

# Skills-Based Interventions for Substance Use Disorders: A Complement to PTSD and TBI Treatment

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# Disclosure

- ▶ Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

# Learning Objectives

- Attendees will recognize how skills-based interventions for SUDs relate to recovery from comorbid mental health conditions (e.g. PTSD/TBI)

# Agenda

- ❑ Dual Recovery Supplement to the Intensive Clinical Program (ICP-DR) Overview
- ❑ SOAR Program Overview
- ❑ Benefits of SUD Programming to PTSD / TBI Treatment
- ❑ Q&A

# Intensive Clinical Program (ICP)

*Abstinence Requirement during ICP*

Enhanced Admissions Process

*All Patients*

Dual Recovery (DR)  
Supplement

30min Pre-ICP Education  
Session

4-6 Additional SUD or Beh  
Addiction Therapy Sessions  
(MI, COPE)

NP with Addictions  
Certification

Post-ICP follow-up by Peer  
Recovery Specialist at 1-, 3-,  
6-, 12-months

SUD Consults

*1-3 sessions*

SUD Education Group

*All patients*

2 SUD Education  
Family Groups

## Notes:

- All patients complete daily urine toxicology screens + random breathalyzers regardless of DR or non-DR.
- DR patients engage in ALL usual ICP components.
- DR can be added to standard PTSD or TBI tracks.
- DR participation is voluntary.
- Core DR staff = 4 PhDs; 4-5 NPs; 2 RNs
- SUD consults for pts not needing >3 SUD-sessions or when all DR spots are already full.

# DUAL RECOVERY SUPPLEMENT OVERVIEW

- Enhanced screening and case management during the admissions process
- **VOLUNTARY, ADDITIONAL 6 individual therapy sessions using MI and COPE frameworks**
- 2 medication consults with a prescriber with specialization in Addiction Medicine
- **Access to Peer Recovery Specialist during program + follow-up outreach for 1+ years**

# DUAL RECOVERY SESSIONS

- In-Person individual therapy sessions; 60-min sessions, 3 days per week for 2 weeks
- Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) Protocol ICP adaptation
- Motivational Interviewing (MI)
- Each DR participant sets a goal and develops a Coping Plan during their ICP program term

# COPE SESSION FORMAT

- **ICP-DR COPE Session Format**

- 1: Intake, Introduction, Education on COPE, Goal-Setting
- 2: Information on Cravings & Coping with Cravings
- 3: Understanding and Managing Substance Use Risk
- 4: Incorporating Social Support & Refusal Skills
- 5: Emotional Coping & Substance Use Recovery
- 6: Summary / Wrap Up and Completing the Coping Plan

- Back, S. E., Foa, E. B., Killeen, T. K., Mills, K. L., Teesson, M., Cotton, B. D., ... & Brady, K. T. (2014). Concurrent treatment of PTSD and substance use disorders using prolonged exposure (COPE): Therapist guide. Oxford University Press.



**Outpatient Clinic (OPC)**  
*High Focus on Harm-Reduction*

**Skills-based Outpatient Addiction & Recovery (SOAR) Program**  
*42 CFR Compliant*

**Individual Therapy**

**Medication Management**

**Weekly Group Therapy**

**CRAFT for Support Persons**

**Recovery Group**  
*no abstinence req*

**Abstinence-based Recovery Group**

# SOAR PROGRAM OVERVIEW

- ▶ Virtual IOP; 90-min sessions, 3 days per week for 4-8 weeks
- ▶ Mixture of skills/education including brain science (relapse prevention, ACT, CBT skills, DBT skills, etc.)
- ▶ Each SOAR participant has a clinician point-of-contact (POC)

# SOAR FEATURES / INNOVATIONS

- ▶ Harm-reduction: participants do not need to have abstinence goal
- ▶ Recurrence of use is not a criteria for discharge
- ▶ Nested in a MH clinic; not a stand-alone SUD facility
- ▶ Walk through the "same virtual door" as everyone else

# Benefits of SUD Programming to PTSD / TBI Treatment

- COPE shown efficacious in RCT for significant reduction in PTSD and substance use severity (Back et al., 2019)
- COPE was found more efficacious in treating PTSD sx's in PTSD/SUD patients than Seeking Safety in a RCT (Norman et al., 2019)
- Patients coping with TBI symptoms may benefit from a tailored or adjusted version of COPE accommodating patients in TBI recovery (Gros, Lancaster, Horner, Szafranski & Back, 2017)

Questions?

# References

- ▶ Back, S. E., Foa, E. B., Killeen, T. K., Mills, K. L., Teesson, M., Cotton, B. D., ... & Brady, K. T. (2014). *Concurrent treatment of PTSD and substance use disorders using prolonged exposure (COPE): Therapist guide*. Oxford University Press.
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- ▶ Dhinsa, J., Roman-Urrestarazu, A., van Kessel, R., & Humphreys, K. (2023). Understanding predictors of mental health and substance use treatment utilization among US adults: A repeated cross-sectional study. *Global Epidemiology*, 5, 100109.
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- ▶ Hill ML, Kline AC, Saraiya TC, Gette J, Ruglass LM, Norman SB, Back SE, Saavedra LM, Hien DA, Morgan-López AA. Cannabis use and trauma-focused treatment for co-occurring posttraumatic stress disorder and substance use disorders: A meta-analysis of individual patient data. *Journal of Anxiety Disorders*. 2024 Jan 10:102827
- ▶ Norman, S. B., Trim, R., Haller, M., Davis, B. C., Myers, U. S., Colvonen, P. J., ... & Mayes, T. (2019). Efficacy of integrated exposure therapy vs integrated coping skills therapy for comorbid posttraumatic stress disorder and alcohol use disorder: A randomized clinical trial. *JAMA psychiatry*, 76(8), 791-799.