SUD-PTSD Workgroup

A solid body of evidence documents the importance of addressing substance use disorder (SUD) and PTSD (post-traumatic stress disorder) simultaneously, rather than older practice models in which the substance use disorder was targeted first. Clinicians in all types of programs can conduct simultaneous treatment of SUD and PTSD, which can enhance treatment outcomes and cost-effectiveness.

The SUD-PTSD Workgroup of the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI) is working with VA clinical partners and scientists on multiple initiatives to promote effective care for this population. These initiatives include the following.

• Two projects to assess whether VA patients with PTSD and co-occurring SUD are less likely than those without SUD to: a) complete eight or more sessions of psychotherapy for PTSD, and b) to receive an evidence-based PTSD treatment.
• Evaluation study to compare basic versus enhanced training in an evidence-based model for SUD-PTSD.
• A project to evaluate PTSD provider knowledge and beliefs around offering PTSD treatment in residential SUD treatment.
• Rapid-response project to examine current SUD care practices in VA outpatient PTSD specialty programs.
• Rapid-response project to develop a program-level assessment on SUD-PTSD to evaluate the degree of awareness of SUD-PTSD treatment principles.

Co-Occurring SUD and PTSD

Many Veterans in VA settings have PTSD (post-traumatic stress disorder), with estimates ranging from 25% to 45%. Among newly returning Veterans from Iraq and Afghanistan, 20% are diagnosed with PTSD. Rates of substance use disorders (SUDs) also are high, with estimates up to 19% (primarily alcohol, but also other substances). In the general population, more than 40% prevalence of comorbidity between PTSD and SUD has been reported and the rate appears even higher among Veterans. Yet many Veterans with diagnosable PTSD and SUD do not access VA care. In general, Veterans with both SUD and PTSD, compared to those with either disorder alone, have consistently worse treatment outcomes and more problems in a wide variety of domains, including psychological, physical, legal, social, and vocational. It is critical to ensure that best practice treatments for PTSD and SUD are available to Veterans with this comorbidity. There also is a need for more research on optimal training methods and dissemination strategies to help clinicians deliver high-quality care for Veterans with co-occurring SUD and PTSD.

• A project to evaluate implementation of prolonged exposure therapy for PTSD in a residential SUD treatment program.

In addition, general areas of interest for the SUD-PTSD Workgroup include:

• Improving screening and assessment,
• Dissemination of effective treatments,
• Identifying systems issues that impact services,
• Training clinicians and program administrators,
• Making use of technology solutions to enhance practice, and
• Collaborating with other workgroups and key stakeholders within VA who seek to improve the quality of care for Veterans with SUD and PTSD.
How do I learn more?

If you are interested in learning more about PTSD or the work of the SUD-QUERI PTSD Workgroup, contact:

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For general information about SUD-QUERI, please contact:

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Web Resources

For more information about the QUERI program in general, and to link to the individual QUERI Centers, please go to

[www.queri.research.va.gov](http://www.queri.research.va.gov)

The SUD-QUERI Executive Committee

Each QUERI Center is led by a research expert and a clinician. The research expert and Director for SUD-QUERI is **Alex Sox-Harris, Ph.D.** The Clinical Coordinator is **Elizabeth Gifford, Ph.D.**, and the Implementation Research Coordinators are **Hildi Hagedorn, Ph.D., Matthew Boden, Ph.D.**, and **Andrea Finlay, Ph.D.** The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, Ph.D.; Thomas Berger, Ph.D.; Katharine Bradley, M.D.; Geoff Curran, Ph.D.; Lori Ducharme, Ph.D.; John Finney, Ph.D. (Research Coordinator Emeritus); Adam Gordon, M.D.; Kim Hamlett-Berry, Ph.D.; Daniel Kivlahan, Ph.D.; Thomas Kosten, M.D. (Research Coordinator Emeritus); Dean Krahn, M.D.; Dave Oslin, M.D.; Robert Rosenheck, M.D.; Mark Shelhorse, M.D.; and Ken Weingardt, Ph.D.