

# PTSD AND SUBSTANCE USE

THEORETICAL PATHWAYS

# CO-OCCURRING DISORDERS

- AKA DUAL DIAGNOSIS

# DIAGNOSTIC CLOSE-UP: POST-TRAUMATIC STRESS DISORDER

## 1. RE-EXPERIENCING

- FLASHBACKS, NIGHTMARES

## 2. AVOIDANCE

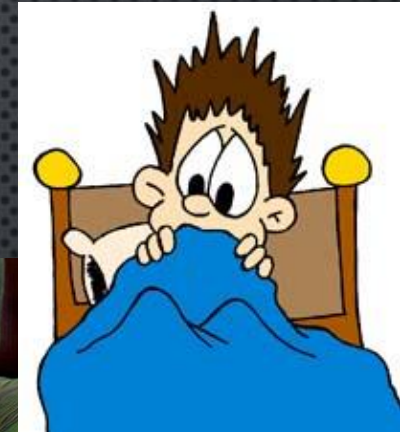
- AVOIDING CROWDS, DRIVING, ETC.

## 3. NEGATIVE COGNITIONS AND MOOD

- FEELING DEPRESSED, NOT FEELING LOVE TOWARDS FAMILY AND FRIENDS, THINKING THE WORLD IS COMPLETELY DANGEROUS

## 4. HYPERAROUSAL

- INSOMNIA, DIFFICULTY CONCENTRATING, EASILY STARTLED, LOOKING OUT FOR DANGER



# PTSD AND SUD: CO-OCCURRENCE

- LIFETIME PREVALENCE RATE OF PTSD IN THE U.S. IS 6.8%

# DISCUSSION QUESTIONS

- IN YOUR OPINION, WHAT COMES FIRST MORE OFTEN: PTSD OR SUD? WHY DO YOU THINK THAT?
- WHY DO YOU THINK PTSD AND SUD ARE SO RELATED?

# SELF-MEDICATION HYPOTHESIS

- SUBSTANCE USE LEADS TO HIGHER LIKELIHOOD OF EXPERIENCING TRAUMATIC EVENTS
- ORDER OF OCCURRENCE: TRAUMA (AND PTSD) PRECEDES SUBSTANCE USE
- MECHANISM: DRUG EFFECTS AS A FORM OF COPING (E.G. RELIEF FROM PTSD SYMPTOMS)
  - AVOIDANCE – DRUGS ARE A MEANS OF AVOIDANCE
  - HYPERAROUSAL – DRUGS RELIEVE HYPERAROUSAL SYMPTOMS
  - NEGATIVE COGNITIONS AND MOOD – DRUGS LIFT MOOD TEMPORARILY, DISTRACT THE MIND
- RESEARCH SHOWS THAT PTSD PRECEDES SUD FAR MORE FREQUENTLY THAN THE OTHER WAY AROUND

# HIGH RISK HYPOTHESIS

- SUBSTANCE USE LEADS TO HIGHER LIKELIHOOD OF EXPERIENCING TRAUMATIC EVENTS
  - CAR ACCIDENTS
  - ASSAULTS/ROBBERIES
- ORDER OF OCCURRENCE: SUBSTANCE USE PRECEDES TRAUMA (AND PTSD)
- MECHANISM: DRUG EFFECTS (E.G. INTOXICATION WITH ALCOHOL), DRUG PURSUIT ACTIVITIES (E.G. PURCHASING DRUGS IN DANGEROUS NEIGHBORHOODS FROM CRIMINALS)

# SUSCEPTIBILITY HYPOTHESIS

- IF SUBSTANCE USE IS OCCURRING AT THE TIME OF, OR SHORTLY AFTER, TRAUMATIC EVENT, THEN PTSD IS MORE LIKELY
  - SUBSTANCE USE INCREASES THE LIKELIHOOD OF DEVELOPING PTSD, IF TRAUMA OCCURS
- ORDER OF OCCURRENCE: SUBSTANCE USE OCCURS CONCURRENTLY WITH TRAUMA, PTSD THEN FOLLOWS
  - DRUG/ALCOHOL USE DURING THE TRAUMA OR SHORTLY AFTER INCREASES SUSCEPTIBILITY
- MECHANISM: DRUG EFFECTS (E.G. INTOXICATION WITH ALCOHOL), DRUG PURSUIT ACTIVITIES (E.G. PURCHASING DRUGS IN DANGEROUS NEIGHBORHOODS FROM CRIMINALS)



# SHARED VULNERABILITY HYPOTHESIS

- SUBSTANCE USE AND PTSD BOTH RESULT FROM A COMMON CAUSE
  - A COMMON GENETIC, NEUROBIOLOGICAL, PSYCHOLOGICAL, AND/OR SOCIOCULTURAL FACTOR LEADS TO THE DEVELOPMENT OF PTSD AND SUD
- ORDER OF OCCURRENCE: THE COMMON CAUSE PRECEDES BOTH THE SUD AND PTSD, WITH THE ORDER OF THE TWO BEING IRRELEVANT
- MECHANISM: GENETIC, PSYCHOLOGICAL (E.G. IMPULSIVITY)

# IMPLICATIONS

- KEY QUESTION: SHOULD YOU TREAT THE PTSD FIRST, THE SUD FIRST, OR CONCURRENTLY?
  - TREATING PTSD AND SUD AT THE SAME TIME IS PREFERABLE
    - SEEKING SAFETY AND COPE (CONCURRENT TREATMENT WITH PROLONGED EXPOSURE) ARE INTEGRATED TREATMENTS
    - COULD ALSO BE PERFORMED BY TWO DIFFERENT THERAPISTS – EACH FOCUSING ON
  - PTSD IS LIKELY THE PRIMARY DIAGNOSIS AND SHOULD TAKE PRECEDENCE