

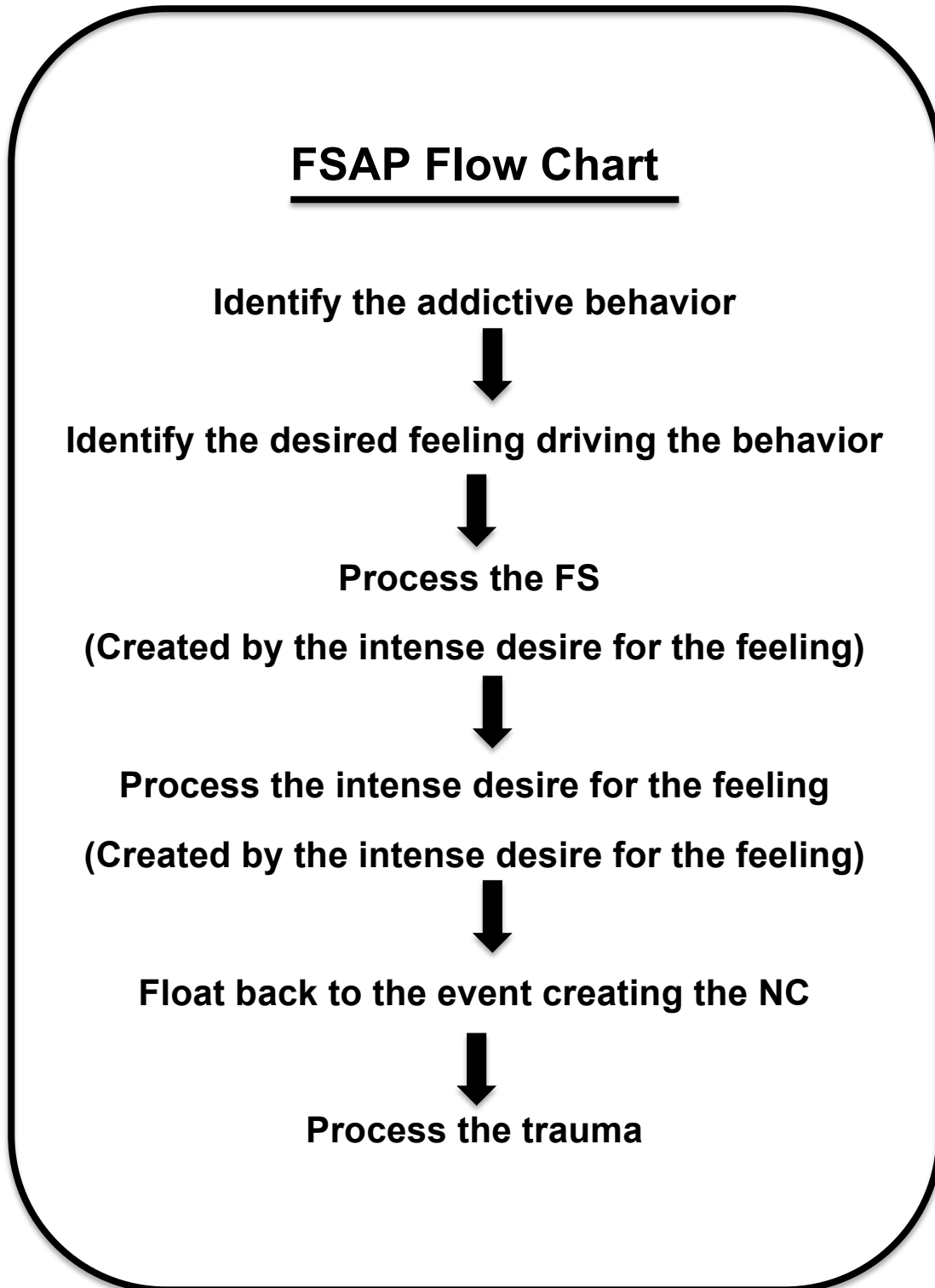
## The Feeling-State Addiction Protocol

by

**Robert Miller, PhD**

### The FSAP Flow Chart

The FSAP flow chart illustrates the different steps of the FSAP. The FSAP processes the addictive behavior in the reverse direction in which it was created. Starting with the addictive behavior, the FSAP 1) processes the FS, then 2) the intensified desire for the feeling, and then 3) the trauma or negative event that has created the intense desire for the feeling. Processing in this direction ensures that the desired feeling, the negative cognition, and the trauma are directly related to the addiction. People have many different negative cognitions and traumas. Discerning which trauma is related to the addiction before processing the FS would be both extremely difficult and unnecessary. Processing the FS first allows the NC and the underlying trauma to easily surface to awareness. In fact, sometimes the trauma begins to emerge before the FS is even completely processed.



# The Feeling-State Addiction Protocol

*The words in italics are a script the therapist might ask the client.*

## Phase 1: History and Evaluation

1. Obtain history, frequency, and context of addictive behavior.
2. Evaluate the person for having the coping skills to manage negative feelings if s/he is no longer using substances to cope. If the person is too fragile for releasing the addictive behavior, process the pain, terror, and traumas until the person is capable of living without the addictive behavior.

## Phase 2: Preparation

3. Prepare the person for doing the standard EMDR protocol– explanation of EMDR, safe place, container, etc.
4. Explain the FSAP including the Feeling-State Theory and how fixated memories cause behavioral and substance addictions.
5. Explain how addictive behavior can also be used to avoid memories and feelings.

## Phase 3: Processing the FS

6. Identify the specific aspect of the addictive behavior that has the most intensity associated with it. If the addiction is to a stimulant drug, then the rush/euphoria sensations are usually the first to be processed. However, if some other feeling is more intense, process that first. The starting memory may be the first time or the most recent–whichever is most potent.
7. Identify the specific self-referential positive feeling [sensation + emotion + cognition] linked with the addictive behavior.
8. Measure the intensity of the *link* between the feeling and the behavior using the PFS (0 – 10) scale. The PFS always measures the intensity of this link. *(e.g. When you imagine yourself smoking with your buddies, how intensely do you feel that you belong?)*
9. Locate and identify any physical sensations created by the positive feelings.

## The Feeling-State Addiction Protocol

10. Have the client visualize performing the addictive behavior—feeling the positive feeling combined with the physical sensations.
11. Perform BLS until the PFS level drops to 0.
12. Body scan for any sensation. Perform BLS until there is no sensation related to the FS.
13. Process the need for the desired feeling: obtain a SUDS level of the feeling as a general feeling not connected with the behavior. (*Can you feel your general desire to belong, connect, feel important...?*)
14. Perform BLS until the SUDS = 0 or 1.

### **Phase 4: Process the NC underlying the FS**

15. Identify the NC that underlies the feeling. (*What's the negative belief you have about yourself that makes you feel you can't belong, can't connect, aren't important, etc.*)
16. Use the float-back method to identify an event related to that feeling. If no event is identified, target the NC. (*Can you remember an event that made you feel that way?*)
17. Process with the standard EMDR protocol.
18. Install future template related to PC of trauma processing.
19. Re-evaluate the FS. Perform BLS until PFS = 0. (*When you think of the original memory, on a 0- to-10 scale, how intense is it now?*)
20. Between sessions, give homework to evaluate the progress of therapy and to elicit any other feelings related to the addictive behavior.
21. In the next session, re-evaluate the addictive behavior for the feeling-state identified in the last session. If that FS is still active, continue processing. If FS has been eliminated, evaluate for other FSs.
22. Steps 5 - 18 are performed again, as necessary.

### **Phase 5: Process the NC caused by the FS**

23. Determine the negative belief that was created as a result of the addictive behavior and have the client choose a positive belief.
24. Use the EMDR standard protocol to process the negative beliefs and install the positive beliefs.

### **Phase 6: Process Negative Images and Cognitions Caused by the FS-created behavior**

25. Identify the image or memories related to expectations or anxiety about relapsing.
26. Process the Identified image or memory with the standard EMDR protocol.

### **Discussion of the FSAP**

The FSAP establishes all the elements that must be processed in order to eliminate compulsive behavior resulting from a feeling-state. Because the FSs have such destructive and negative influences on a person's life, eliminating the addiction makes working through other issues easier. This means that the treatment should stay focused on processing the FS even when other issues arise.

However, sometimes when processing the FS with the DCI, the person may begin to associate with traumatic memories. If the person can be sensibly brought back to processing the FS, then the FSAP processing should be continued. Other times, the traumatic memory is too overwhelming and must be immediately worked through. This is not a problem. Divergences from the protocol are common. The FS will still be there waiting to be processed. After working through the trauma, return to the point in the protocol where the divergence occurred and pick up where the FSAP processing left off.

## The Feeling-State Addiction Protocol

The important point is that the protocol describes what needs to be done. As long as all the elements of the protocol are done, the addictive behavior will be eliminated. Diverging from the protocol is perfectly acceptable. The FS isn't going anywhere.

**Phase 1:** Phase 1 has two purposes: The first purpose is to establish the general safety of the client for removing FSs. Feeling-States are very powerful dynamics that can serve to emotionally stabilize a person. When an FS is eliminated, that source of a desired feeling is gone. If a person has no other way to obtain that feeling, he may become depressed or may act out in other ways. Therefore, in Phase 1, the person's capacity to release FSs needs to be assessed.

For example, if a person has been suicidal because of his destructive gambling behavior, then removing the FS driving the gambling behavior would give the person hope of a better life. On the other hand, if the gambling was more a way to cope with a pre-existing depression that had become at times suicidal, then removing the FS would be contraindicated. In this case, use other treatment to clear the depression and other issues that he has been unable to cope with except by enacting the addictive behavior.

The second purpose of Phase 1 is to get a general history of the person's addictive behavior—when it began, frequency over the years, periods of abstinence, attempts to quit, etc. This phase also determines whether there is likely to be a co-morbid dynamic such as anxiety or trauma symptoms that may need to be addressed first. If the person has a problem with depression or anxiety that preceded the addictive behavior, those issues may need to be treated prior to focusing on the addictive behavior. The clinical experience of the therapist should guide the appropriate course of treatment.

In Phase 1 another crucial evaluation is made—is the behavior the result of a “avoiding a feeling” or a “seeking a feeling?” The evaluation of the cause of the behavior determines the choice of treatment. If the person is performing the behavior because he is avoiding a feeling, then the appropriate treatment is to process the memories, images, and feelings that the person is avoiding. If the person is performing the behavior in order to experience a feeling, then FS treatment is indicated.

**Phase 2:** Phase 2 is the preparation phase. The Feeling-State Theory is explained, describing how behaviors can become fixated to desired feelings—the FS. The protocol of breaking that fixation with the BLS is described. In addition, the possibility that an underlying trauma may surface is explained as well as the

## The Feeling-State Addiction Protocol

use of EMDR to process the traumatic memory. The client is prepared for processing the trauma using standard EMDR protocol techniques of the safe place and container, etc.

**Phase 3:** Phase 3 gets specific about the addictive behavior. In this phase, the exact dynamics of the behavior, from beginning to end, are identified, as are the feelings associated with the behavior. The purpose is to identify the FS. After identifying the FS, the FS is processed using BLS. Between BLS sets, ask the person whether the intensity of the FS is increasing, decreasing, or staying the same. This keeps the person focused on the FS so that it can be processed. Do NOT ask, “What’s happening for you now?” Only ask questions that prompt association when the FS appears to be not processing.

During the processing of the FS, the underlying trauma may surface. Continue processing the FS, if possible. Then process the trauma in Phase 4. If the trauma is too intense to continue processing the FS, then process the trauma and finish processing the FS after processing the trauma.

**Phase 4:** In Phase 4 the negative cognition underlying the FS is identified. A float back is done to identify the event that created the NC. Then the event is processed using the standard EMDR protocol.

Important Note: Phase 3 and Phase 4 are repeated until all the FSs are processed.

Also important, any avoidance behavior should also be addressed before moving on to Phase 5.

**Phase 5:** Phase 5 consists of processing the intense negative self-images that were created as a consequence of the addictive behavior. These images did not exist prior to the addictive behavior.

**Phase 6:** Phase 6 focuses on the images and memories arising from previous attempts at stopping the addictive behavior. These memories often create feelings of anxiety about relapsing even months after no longer performing the addictive behavior. Processing the memories of relapse will allow the person to accept his current, non-compulsive, state of mind.