

# Evaluation of a design



Introduction This study explored the effectiveness of trauma-focused therapy in treating co-occurring post-traumatic stress disorder (PTSD) and substance use disorder (SUD). Exposure therapy involves exposing a client to memories of trauma and events related to that trauma. The two most common exposure therapy are imaginal exposure, which involves a client recalling in vivid imagery the details, thoughts, and feelings related to a traumatic event, and in vivo exposure, which involves exposing a client to physical cues of a traumatic event (e. g. Rape victim interacting with men in public). Several studies show high comorbidity between PTSD and SUD, which suggested that a client suffering from one disorder also suffered from the other. It is said that a reduction in PTSD symptomatology reduces SUD symptoms as well. The authors begin with a discussion on the prevalence of PTSD-SUD comorbidity and the mechanisms between the two. Several laboratory-based studies that incorporated exposure therapy and SUD treatments are then discussed. These studies reported that exposure therapy significantly reduces symptoms of both PTSD and SUD. The authors recommended conducting randomized controlled trials to test the effectiveness of exposure therapy in treating clients with PTSD-SUD. Methods For this qualitative study, the authors conducted a secondary research about PTSD-USD comorbidity and analyzed four clinical studies that incorporated exposure therapy with SUD treatments. The authors reviewed the literature to show the prevalence of high comorbidity between PTSD and SUD. As a background, the authors discussed imaginal exposure and in vivo exposure as the two most common types of exposure therapy. To provide evidence about the effectiveness of exposure therapy in treating PTSD-SUD, the authors analyzed four clinical studies. For each clinical study, the type of

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exposure therapy and accompanying SUD treatment were identified. The authors provided a thorough analysis of the research methods and instruments employed by the four studies. The authors, then, analyzed how the study findings show the efficacy of exposure therapy as a complement to first-line SUD treatments.

**Findings** The four clinical studies yielded findings that supported the adoption of exposure therapy in treating PTSD-SUD. In the study involving alcohol dependents, it was found that PTSD symptoms decreased significantly in the exposure condition but not in the relaxation condition. In addition, neither negative affect nor alcohol craving changed in the relaxation condition when the negative affect and alcohol craving ratings in two laboratory sessions were compared. In the study involving cocaine dependence, PTSD symptoms of intrusion, avoidance, and hyperarousal as measured by the Clinician Administered PTSD Scale (CAPS) were reduced. Reductions were also found on the drug, alcohol, and psychiatric subscales of the Addiction Severity Index (ASI). The substance therapy study, meanwhile, found a reduction in PTSD symptoms as measured by the CAPS. In addition, a reduction in substance use-related problems as measured by the ASI drug composite score was also reported. Lastly, the seeking safety study found a reduction in PTSD symptoms as measured by the Trauma Checklist-40 from pre- to post-treatment. Also, the drug use and family/social functioning composite scores on the ASI were reduced in pre- to post-treatment.

**Analysis** The findings of the four studies point to the efficiency of exposure therapy in treating PTSD-SUD. The alcohol dependent study suggested the usefulness of exposure therapy since negative affect and alcohol craving decreased in two laboratory sessions that used a trauma-focused exposure. Both PTSD and drug use were significantly reduced in the

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cocaine dependence study from pre- to post-treatment and at 6-month follow-up. The seeking safety study, meanwhile, found improvement in both PTSD and substance use symptoms. The patient satisfaction data, meanwhile, suggested the acceptability and tolerability of exposure therapy for clients receiving SUD treatments. These laboratory studies, the authors stated, showed that the various forms of exposure therapy can be safely used. He added that exposure therapy offers potential in effectively reducing PTSD and SUD symptoms. The treatment retention rates displayed in some studies also showed the appeal of exposure therapy among clients treated solely by SUD methods. The authors concluded that clinicians and researchers should make use of existing and effective PTSD treatments rather than developing new PTSD treatments to treat PTSD-SUD.