

EMDR Therapy in an Outpatient Substance Use Treatment Setting

A Case Study

Lauren Holland¹, Maryanne Robinson¹, Melissa A. Jackson^{1,5,6}, Logan R. Harvey², Melanie Truscott³, Adrian J. Dunlop^{1, 4, 5, 6}

¹Drug & Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, Australia
²The Matilda Centre For Research in Mental Health and Substance Use, University Of Sydney, Sydney, Australia
³Drug Health, Western Sydney Local Health District, Sydney, Australia.
⁴School of Medicine and Public Health, College of Health, Medicine and Wellbeing, University of Newcastle
⁵NSW Drug and Alcohol Clinical Research and Improvement Network (DACRIN)
⁶Healthcare Transformation Research Program, Hunter Medical Research Institute

Introduction

- ▶ People who present to alcohol and other drug (AOD) treatment services report high rates of exposure to traumatic events, and experience high rates of trauma-related disorders, such as post-traumatic stress disorder (PTSD).^{1,2}
 - ▶ Eye Movement Desensitisation and Reprocessing (EMDR) is a first line treatment for resolving post-traumatic stress disorder (PTSD) and restoring adaptive functioning. EMDR involves the recollection of traumatic memories while bilateral stimulation, typically eye movements, are performed, changing how memories are stored, effectively reducing trauma symptoms.³
- Aims:**
- ▶ To investigate the clinical utility of integrating EMDR into AOD treatment for a client with co-occurring PTSD.
 - ▶ To assess the impact of EMDR on substance use, trauma symptoms, and general functioning and wellbeing in an AOD setting.

Client Background & Initial Presentation

- ▶ The case study presents a 32-year-old male, ‘Jai’*, referred to the Newcastle Cannabis Clinic, a service that offers individual counselling using evidence-based interventions for cannabis users.
- ▶ Jai had been a client of Hunter New England Local Health District (HNELHD), Drug and Alcohol Clinical Services for the past 13 years with recurrent and ongoing substance use relapses.
- ▶ Jai initially presented with past diagnoses of substance use disorder (Cannabis, Opioid [in sustained remission], Alcohol [in sustained remission]), complex PTSD, generalised anxiety disorder, panic disorder, and borderline personality disorder.
- ▶ Jai had engaged in multiple inpatient withdrawal and mental health admissions, as well as presentations to Emergency Department (ED) due to mental health concerns (related to ongoing suicidal ideation, and deliberate self-harm).
- ▶ He was smoking 1.5 grams of cannabis with tobacco daily. In the past he’d had short periods of abstinence following completion of inpatient withdrawal.
- ▶ Jai was living alone with no family supports. He was unemployed and receiving the Disability Support Pension. Jai’s main psychosocial goal was to reconnect with his 10-year-old son.

*‘Jai’ is a pseudonym

Treatment

- ▶ Prior to EMDR, Jai had been abstinent from illicit substances for five months. EMDR treatment was used in conjunction with standard care.
- ▶ The Depression, Anxiety and Stress Scale – Short Form (DASS21) and PTSD Checklist for DSM-5 (PCL-5) self-report measures were completed before and after EMDR treatment.
- ▶ Before EMDR, DASS 21 results indicated severe depressive and anxiety symptoms, and mild stress symptoms.
- ▶ Prior to EMDR, Jai’s PCL-5 score was indicative of probable PTSD. He reported re-experiencing of traumatic events, avoidance of stimuli, negative thoughts and feelings, irritability, and hypervigilance.
- ▶ During this episode of EMDR treatment, Jai’s three most disturbing traumatic memories were targeted and reprocessed. Sessions followed the standard eight-phase protocol.

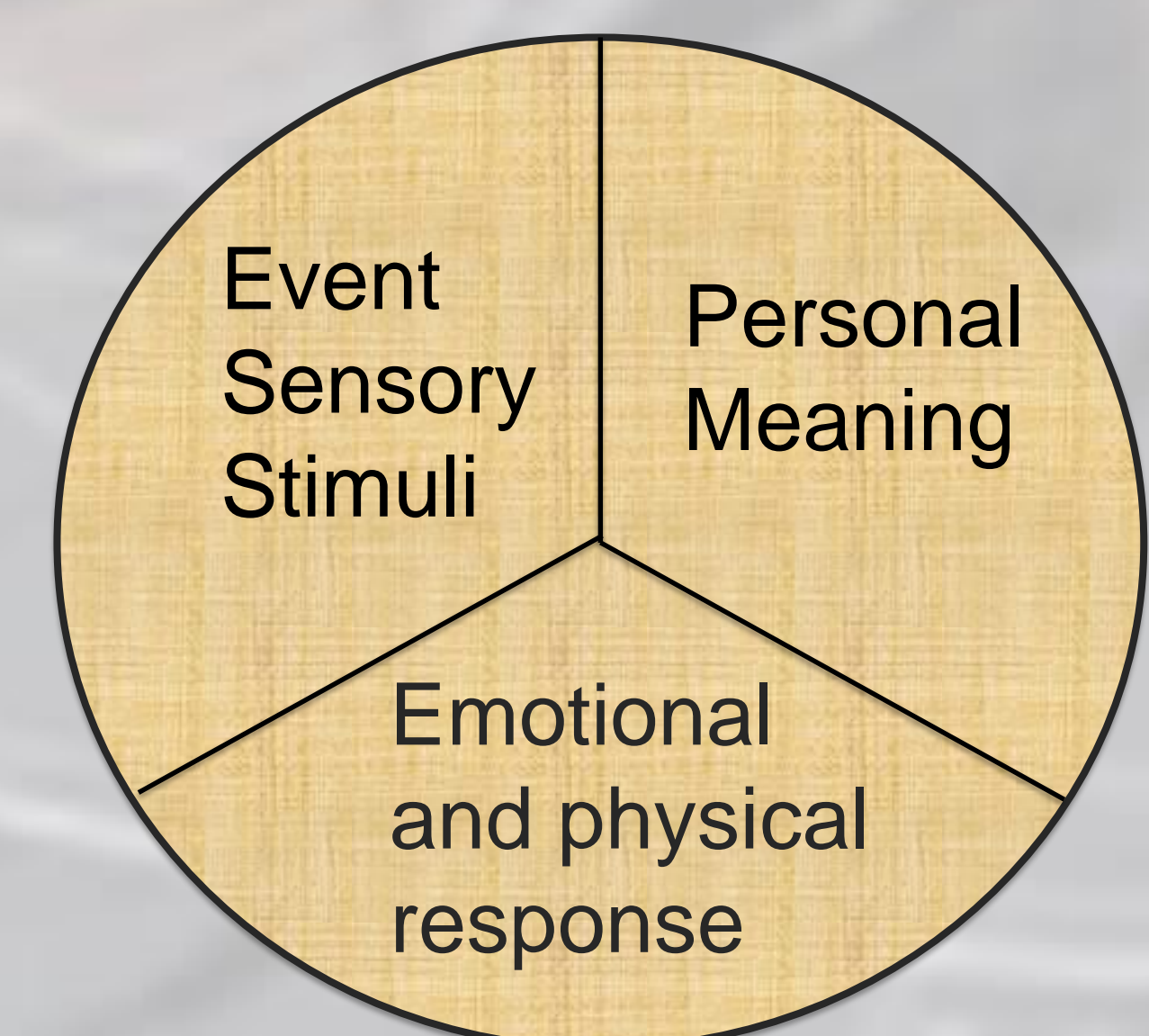


Figure 1. The components of a traumatic memory. Identified as part of EMDR Phase 3.

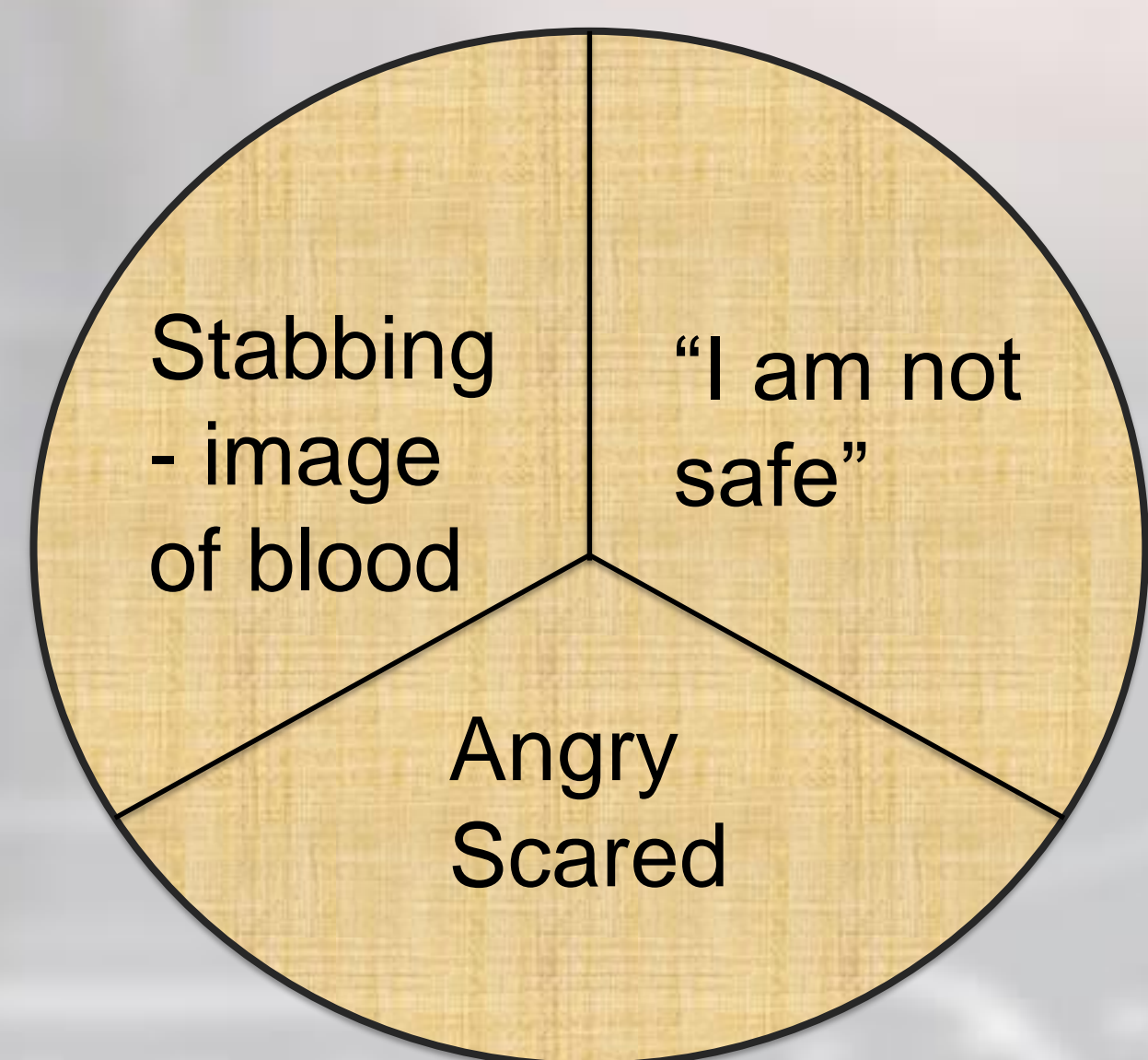


Figure 2. A traumatic memory that was targeted during Jai’s EMDR treatment.

Treatment Outcomes

- ▶ Jai has maintained abstinence from cannabis and all illicit substances for 12 months with cannabis use disorder in sustained remission.
- ▶ After EMDR, Jai’s PCL-5 scores demonstrated a significant decrease in PTSD-related symptoms, and his DASS21 scores indicated normal depressive, anxiety and stress symptoms.
- ▶ Jai reported a decrease in re-experiencing of traumatic memories and related distress, as well as a reduction in anger and anxiety symptoms.
- ▶ Jai was no longer engaging in deliberate self-harm, presenting to ED, and has had no hospital admissions since commencing EMDR.
- ▶ Following EMDR, Jai was able to secure part-time employment in hospitality and is also studying part-time to become a support worker.
- ▶ Jai has reconnected with his son and is actively engaged in his life.

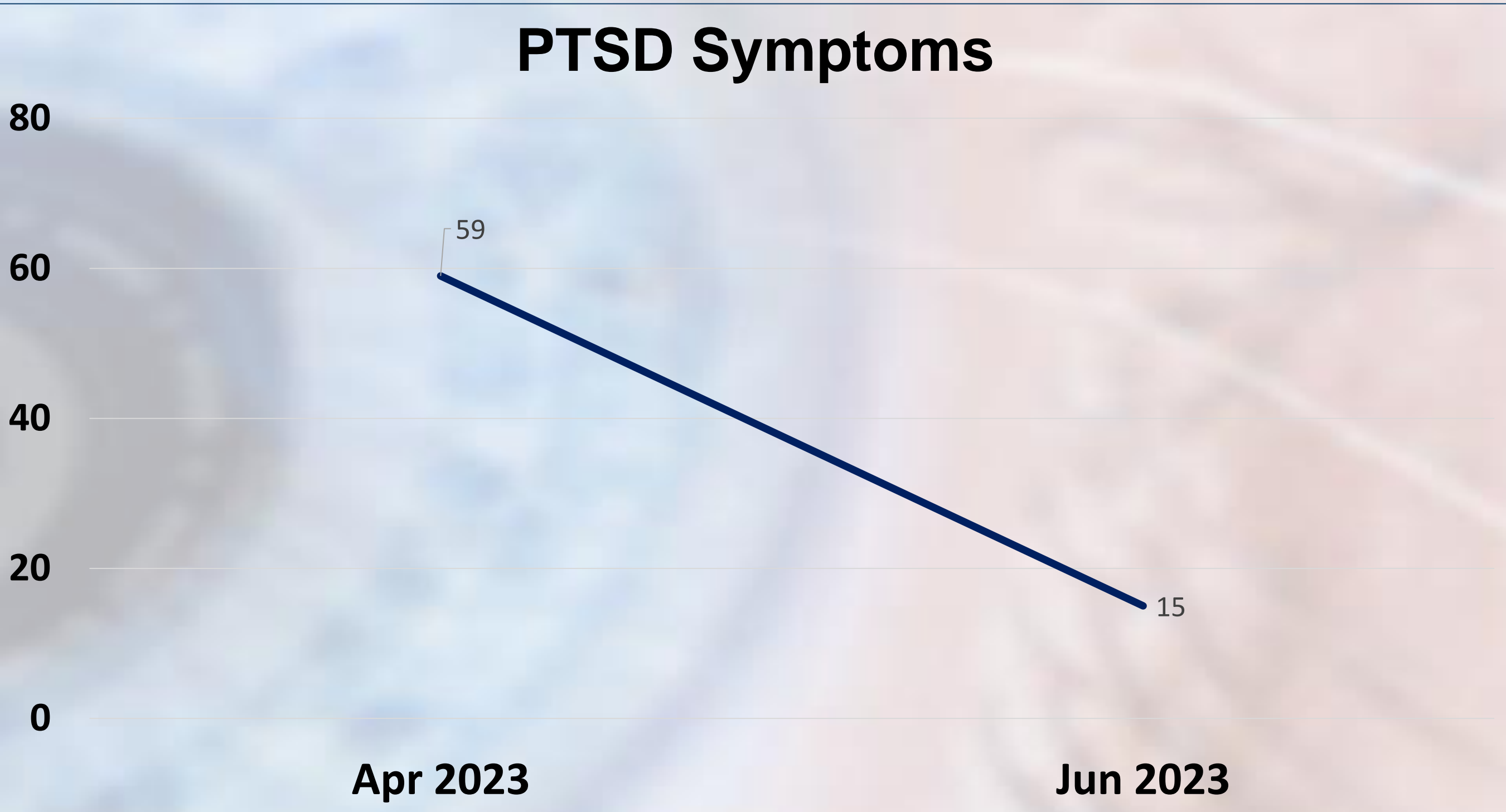


Figure 3. Comparison of PCL-5 scores before and after EMDR treatment.

“*My thoughts are more focused...I can control my anger...I’m working now*”

Discussion

- ▶ The case study highlights the potential utility of EMDR in AOD services for clients with PTSD.
- ▶ Whilst EMDR is a treatment used to target trauma-related symptoms, it was noted that in addition to a reduction in PTSD symptoms, there were other significant changes for Jai. These included a reduction in mental health symptoms, enhanced quality of life, as well as an overall improvement in general functioning and wellbeing.
- ▶ Unlike previous episodes of treatment, Jai has not relapsed back into substance use. This suggests the benefits of EMDR as a treatment to target comorbid symptoms contributing to risk of relapse.

Recommendations:

- ▶ Integrating EMDR into substance use treatment for clients with co-occurring PTSD appears promising and beneficial for clients attending for substance use treatment.
- ▶ As further research is needed to explore the generalisability of these findings in a larger sample, HNELHD currently have an outpatient feasibility and acceptability community-based clinical trial in progress for people with a history of trauma and who have current substance use problems. Six clinicians have completed EMDR Basic Training and will be delivering EMDR as part of this trial.

