

Treatment related changes in Post-traumatic Stress Disorder (PTSD)

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Trauma, PTSD and Substance Use Disorders

- The sample presented by Dr Genieve Dingle shows substantially high levels of trauma and PTSD symptomatology.
- Established comorbidity research (Brown, Read & Kahler, 2003) reports ranges from 41%-65%.
- Underreporting is suspected to be frequent.

What is Interpersonal Trauma?

- Injury (neglect or abuse) caused by the actions of another person.
- Can be physical, sexual or emotional.
- Type 1 and Type 2 traumas.
- More difficult to overcome than other types of trauma.

Is Trauma the same as PTSD?

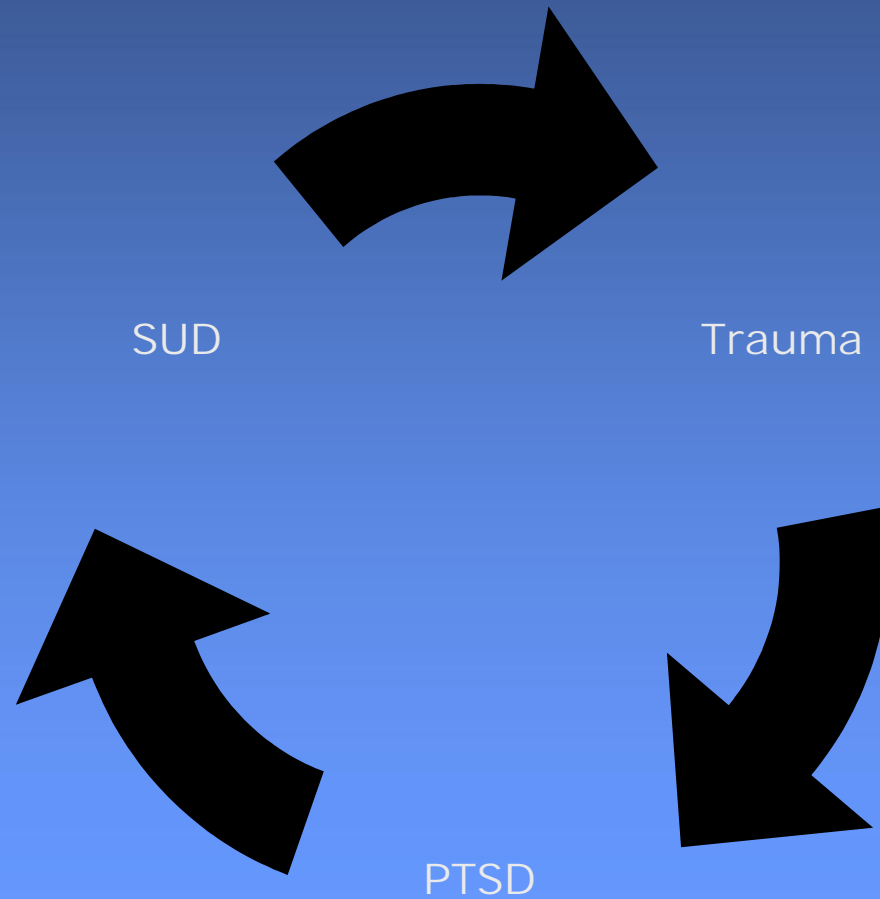
- Not all trauma develops into PTSD.
 - Risk rates are different between men and women
- PTSD is characterized by an inability to adequately process the emotions and build acceptance of the event(s).

What is PTSD?

PTSD is diagnosed when the individual:

- Continually re-experiences the traumatic incident.
- Displays avoidance, including staying away from anything that may possibly remind her/him of the trauma.
- Displays hyperarousal, or is constantly on guard.

The Tricky Relationship between Trauma, PTSD and SUDs



Why study PTSD?

- High prevalence of PTSD in treatment communities.
- The combination of PTSD and substance abuse is seen as a complicated to treat dual diagnosis. Research shows PTSD diminished treatment adherence and success.
- Trauma and PTSD both affect social functioning, which can influence group collaboration in treatment.
 - Avoidance, lack of functioning, agitation, hyperarousal, distrust

Previous Findings

- Mills, Teeson, Back et al (2012) found that COPE PTSD treatment did not increase SUD symptoms.
- Coffey, Schumacher, Brady & Cotton (2006) found that PTSD decreases during abstinence from alcohol and cocaine.
- No replication can be found for either study.

The Logan House Community

Research Questions

- What is the prevalence of interpersonal trauma and PTSD symptomatology in this population?
- How does interpersonal trauma relate to PTSD symptomatology?
- How does PTSD symptomatology influence treatment?
- What happens to the PTSD symptomatology as a result of treatment?

Measurement Methods

- First time point within 1 week of beginning treatment. Questionnaire included individual (i.e. stable) and social (i.e. transitional) items.
- Transitional items then repeated every two weeks for six weeks.
- Final time point within 2 months of graduation. Questionnaire was identical to the first time point.

Primary Measurements

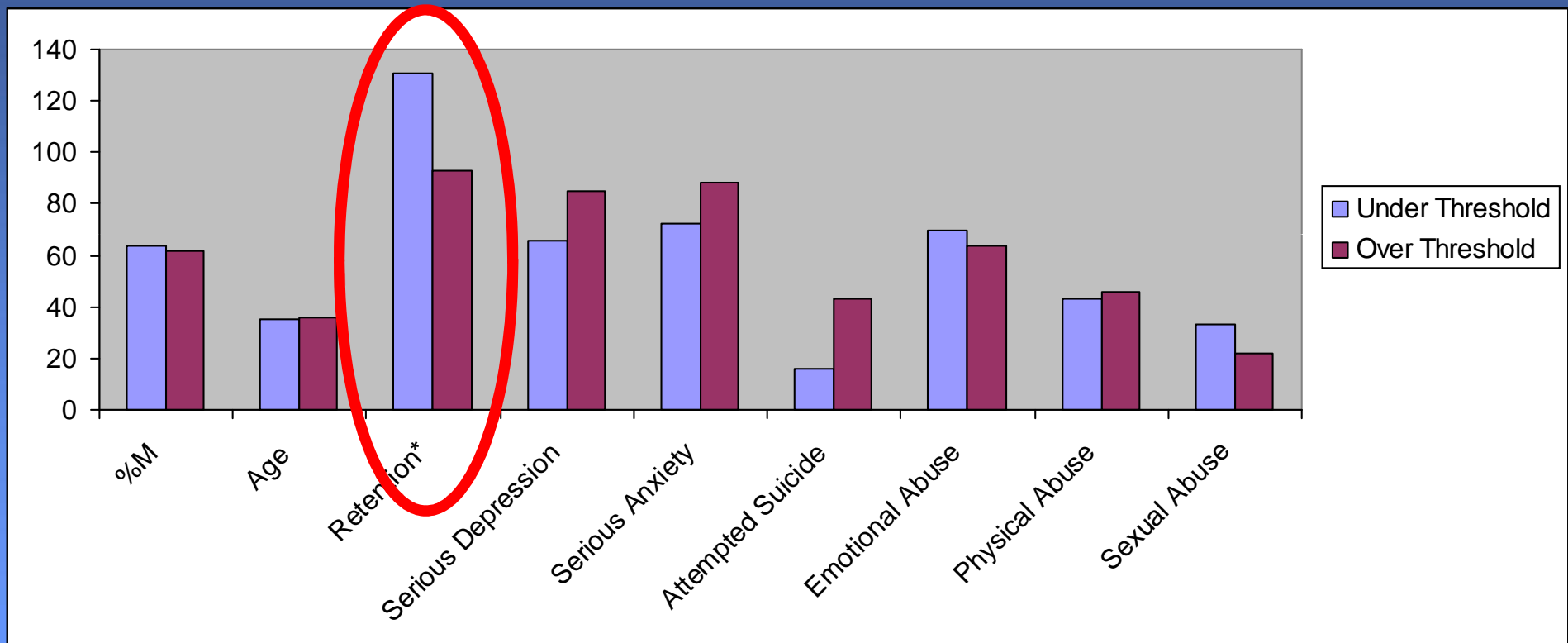
- PCL-C - PTSD Diagnostic Tool
- EXETER Identity Scale
- Adult Hope Scale
- Life Satisfaction Scale
- Addiction Severity Index

Results

What is the prevalence of interpersonal trauma and PTSD symptomatology in this population?

- 70% of participants scored above the PCL-C threshold of 50.
- Lifetime prevalence of interpersonal trauma:
 - 66% experienced emotional abuse
 - 45% experienced physical abuse, and
 - 25% experienced sexual abuse.

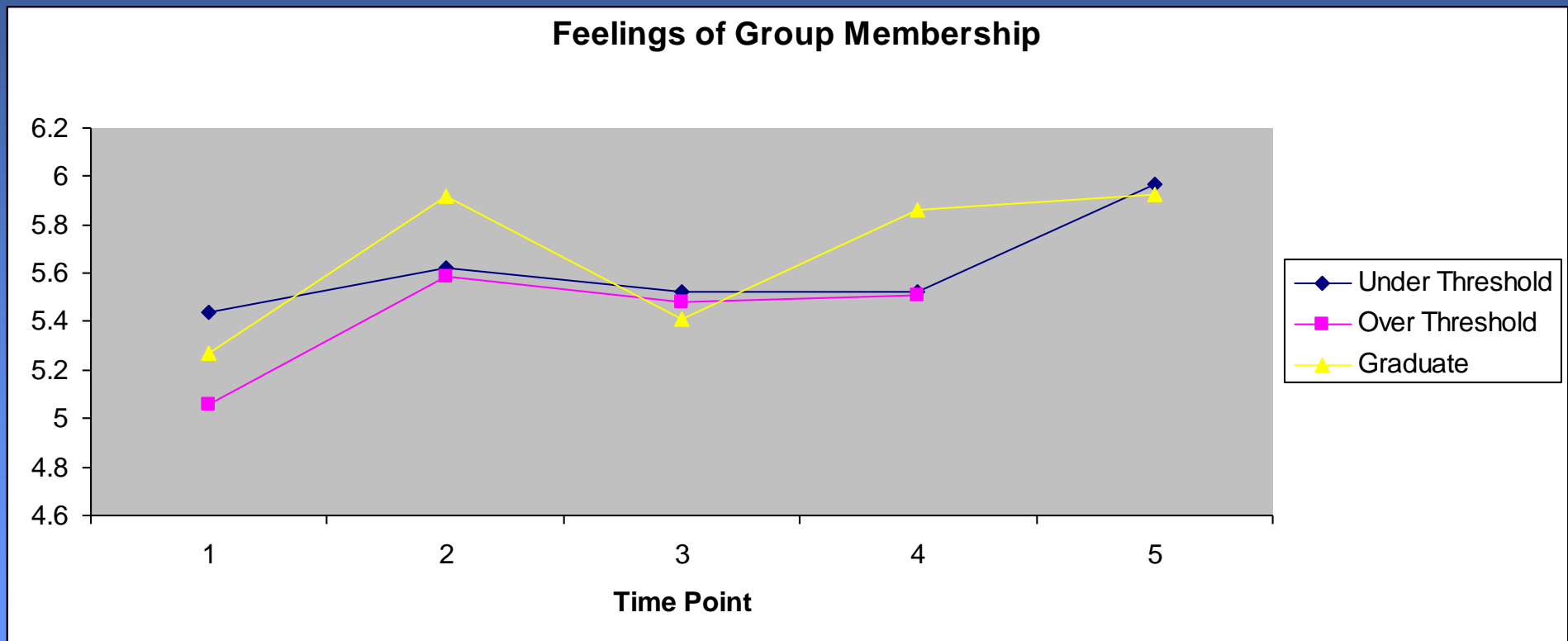
Demographics



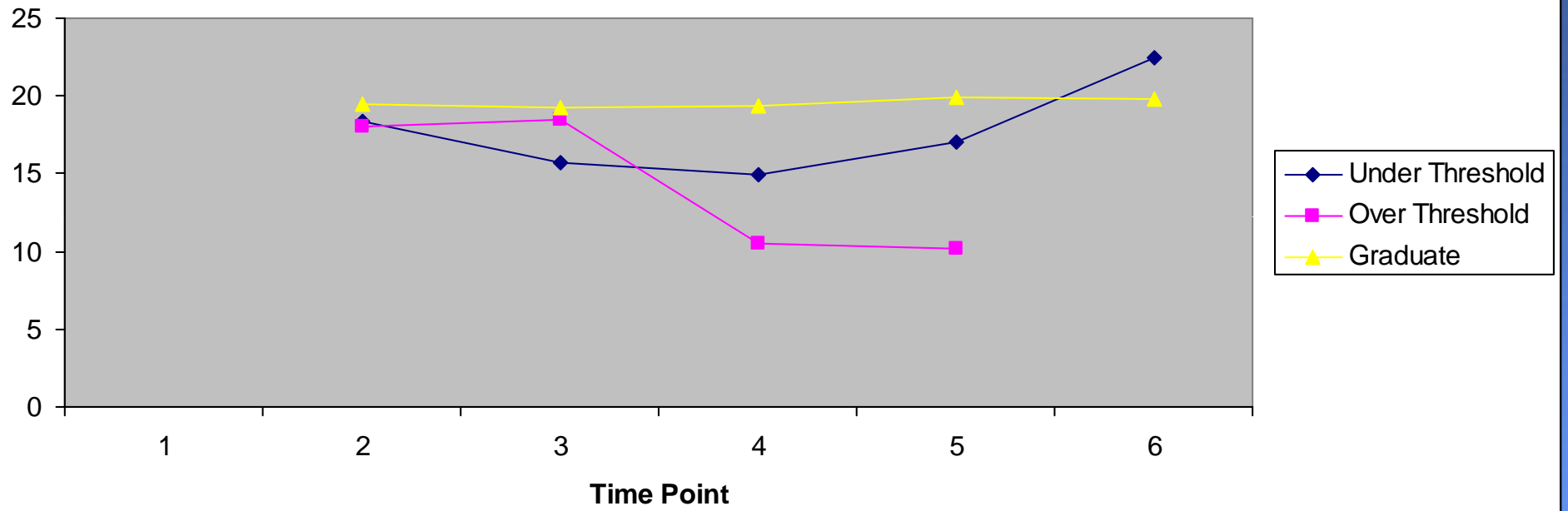
How does interpersonal trauma relate to PTSD symptomatology?

- Correlations between a history of physical, emotional and sexual abuse produced no significant correlation with PTSD symptomatology.

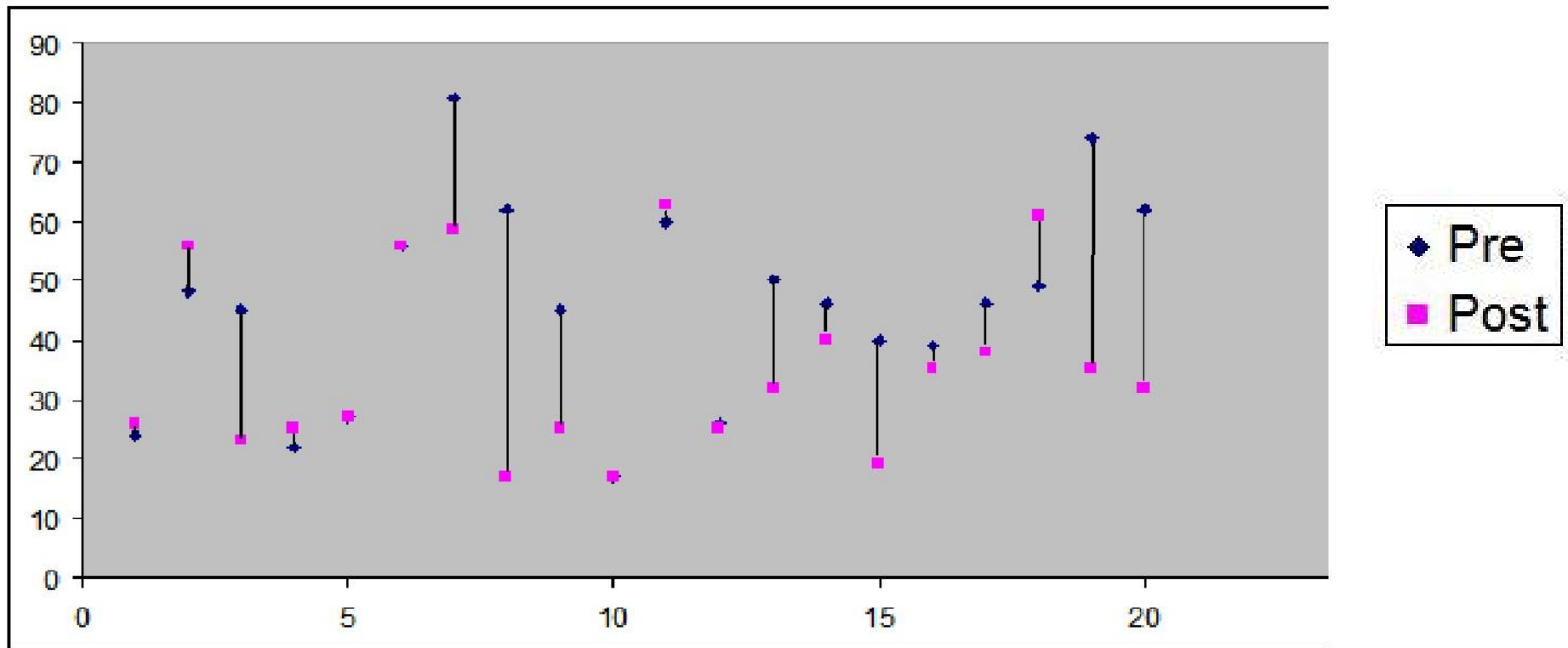
How does PTSD symptomatology influence treatment?



Level of Social Confidence



What happens to the PTSD symptomatology as a result of treatment?



What did we find?

- The prevalence of PTSD in this population is higher than reported levels; suggesting either a special population or confirming underreporting in other populations.
- Outside of retention time, there is no significant difference between individuals who meet the PTSD criteria and those who do not.
- There is a notable difference in treatment trajectory.
- PTSD shows a clinically significant decrease before and after treatment.

Implications

- Levels of PTSD decrease with treatment, independent of specific PTSD treatment.
 - Mirrors previous findings that social support can decrease PTSD, and that PTSD naturally declines during abstinence.
- Be aware of the presence of trauma and PTSD, but do not shy away from the complex cases. Substance use treatment is beneficial for PTSD as well.

Special Thanks

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Questions