

## Use of EMDR in an outpatient drug & alcohol setting

### Authors:

Maryanne Robinson<sup>1</sup>, Melissa A. Jackson<sup>1</sup>, Lauren Holland<sup>1</sup>, Marcia Sequeira<sup>1</sup>, Melanie Truscott<sup>2</sup>, Logan Harvey<sup>3</sup>, Adrian J. Dunlop<sup>1,2,4,5</sup>

*1 Drug & Alcohol Clinical Services, Hunter New England Local Health District, Newcastle, Australia, 2 Drug Health Psychology, Centre for Addiction Medicine, Western Sydney LHD*

*3 The Matilda Centre for Research in Mental Health and Substance Use, University of Sydney, Camperdown, 4 School of Medicine and Public Health, University of Newcastle, Callaghan, Australia, 5 Healthcare Transformation research program Hunter Medical Research Institute, New Lambton Heights, Australia, 5 Drug and Alcohol Clinical Research and Improvement Network, St Leonards, Australia,*

Presenter's email: Maryanne.Robinson@Health.nsw.gov.au

**Introduction:** Eye Movement Desensitisation and Reprocessing (EMDR) is an effective therapy for trauma and has been the subject of controlled trials and observational studies for people with concurrent histories of trauma and substance use problems. Hunter New England Drug & Alcohol Clinical Services are participating in an outpatient pilot feasibility and acceptability of EMDR for people with substance use disorders. Clinical experience, under supervision, of using EMDR in this population is required before the study can commence.

**Abstract body text:** This paper will describe a case study of using EMDR for a 32 year old man with opioid dependence in remission on buprenorphine treatment, alcohol and cannabis dependence in remission, a history of harmful benzodiazepine use and complex childhood and adult PTSD and a mood disorder. "Jai" has been a client of the drug and alcohol for the past 10 years, with multiple sedative relapses related to ongoing trauma-related distress. This paper will briefly outline the process of engaging "Jai" in EMDR as a therapeutic approach and discuss his response. After four sessions of EMDR, "Jai" reports a reduction in anxiety and anger and physical pain. He is no longer self-harming or presenting to hospital and is working full time.

**Discussions and Conclusions:** EMDR can be used for clients with PTSD and comorbid substance use and for relapse prevention. Further research is required to better understand the role of EMDR in people with substance use disorders.

**Disclosure of Interest Statement:** AJD reports research grants and travel support by Camurus AB, manufacturers of Buvidal, to Hunter New England Health, which employs AJD, unrelated to this paper.