

PTSD and Substance Use

Women and Co-morbidity Workshop

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Blending Clinical Practice and Research:
Forging Partnerships in the Great Lakes States to Enhance
Drug Addiction Treatment
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Women with Substance Use Disorders and Trauma

- What does research tell us?
- How do we put research into practice?
- What are the implications for the future?

Collaborators

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High Rates of Trauma in Female Substance Users

- In community and clinical samples, up to 90% of women with SUDs report trauma exposure (Dansky et al., 1996; Miller et al., 1993; Stewart et al., 1999)
- In clinical samples, female SUD patients have PTSD rates ranging from 25% to 55% (Brady et al., 1994; Brown et al., 1996)

DSM-IV Criteria for Posttraumatic Stress Disorder (PTSD)

- A. The person has been exposed to a *traumatic event*
 - event involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
 - The person's response involved intense fear, helplessness, or horror
- B. The traumatic event is persistently *reexperienced*
- C. *Avoidance* of stimuli associated with the trauma and numbing of general responsiveness
- D. Persistent symptoms of increased *arousal*, including difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, hypervigilance, exaggerated startle response

(American Psychiatric Association, 1994)

Clinical Profile of PTSD/SUD Women

- PTSD/SUD women are more impaired (Brady et al., 1994; Najavits et al., 1999), treatment resistant and generally have a more severe clinical profile than women with PTSD alone
- PTSD/SUD women have worse life conditions, more legal problems, more suicide attempts (78.6%), more siblings with drug problems, and fewer treatments (Najavits, 1999)

Clinical Profile of PTSD/SUD Women

- Women with PTSD/SUD report more sexual victimization than women with PTSD or SUD alone
- Trauma often precedes substance abuse (Brady et al., 1998)
 - Self-medication and mental illness

Treatment Utilization

- PTSD/SUD women differ in service utilization
 - can be heavy utilizers or have no exposure to treatment
- PTSD/SUD women want treatment for PTSD, yet most receive substance use treatment only

Clinical Challenges in the Treatment of Traumatic Stress and Addiction

- Abstinence may not resolve comorbid trauma-related disorders
 - for many patients the PTSD worsens
- Women with PTSD abuse the *most severe substances* and are vulnerable to *relapse for both conditions, as well as repeated trauma*
- Confrontational approaches typical in addictions settings frequently exacerbate mood and anxiety disorders
- 12-Step Models often do not acknowledge the need for pharmacologic interventions
- Treatment programs often do not offer integrated treatments for Substance Use and PTSD
 - Women want treatment for PTSD
- Treatments for only one disorder—such as Exposure-Based Approaches are
 - often marked by complications
 - treatments developed for PTSD alone may not be advisable to treat women with addictions

Empirically Supported Behavioral Treatments for PTSD and SUD

- Sequential, Phase-Based Models
 - Concurrent Treatment of PTSD and Cocaine Dependence (Brady et al., 2000)
 - Substance Dependence PTSD Therapy (Triffleman, et al., 1999)
- Integrated Model
 - Seeking Safety (Najavits, 2001)
 - Hien et al (2004)

Both Models Improve Outcomes

- Decreases in substance use and PTSD symptoms across the models and studies
- In the one controlled clinical trial (Hien et al., 2004), no difference found between relapse prevention and integrated treatment
 - Both resulted in decreased SU and PTSD symptoms

CTN-0015: Women and Trauma

- Randomized trial comparing effectiveness of trauma-specific intervention and general health intervention in outpatient substance abuse programs
- Community treatment program clinicians and supervisors trained to provide interventions and supervision

Participating CTN Nodes and Community Treatment Programs

Florida - Gateway Community

Florida - The Village

New England - LMG Programs

New York - ARTC

Ohio Valley - Maryhaven, Inc.

South Carolina - Charleston County

Washington - Residence XII

Intervention Groups

- Women's Health Education (WHE)
 - Short term, manualized treatment
 - Focused on understanding health issues specific to women
- Seeking Safety (SS)
 - Short term, manualized treatment
 - Cognitive Behavioral
 - Focused on addiction and trauma

Provided in context of outpatient treatment programs

Feasibility and Acceptability

- Intensive training and supervision
 - All but one of 30+ clinicians were certified in the intervention
- Clinicians have been interested and invested
 - Attitudes toward PTSD and Women's Health interventions

Implications for the Future

- Training and blending efforts
 - Level of supervision
 - “Booster” training
 - Matching clinician interest and expertise with interventions
- Importance of addressing trauma and SUDs in treatment programs
- Readiness to address both PTSD and SUDs
- Provide treatment based on trauma exposure vs. PTSD diagnosis
- How about the men?