



Assessing Evidence for Eye Movement Desensitization and Reprocessing (EMDR) in the Context of Pregnancy and Substance Use

Research Brief

Substance Use During Pregnancy

The rise in substance use among pregnant women poses a critical public health challenge, affecting not only the women themselves but also their children and the broader child welfare system (Goodman et al., 2019; Haffajee et al., 2021). Pregnant women with substance use disorders (SUD) often carry complex trauma histories. Childbirth itself can be traumatic, with an estimated 10-20% of women experiencing it as such, and around 3% developing postpartum post-traumatic stress syndrome (Bass et al., 2020). This trauma is further compounded by systemic and institutional harms, particularly for women struggling with SUD during pregnancy (Weber et al., 2021). Systemic stigma, legal threats, and surveillance by healthcare and child protection systems intensify these challenges, especially for women of color and those from low-income backgrounds (Stone, 2015; Weber et al., 2021). These intersecting layers of trauma, injustice, and marginalization often co-occur with other psychiatric conditions, such as anxiety or mood disorders (Prince et al., 2023). Substance use rarely exists in isolation, and its consequences, including increased maternal mortality and neonatal abstinence syndrome (NAS), are well documented (CDC, 2024; Jilani et al., 2021).

Although federal policy has prioritized pregnant women for treatment access (Knopf, 2016), many women still experience limited access to care and support services for both substance use and trauma. Fear of arrest, child removal, and punitive responses frequently deter women from seeking needed treatment during pregnancy (McGrory et al., 2019; Stone, 2015). This reality underscores the need to identify and implement trauma-informed, compassionate interventions tailored to the needs of pregnant women with SUD.



Intervention Landscape and EMDR's Role in Pregnancy and Substance Use Disorder

A growing body of literature identifies promising models for supporting pregnant women with SUD. Integrated care programs, including those with parenting support, residential options with child co-residency, and cross-system collaboration have shown to improve outcomes such as treatment retention, abstinence, and reduced child removals (Osterling & Austin, 2008; Neo et al., 2021). Programs that allow children to remain with their birth mothers increase motivation for recovery and reduce the added trauma of separation (Donohue et al., 2014; Seay et al., 2017).

Despite these gains, many women remain without access to safe and effective trauma treatments. Among the emerging interventions, Eye Movement Desensitization and Reprocessing (EMDR) therapy has gained traction as a non-pharmacological, evidence-based approach for treating trauma. EMDR may be particularly advantageous for pregnant individuals, offering a pathway to address unresolved trauma without introducing medication-related risks to the fetus (Shapiro, 2018). EMDR has demonstrated effectiveness in treating post-traumatic stress syndrome (PTSD) and trauma-related symptoms among individuals with co-occurring substance use concerns (Hase et al., 2008; Perez-Dandieu & Tapia, 2014). For pregnant women, it may contribute to emotional stabilization, reduced relapse risk, and improved engagement with prenatal care (Cortizo, 2020). While EMDR holds promise for treating trauma among individuals with SUDs, its specific application to pregnant populations remains insufficiently examined. Given the intersecting risks and limited treatment options, it is critical to examine the current state of research on EMDR as a potential intervention for trauma among pregnant individuals with SUD. This research brief seeks to identify what is known, where gaps remain, and how the evidence may guide future research and practice regarding the use of EMDR among pregnant women with SUD.

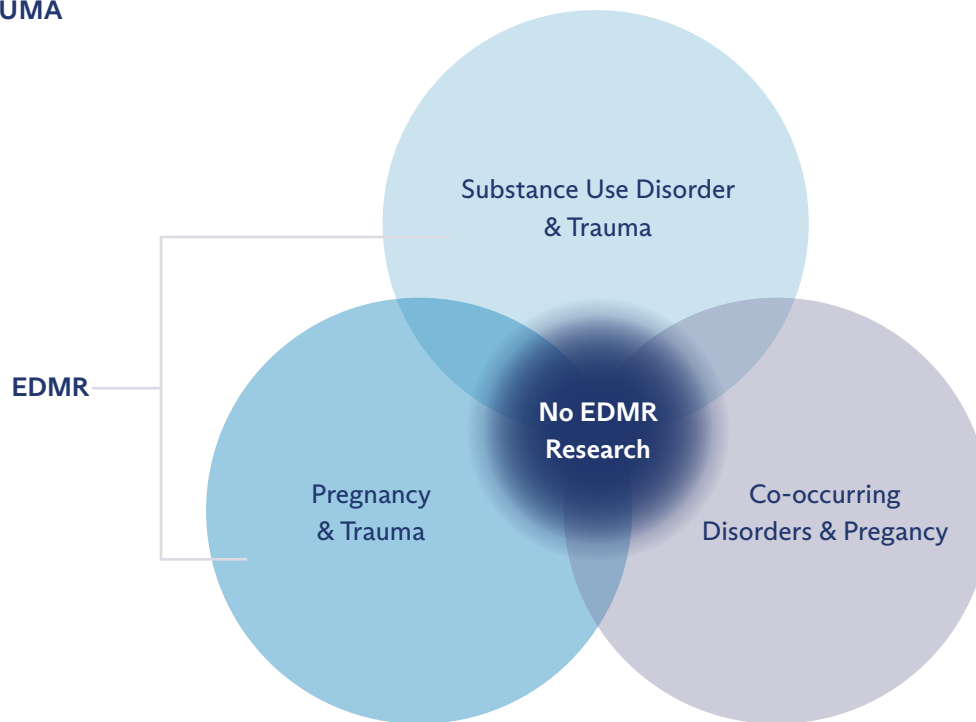
Methods

Review-Based Evidence Mapping

To examine the existing literature on EMDR's application among pregnant individuals with SUD, we conducted a systematized literature search in March 2025 with the following search terms: (EMDR or eye movement desensitization therapy or eye movement desensitization and reprocessing) AND (pregnancy or pregnant or prenatal or antenatal or perinatal or maternal) AND (substance use or substance abuse or drug use or drug abuse or dependence or addiction) using the following databases: CINAHL, MEDLINE, Psychology and Behavioral Sciences Collection, SocINDEX, and APA PsycINFO. The search yielded 718 results. After removing duplicates, 680 articles remained for title and abstract screening. Articles were excluded at this stage based on the following criteria: (a) the study did not include EMDR as an intervention; (b) the population did not include pregnant individuals; (c) the study did not pertain to substance use or trauma-related conditions.

Following title and abstract screening, 27 articles were selected for full-text review. Of these, three articles were removed due to inaccessible full texts. Despite extensive searching, no studies addressing the intersection of EMDR, SUD, and pregnancy were identified. Most studies fell into two partial intersections: The use of EMDR to address trauma or substance use, or the use of EMDR with pregnant populations facing trauma-related issues. However, no study to date has investigated EMDR in the treatment of SUD or co-occurring disorders during pregnancy. Figure 1 presents a visual summary (Venn diagram) illustrating the current research landscape and intersectional gaps in EMDR studies across SUD, pregnancy, and trauma.

FIGURE 1. VISUAL SUMMARY OF EMDR RESEARCH ACROSS INTERSECTING DOMAINS OF SUD, PREGNANCY, AND TRAUMA



Note. Co-occurring disorders and pregnancy came up as a distinct category during our literature search, but no EMDR studies were found. This section is grayed out in the figure.

Focused Review

Given the dearth of research at the intersection of SUD, pregnancy, and trauma, our team conducted a focused, second-layer analysis by re-examining a relevant scoping review identified as covering all three areas of intersection, SUD, pregnancy, and EMDR. Specifically, we chose the review in Tcheshmedjiev and Farrell, 2023 because it synthesized ten studies published in the past decade, between May 1, 2012, and May 1, 2022, highlighted the high co-occurrence of PTSD and substance use during pregnancy, and addressed theoretical foundations and potential benefits of EMDR for this unique population. To systematically analyze and synthesize these ten studies further, we deductively developed our own coding scheme to reclassify and recode each article based on: areas of intersection, study aim/purpose, study type, study populations and sample characteristics, presence of a comparison group (Yes/No), data source or setting, specific role or application of EMDR, whether EMDR was integrated with another intervention (and if yes, specifying the additional intervention(s) combined with EMDR), outcome measures, key findings, and additional comments or critiques. This “review-of-a-review” served as a foundational step, guiding and contextualizing our ongoing investigation into EMDR’s potential application for pregnant populations experiencing SUDs.

Results

Table 1 in the Appendix presents the main characteristics of the ten studies included in Tchesmedjiev and Farrell (2023), based on our coding scheme. Studies that were part of the coding process but not included in the table are summarized narratively, following the sequence of the coding sheet.

Area of Intersection

Of the ten reviewed studies, five (50%) investigated EMDR in relation to SUD (Carletto et al., 2018; Markus et al., 2020; Kullack & Laugharne, 2016; Wise & Marich, 2016; Perez-Dandieu & Tapia, 2014), while five (50%) examined EMDR concerning pregnancy-related trauma and anxiety (Baas et al., 2020; Sandstrøm et al., 2008; Cortizo, 2020; Stramrood et al., 2012; Zolghadr et al., 2019). The search yielded 718 results. After removing duplicates, 680 articles remained for title and abstract screening. Articles were excluded at this stage based on the following criteria: (a) the study did not include EMDR as an intervention; (b) the population did not include pregnant individuals; (c) the study did not pertain to substance use or trauma-related conditions.

Study Aim

All studies aimed primarily to assess EMDR's efficacy and safety. Specifically, the SUD-related studies explored EMDR's effectiveness in reducing PTSD symptoms and cravings associated with various kinds of SUDs (Carletto et al., 2018; Markus et al., 2020; Kullack & Laugharne, 2016; Wise & Marich, 2016; Perez-Dandieu & Tapia, 2014). The pregnancy-focused studies aimed to evaluate EMDR in alleviating PTSD, anxiety, and childbirth-related distress, as well as improving maternal confidence and bonding (Baas et al., 2020; Sandstrøm et al., 2008; Cortizo, 2020; Stramrood et al., 2012; Zolghadr et al., 2019).

Study Type

The studies utilized diverse methodologies, including case studies (n=4, 40%; Baas et al., 2020; Cortizo, 2020; Sandstrøm et al., 2008; Stramrood et al., 2012), a quasi-experimental design (n=1, 10%; Carletto et al., 2018), randomized clinical trials (RCTs) (n=3, 30%; Markus et al., 2020; Perez-Dandieu & Tapia, 2014; Zolghadr et al., 2019), a pre-post study (n=1, 10%; Kullack & Laugharne, 2016), and qualitative phenomenological design (n=1, 10%; Wise & Marich, 2016).

Study Population & Sample Characteristics

Sample sizes across the studies varied widely, from very small single-case studies (Cortizo, 2020) and multiple-case studies involving three to four participants (Sandstrøm et al., 2008; Baas et al., 2020; Stramrood et al., 2012) to moderate-sized randomized trials (largest n=109; Markus et al., 2020). SUD studies typically included adults with alcohol and substance use disorders, often comorbid with PTSD (Carletto et al., 2018; Markus et al., 2020; Kullack & Laugharne, 2016; Wise & Marich, 2016; Perez-Dandieu & Tapia, 2014). Pregnancy-related studies primarily included pregnant women experiencing PTSD symptoms or anxiety linked to prior traumatic childbirth or pregnancy loss (Baas et al., 2020; Sandstrøm et al., 2008; Cortizo, 2020; Stramrood et al., 2012; Zolghadr et al., 2019).

Presence of Comparison Group

Four studies (40%) had no comparison group (Kullack & Laugharne, 2016; Wise & Marich, 2016; Cortizo, 2020; Stramrood et al., 2012). Four studies (40%) had usual care or other standardized care as comparison groups: EMDR vs. Treatment as Usual (TAU) or other standard treatments (Carletto et al., 2018; Markus et al., 2020; Perez-Dandieu & Tapia, 2014; Zolghadr et al., 2019). Two studies (20%) reported no comparison due to their case-study nature (Baas et al., 2020; Sandstrøm et al., 2008).

Data Source or Setting

Research settings spanned various geographical contexts and were mainly international, including Italy (Carletto et al., 2018), the Netherlands (Markus et al., 2020), Australia (Kullack & Laugharne, 2016), Sweden (Sandstrøm et al., 2008), France (Perez-Dandieu & Tapia, 2014), Turkey and the Netherlands (Baas et al., 2020), the United States (Cortizo, 2020), and Iran (Zolghadr et al., 2019). Clinical environments ranged from specialized PTSD and addiction clinics to general maternity hospitals and community health centers.

Specific Role or Application of EMDR

In SUD-focused studies, EMDR's roles ranged from directly targeting addiction memories and cravings using specialized protocols (Wise & Marich, 2016) to indirectly treating addiction by resolving traumatic memories underlying substance use (Kullack & Laugharne, 2016; Perez-Dandieu & Tapia, 2014). Pregnancy-focused studies primarily utilized EMDR to reprocess childbirth-related traumas and anxieties, facilitate emotional healing, maternal-fetal bonding, and increase childbirth confidence (Baas et al., 2020; Cortizo, 2020; Sandstrøm et al., 2008; Zolghadr et al., 2019).

EMDR Integrated with Another Intervention

Six studies (60%) used EMDR as a standalone treatment (Kullack & Laugharne, 2016; Perez-Dandieu & Tapia, 2014; Baas et al., 2020; Sandstrøm et al., 2008; Stramrood et al., 2012; Zolghadr et al., 2019). Four studies (40%) integrated EMDR with other interventions such as standardized usual care (Carletto et al., 2018; Markus et al., 2020), specialized addiction-focused protocols such as Desensitization of Triggers and Urge Reprocessing (DeTUR), Feeling-State Addiction Protocol (FSAP), and CravEx (Craving Extinguished) (Wise & Marich, 2016), and holistic prenatal models such as the Calming Womb Family Therapy Model (CWFTM) incorporating psychoeducation, prenatal yoga, and mindfulness techniques (Cortizo, 2020).

Outcome Measures

Studies employed diverse yet distinct measures, including various validated self-report scales (e.g., Impact of Event Scale-Revised, State-Trait Anxiety Inventory, Beck Depression Inventory) (Carletto et al., 2018; Perez-Dandieu & Tapia, 2014), clinician-administered PTSD scales, addiction severity indices, and childbirth anxiety questionnaires (Carletto et al., 2018; Markus et al., 2020; Wise & Marich, 2016; Baas et al., 2020; Sandstrøm et al., 2008; Zolghadr et al., 2019), and structured clinical interviews (Kullack & Laugharne, 2016).

Key Findings

Overall, EMDR consistently demonstrated positive outcomes in addressing the intersections between trauma and SUD as well as trauma during pregnancy. Notably, EMDR demonstrated significant reductions in PTSD symptoms, anxiety, depression, and addiction-related cravings (Carletto et al., 2018; Markus et al., 2020; Kullack & Laugharne, 2016; Wise & Marich, 2016; Perez-Dandieu & Tapia, 2014). Pregnancy studies reported sustained improvements in maternal psychological health, childbirth confidence, anxiety reduction, and emotional bonding with minimal adverse effects (Baas et al., 2020; Sandstrøm et al., 2008; Cortizo, 2020; Zolghadr et al., 2019).

Discussion

The current research landscape regarding the use of EMDR among pregnant women with substance use disorders (SUDs) or co-occurring conditions presents a significant research gap, offering numerous opportunities for future inquiry. Given no empirical studies that address the intersection of pregnancy, EMDR, and SUD, this review focused on re-examining the only existing scoping review on this topic. Of the ten studies reviewed by Tcheshmedjiev and Farrell (2023), five (50%) investigated EMDR in relation to SUD (Carletto et al., 2018; Markus et al., 2020; Kullack & Laugharne, 2016; Wise & Marich, 2016; Perez-Dandieu & Tapia, 2014), while five (50%) examined EMDR concerning pregnancy-related trauma and anxiety (Baas et al., 2020; Sandstrøm et al., 2008; Cortizo, 2020; Stramrood et al., 2012; Zolghadr et al., 2019). Based on our reexamination and the authors' conclusions, EMDR demonstrated positive outcomes in addressing the intersections between trauma and SUD as well as trauma during pregnancy. However, and despite EMDR's theoretical foundations and general benefits (Tcheshmedjiev and Farrell, 2023), we are presently unable to draw any insights about its effectiveness regarding outcomes related to all three areas of interest: trauma, SUD, and pregnancy. Although the current findings offer valuable insights for trauma treatment in adjacent contexts, they fall short of informing practice or policy specific to pregnant individuals with SUDs. Furthermore, the reviewed studies reflect several recurring methodological limitations, including small sample sizes, non-experimental designs, lack of statistical significance, and potential researcher bias. While some reported reductions in PTSD symptoms, improved emotional regulation, and enhanced maternal bonding, none definitively targeted addiction-related outcomes or demonstrated measurable changes in substance use severity.

Still, several important implications emerge:

- **Clinical Safety and Adaptation.** EMDR appears to be a safe trauma treatment modality for pregnant women, with no serious adverse effects related to pregnancy, the fetus, or stimulating preterm labor. EMDR can help to reduce psychiatric distress and symptomatology, providing additional benefits to pregnant women. Further research is needed to understand EMDR's long-term impact and benefits for pregnant women with co-occurring disorders across different stages of pregnancy.
- **Need for Integrated Models.** Studies that incorporated EMDR within broader models (e.g., family therapy, psychoeducation, or addiction protocols) suggest greater potential than EMDR alone, highlighting the importance of integrated, trauma-informed care models tailored to perinatal populations (Cortizo, 2020; Wise & Marich, 2016).
- **Gaps in U.S.-based Research.** Seven of the ten studies were conducted outside the United States, limiting the relevance of findings to U.S. policy and clinical infrastructure. EMDR Research grounded in U.S. healthcare and drug policy contexts is urgently needed.

Moving forward, we believe some potential directions for further research might include: practice guides on how and when to apply EMDR for pregnant women with trauma and/or SUDs; research articles that review or conceptualize why integrated care models are essential for treating trauma during pregnancy using EMDR; training modules focused on how to tailor EMDR protocols for individuals who use substances during pregnancy. Lastly, we recommend research agendas that outline key gaps and propose robust clinical trial designs, relevant outcome measures for pregnant women with SUDs, and U.S.-based implementation considerations.

Appendix

TABLE 1. CHARACTERISTICS OF STUDIES INCLUDED IN TCHESHMEDJIEV AND FARRELL (2023)

Last Name of the Author(s), Year	Study Aim	Type	Study Location	EMDR Integration	Key Findings
EMDR & SUD					
Carletto et al., 2018	To investigate how EMDR could improve symptoms of psychiatric and traumatic symptoms in people with SUD while having treatment as usual (TAU).	Quasi experimental	Italy	Yes	Participants in the TAU + EMDR group experienced less psychiatric symptoms of SUD than the group with only TAU treatment. EMDR is also more effective for those who have experienced adverse childhood experiences.
Markus et al., 2020	To examine the efficacy of addiction-focused EMDR, or AF-EMDR, treatment as an add-on treatment to TAU on patients with alcohol use disorder (AUD)	RCT	The Netherlands	Yes	While TAU-only participants showed greater clinical improvement in alcohol use, the EMDR + TAU group reported reduced cravings. Overall, AF-EMDR showed limited added benefit in treating AUD when combined with TAU.
Kullack & Laugharne, 2016	To evaluate the effectiveness of the standard EMDR protocol in reducing symptoms of alcohol and substance dependence in individuals primarily treated for PTSD.	Pre-post study	Post-Traumatic Stress (PTS) Clinic, Fremantle Hospital, Fremantle, Western Australia.	No (EMDR was the only therapy provided)	At 12-month follow-up, 3 of 4 participants no longer met criteria for alcohol or substance dependence. PTSD symptoms were significantly reduced (mean PCL-C scores reduced from 55.25 to 21.25). Participants reported decreased cravings and consumption post-treatment, despite no direct substance-use targeting.
Wise & Marich, 2016	To explore how individuals with PTSD and addiction experienced integrated EMDR treatment using both standard and addiction-specific protocols.	Qualitative phenomenological study	Usual care setting, N/A country	Yes	Participants reported that integrated EMDR (standard and addiction-specific protocols) helped link trauma and addiction, enabling cognitive and behavioral change without increasing trauma reactivity. Findings suggest that addiction-related memories may be processed separately from traumatic memories without increasing reactivity, highlighting the promise of combining EMDR modalities in treating co-occurring disorders.
Perez-Dandieu & Tapia, 2014	To examine whether reprocessing trauma via standard EMDR leads to changes in addiction symptoms among patients with substance use problems.	RCT	French Departmental Drug Information Centre, France	No	Significant differences in PTSD symptoms were found in the EMDR + TAU group from pre- to post-treatment, whereas no change was observed in the TAU-only group. No significant differences in addiction severity (ASI) were found within or between groups. However, the EMDR group showed significant improvements in depression, anxiety, and self-esteem both pre- to post-treatment and compared to the TAU group after treatment.

Last Name of the Author(s), Year	Study Aim	Type	Study Location	EMDR Integration	Key Findings
EMDR & Pregnancy					
Baas et al., 2020	The authors assess the effectiveness and safety of treatment for (symptoms of) PTSD in pregnant women.	Case study	Turkey (Kavakci et al., 2014); Sweden (Sandstrom et al., 2008); The Netherlands (Stramrood et al., 2012); The Netherlands/UK (Baas et al., 2020)	No	Across four case studies, EMDR led to PTSD symptom reduction, emotional stabilization, and improved childbirth outcomes. Effects were durable at follow-up, and no adverse effects were reported, supporting EMDR's safety and efficacy in perinatal care.
Sandstrøm et al., 2008	The authors explore the possibility of EMDR to treat women who have experienced post-traumatic stress after childbirth.	Case study	Sweden	No	All four participants reported reduction of post-traumatic stress after treatment. After 1–3 years, the beneficial effects of EMDR treatment remained for three of the four women. Symptoms of intrusive thoughts and avoidance seemed most sensitive for treatment. There were no adverse effects reported.
Cortizo, 2020	To describe the integration of EMDR therapy with the Calming Womb Family Therapy Model (CWFTM) for prenatal and perinatal interventions with mothers and their babies.	Conceptual/ Case study	Not directly reported but likely North County Health Services, San Marcos, California	Yes	The integration of EMDR and CWFTM supported emotional healing, bonding, and trauma resolution for expectant mothers, suggested applicability across prenatal stages.
Stramrood et al., 2012	To assess EMDR's impact on PTSD symptoms and childbirth-related confidence among pregnant women with prior trauma.	Case study	N/A	No	Patients received EMDR treatment during their second pregnancy, using the standard protocol. The treatment resulted in fewer posttraumatic stress symptoms and more confidence about their pregnancy and upcoming delivery compared with before the treatment. All three women looked back positively at the second delivery experience.
Zolghadr et al., 2019	To investigate the effect of EMDR therapy on childbirth anxiety among multiparous women in the next normal pregnancy, following a prior stillbirth.	RCT	Qazvin, Iran, in 2016	No	EMDR significantly reduced childbirth anxiety among pregnant women with prior stillbirth, both compared to a control group and from pre- to post-test ($p < .05$, $p < .01$, respectively).

References

*Indicates articles reviewed in this research brief

*Baas, M. A. M., van Pampus, M. G., Braam, L., Stramrood, C. A. I., & De Jongh, A. (2020). The effects of PTSD treatment during pregnancy: Systematic review and case study. *European Journal of Psychotraumatology*, 11(1). <https://doi.org/10.1080/20008198.2020.1762310>

*Carletto, S., Oliva, F., Barnato, M., Antonelli, T., Cardia, A., Mazzaferro, P., Raho, C., Ostacoli, L., Fernandez, I., & Pagani, M. (2018). EMDR as add-on treatment for psychiatric and traumatic symptoms in patients with substance use disorder. *Frontiers in Psychology*, 8. <https://doi.org/10.3389/fpsyg.2017.02333>

Centers for Disease Control and Prevention. (2024). *Substance Use During Pregnancy*. <https://www.cdc.gov/maternal-infant-health/pregnancy-substance-abuse/index.html>

*Cortizo, R. (2020). Prenatal and perinatal EMDR therapy: Early family intervention. *Journal of EMDR Practice and Research*, 14(2), 104–115. <https://doi.org/10.1891/EMDR-D-19-00046>

Donohue, B., Azrin, N.H., Bradshaw, K., Van Hasselt, V.B., Cross, C.L., Urgelles, J., Romero, V., Hill, H.H., & Allen, D.N. (2014). A controlled evaluation of family behavior therapy in concurrent child neglect and drug abuse. *Journal of Consulting and Clinical Psychology*, 82(4), 706–720. <https://doi.org/10.1037/a0036920>

Goodman, D., Whalen, B., & Hodder, L.C. (2019). It's time to support, rather than punish, pregnant women with substance use disorder. *JAMA Network Open*, 2(11), e1914135. doi: 10.1001/jamanetworkopen.2019.14135

Haffajee, R.L., Faherty, L.J., Zivin, K. (2021). Pregnant women with substance use disorders-The harm associated with punitive approaches. *New England Journal of Medicine*, 384(25), 2364–2367. doi: 10.1056/NEJMp2101051

Hase, M., Schallmayer, S., & Sack, M. (2008). EMDR reprocessing of the addiction memory: pretreatment, posttreatment, and 1-month follow-up. *Journal of EMDR Practice and Research*, 2(3), 170–179. <https://doi.org/10.1891/1933-3196.2.3.170>

Jilani, S.M., Jordan, C.J., Jansson, L.M., & Davis, J.M. (2021). Definitions of neonatal abstinence syndrome in clinical studies of mothers and infants: An expert literature review. *Journal of Perinatology*, 41(6), 1364–1371. doi: 10.1038/s41372-020-00893-8

Knopf, A. (2016). Pregnant and postpartum women with SUDs need full continuum of care. *Alcoholism & Drug Abuse Weekly*, 28(8), 1–4. <https://doi.org/10.1002/adaw.30479>

*Kullack, C., & Laugharne, J. (2016). Standard EMDR protocol for alcohol and substance dependence comorbid with posttraumatic stress disorders: Four cases with 12-month follow-up. *Journal of EMDR Practice and Research*, 10(1), 33–46. <https://doi.org/10.1891/1933-3196.10.1.33>

*Markus, W., Hornsvelt, H. K., Burk, W. J., De Weert-van Oene, G. H., Becker, E. S., & DeJong, C. A. J. (2019). Addiction-focused eye movement desensitization and reprocessing therapy as an adjunct to regular outpatient treatment for alcohol use disorder: Results from a randomized clinical trial. *Alcohol: Clinical and Experimental Research*, 44(1), 272–283. <https://doi.org/10.1111/acer.14249>

McGrory, J., Breckenridge, J., & Mowl, J. (2019). Women who use alcohol and other drugs during pregnancy: Exploring the complexity of client engagement and their compliance with human service expectations. *Journal of Social Work Practice*, 34(1), 81–94. <https://doi.org/10.1080/02650533.2019.1572079>

Neo, S.H.F., Norton, S., Kavallari, D., & Canfield, M. (2021). Integrated treatment programmes for mothers with substance use problems: A systematic review and meta-analysis of interventions to prevent out-of-home child placements. *Journal of Child and Family Studies*, 30(11), 2877–2889. <https://doi.org/10.1007/s10826-021-02099-8>

Osterling, K.L. & Austin, M.J. (2008). Substance abuse interventions for parents involved in the child welfare system: Evidence and implications. *Journal of Evidence-Based Social Work*, 5(1-2), 157–189. https://doi.org/10.1300/J394v05n01_07

*Perez-Dandieu, B., & Tapia, G. (2014). Treating trauma in addiction with EMDR: A pilot study. *Journal of Psychoactive Drugs*, 46(4), 303–309. <https://doi.org/10.1080/02791072.2014.921744>

Prince, M.K., Daley, S.F., & Ayers, D. (2023). Substance use in pregnancy. *National Library of Medicine*, National Institute of Health. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK542330/>

*Sandström, M., Wiberg, B., Wikman, M., Willman, A., & Högberg, U. (2008). A pilot study of eye movement desensitisation and reprocessing treatment (EMDR) for post-traumatic stress after childbirth. *Midwifery*, 24(1), 62–73. <https://doi.org/10.1016/j.midw.2006.07.008>

- Seay, K.D., Iachini, A.L., DeHart, D.D., Browne, T., & Clone, S. (2017). Substance abuse treatment engagement among mothers: Perceptions of the parenting role and agency-related motivators and inhibitors. *Journal of Family Social Work*, 20(3), 196-212. <https://doi.org/10.1080/10522158.2017.1300113>
- Shapiro, F. (2018). Eye movement desensitization and reprocessing (EMDR) therapy: Basic principles, protocols, and procedures (3rd ed.). Guilford Press.
- Stone, R. (2015). Pregnant women and substance use: Fear, stigma, and barriers to care. *Health & Justice*, 3(1), 2. <https://doi.org/10.1186/s40352-015-0015-5>
- *Stramrood, C. A. I., Van Der Velde, J., Doornbos, B., Paarlberg, K. M., Weijmar Schultz, W. C. M., & Van Pampus, M. G. (2012). The patient observer: Eye movement desensitization and reprocessing for the treatment of posttraumatic stress following childbirth. *Birth: Issues in Perinatal Care*, 39(1), 70-76. <https://doi.org/10.1111/j.1523-536X.2011.00517.x>
- *Wise, A., & Marich, J. (2016). The perceived effects of standard and addiction-specific EMDR therapy protocols. *Journal of EMDR Practice and Research*, 10(4), 231-244. <https://doi.org/10.1891/1933-3196.10.4.231>
- Weber, A., Miskle, B., Lynch, A., Arndt, S., & Acion, L. (2021). Substance use in pregnancy: Identifying stigma and improving care. *Substance Abuse and Rehabilitation*, 12, 105-121. <https://doi.org/10.2147/SAR.S319180>
- *Zolghadr, N., Khoshnazar, T., Moradi Baglooei, M., & Alimoradi, Z. (2019). The effect of EMDR on childbirth anxiety of women with previous stillbirth. *Journal of EMDR Practice and Research*, 13(1), 10-19. <https://doi.org/10.1891/1933-3196.13.1.10>

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