Vol. 29 Number 4

After 6 months

All maintained abstinence from gambling and their symptomatic improvements.



RESEARCH

Paruresis

Department of Psychiatry, Hanyang University Guri Hospital in Gyeonggi Province, Korea

Paruresis is a special type of non-generalized social phobia that involves fear and avoidance of urination in public restrooms. Eight 60-minute sessions of DeTUR) to a 29-year old man with paruresis of 10 years' duration. As phobic avoidance is the hallmark of any anxiety disorder, targeting the urge to avoid each anxiety-provoking situation in succession.



RESEARCH

Paruresis

Hierarchy of triggers causing phobic avoidance in a patient with paruresis

T1	Urge to avoid A small restroom for one person in a pub	3
T2	A familiar restroom with one or two others present	4
T3	Restroom individual partitions with four others	5
T4	Quiet restroom in a subway station others present, but no one queuing behind	6
T5	Small restroom such as in schools with two urinals	7
T6	Small rest room full of people, some waiting behind him	8
T7	College restroom very busy and full of people	9
T8	Public toilet portable urinals, compact and full of people	10

RESEARCH

Paruresis

After treatment, the participant no longer met a diagnosis of social anxiety disorder and self-report symptoms of social anxiety decreased to non-clinical levels; furthermore, these treatment gains were maintained at one year follow-up.



RESEARCH

Paruresis

This case suggests that DeTUR may be a useful treatment option for paruresis. It had a positive effect within a relatively short period of time and there was no need for homework. Additional research is required to extend this finding and confirm DeTUR as a treatment modality for SAD.



The Palm Beach Institute

- 28 yr old male polysubstance abuse, 18 prior programs, BPD, anxiety, major depression
- 38 yr male opiates, 3 prior programs, major depression
- 42 yr marries female, 2 prior programs, alcohol
- 42 yr male, alcohol, dysthymic, generalized anxiety
- 33 yr married male, 5 programs, alcohol, major relapse

Three are still sober, one brief relapse, one now sober,

RESEARCH

Gambling

Daeho Kim, MD, PhD. Department of Psychiatry, Hanyang University Medical School, Bae, H., Han, C., & Kim, . (2013, November). Journal of Gambling Studies. doi: 10.1007/s10899-013-9422-5

This case series introduces the desensitization of triggers and urge reprocessing (DeTUR), as a promising adjunctive therapy in addition to comprehensive treatment package for pathological gambling. This addiction protocol of eye movement desensitization and reprocessing was delivered to four male inpatients admitted to a 10-week inpatient program for pathological gambling. The therapist gave three 60-min weekly sessions of the DeTUR using bilateral stimulation (horizontal eye movements or alternative tactile stimuli) focusing on the hierarchy of triggering situations and the urge to initiate gambling behaviors. After treatment, self-reported gambling symptoms, depression, anxiety, and impulsiveness were all improved, and all the participants reported satisfaction with the therapy. They were followed up for 6 months and all maintained their abstinence from gambling and their symptomatic improvements. Given the efficiency (i.e., brevity and efficacy) of the treatment, a controlled study to confirm the effects of the DeTUR on pathological gambling would be justified.

RESEARCH

Internet Addiction

Daeho Kim, MD, PhD. Department of Psychiatry, Hanyang University Medical School
Bae, B., & Kim, D., (2012). Journal of EMDR Practice and Research, 6(2), 73-81.
doi: 10.189111933-3196.6.2.73

This case study reports the successful treatment of Internet addiction in a 13 year-old male using four 45-minute sessions of the desensitization of triggers and urge reprocessing (DeTUR) protocol-an addiction protocol of eye movement desensitization and reprocessing (EMDR; Popky, 2005). This protocol uses EMDR procedures to process current triggers and positive future templates, but it does not identify or directly address any past trauma. At baseline, the participant showed a moderate level of Internet addiction (scoring 75 on Young's Internet Addiction Test IIATD and moderate depression (26 on the Beck Depression Inventory !BDID. During assessment, he identified 7 triggers for Internet gaming and rated the associated urge to engage in the activity with scores of 3-9 on the level of urge scale (0 5 lowest, 105 strongest).

Using the DeTUR protocol, the level of urge for each trigger was reduced to 2, which the participants defined as "not being able to think about or crave for the game." After treatment, his symptoms had declined to nonclinical levels (38 on IAT and 6 on BDI) and he was able to restrict his time on the Internet to an hour per day. These therapeutic gains were maintained at 6- and 12- month follow-up. The DeTUR may be a good treatment option for internet addiction and further controlled studies are needed.

OTHER METHODS

ADDICTIONS



- Michael Hasse - Cravex, addiction memory
- Jim Knipe - level of urge to avoid
- Robert Miller - FSAP
- Naltrexone
- Baclofen