Impulse-Control Disorder Protocol
Robert Miller rmiller626@earthlink.net
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Standard EMDR focuses on traumatic events & feelings that people want to forget. ICDP focuses on positive events and feelings that people like to remember and feel, therefore people have less resistance to remembering and feeling.

Concepts:
- Creation of a feeling state: intense desire + intense positive experience → feeling state
- Activation of the compulsive behavior: feeling state + triggering event → desired feeling + compulsive behavior
- The state-dependent memory becomes isolated and is blocked from interactive with adaptive information networks. This explains how people with impulse-control problems can understand the destructiveness of their behavior, yet are powerless to change it.
- It is not necessary in this protocol to identify the event that created the FS. It is necessary, however, that the person is able to connect the feeling embedded in the FS with the compulsive behavior.
- Feelings = entire complex of body sensations, emotions, and thoughts associated with a particular event
- PFS = Positive Feelings Scale 0-10 (replaces SUD in initial reprocessing session) used to establish baseline measure of Positive Feeling (e.g., “I’m a winner,” “I feel safe,” and “I feel powerful.”)
- You are targeting the intensity of the feelings that are associated with a specific state-dependent memory

Outline of the Steps of Impulse-Control Therapy

Phase 1: History
Identify history, frequency, and life context of the compulsive behavior.

Phase 3: Assessment
Identify the exact part of the compulsive behavior with the most emotional intensity
Identify the specific positive feeling linked with the behavior and rate it on the PFS (0-10)
Identify and locate physical sensations connected to positive feelings
Have client identify image of performing the compulsive behavior, positive feeling and physical sensations

Phase 4: Desensitization
Client focuses on target (memory, feeling, image, sensation and thought) ↓↓during sets of BLS
When PFS is <1, identify NC, PC, VoC, emotions, SUD, and location of body disturbance according to Standard Protocol, though no specific memory is identified or visual image are used.

Phase 7: Closure
Have client evaluate progress of therapy between sessions by trying to trigger the compulsive urge & try to identify any other positive feelings associated with the compulsive behavior.

Phase 8: Reevaluation
Identify progress and any new material and continue processing until the person’s drive toward the compulsive behavior has been eliminated and adaptive behavior is in place.
Once all the feeling states associated with the compulsive behavior have been processed, identify the NC that developed as a result of the maladaptive behavior. Use the Standard Protocol to process.

Example:
Gambling compulsion.
“winning” feeling associated w playing poker.
PFS ↓ during successive sets of EMs until PFS = 0
Identifying importance of winning → cxhood memory
when father was mad, called cx a loser
NC underlying “winning” FS = “I’m a loser
PC I can succeed VoC=7
Emotion = shame
SUD 9
End-of-session 1/7 clr
Next session → sense of belonging associated w camaraderie of being with others.

FS = playing poker + feeling of belonging
PFS 7 → 1
Play poker
4th session
“No one wants me”
fear, SUD 9→0
PC I’m likeable
VoC 3→ 7
5th session
I’m no good, shame SUD 9→1
Nothing I do works out, despair 7→ 0
I’m really okay Voc2 →7
I’m successful VoC 3→