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*Inspiring Minds*

# Transdiagnostic treatment for posttraumatic stress and alcohol use behaviours and cognitions: An RCT

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# Prevalence of PTSD in those with Substance Use Problems

- 46.4% with lifetime PTSD also met criteria for a Substance Use Disorder
- 27.9% of women and 51.9% of men with lifetime PTSD also had a Substance Use Disorder

Posttraumatic  
Stress



Alcohol  
Use

Posttraumatic  
Stress



Alcohol  
Use



Posttraumatic  
Stress

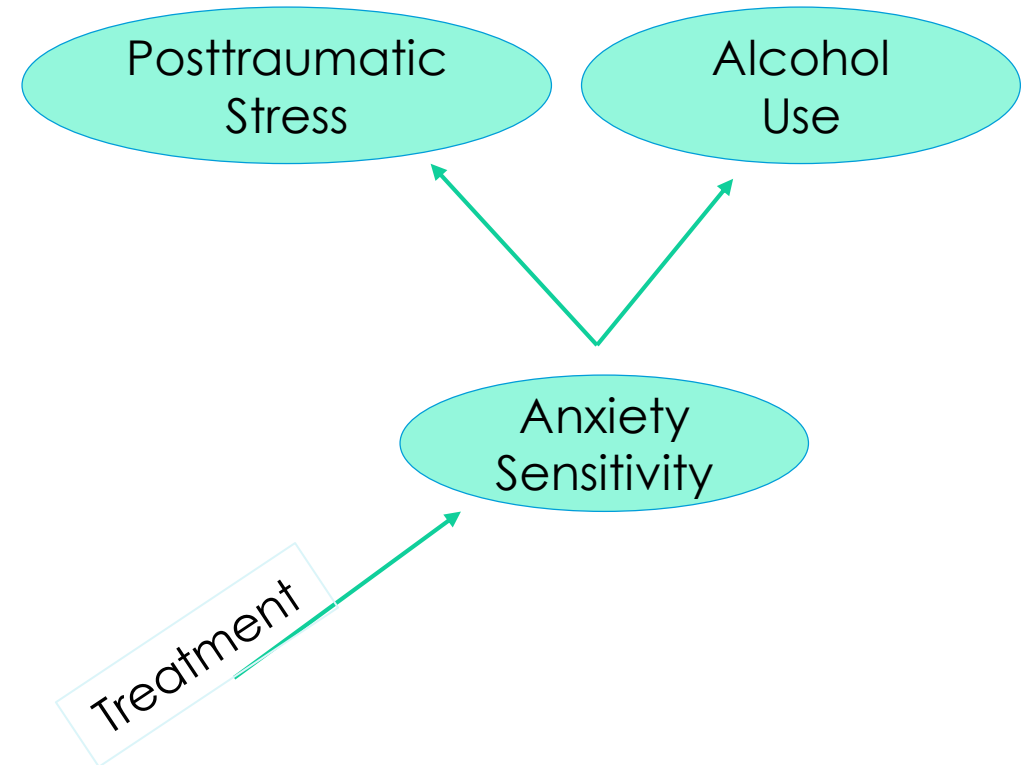


Alcohol  
Use

?

# Transdiagnostic Treatment

- Treatment targets shared underlying risk factors and/or common core processes<sup>1,2</sup>
- Integrated, parsimonious, and pragmatic<sup>3</sup>



<sup>1</sup>Barlow et al., 2004; <sup>2</sup>Craske, 2012; <sup>3</sup>McManus et al., 2010

# Anxiety Sensitivity: A Treatment Target

- Anxiety sensitivity (AS): a fear of arousal-related physiological sensations that arises from the tendency to interpret them catastrophically<sup>1</sup>



# Anxiety Sensitivity: A Treatment Target

- Anxiety sensitivity (AS): a fear of arousal-related physiological sensations that arises from the tendency to interpret them catastrophically<sup>1</sup>



Increases the likelihood of developing PTSD after trauma<sup>2</sup>

Is related to drinking to excess<sup>3</sup>, alcohol problems<sup>4</sup>, and the development of alcohol use disorders<sup>5</sup>

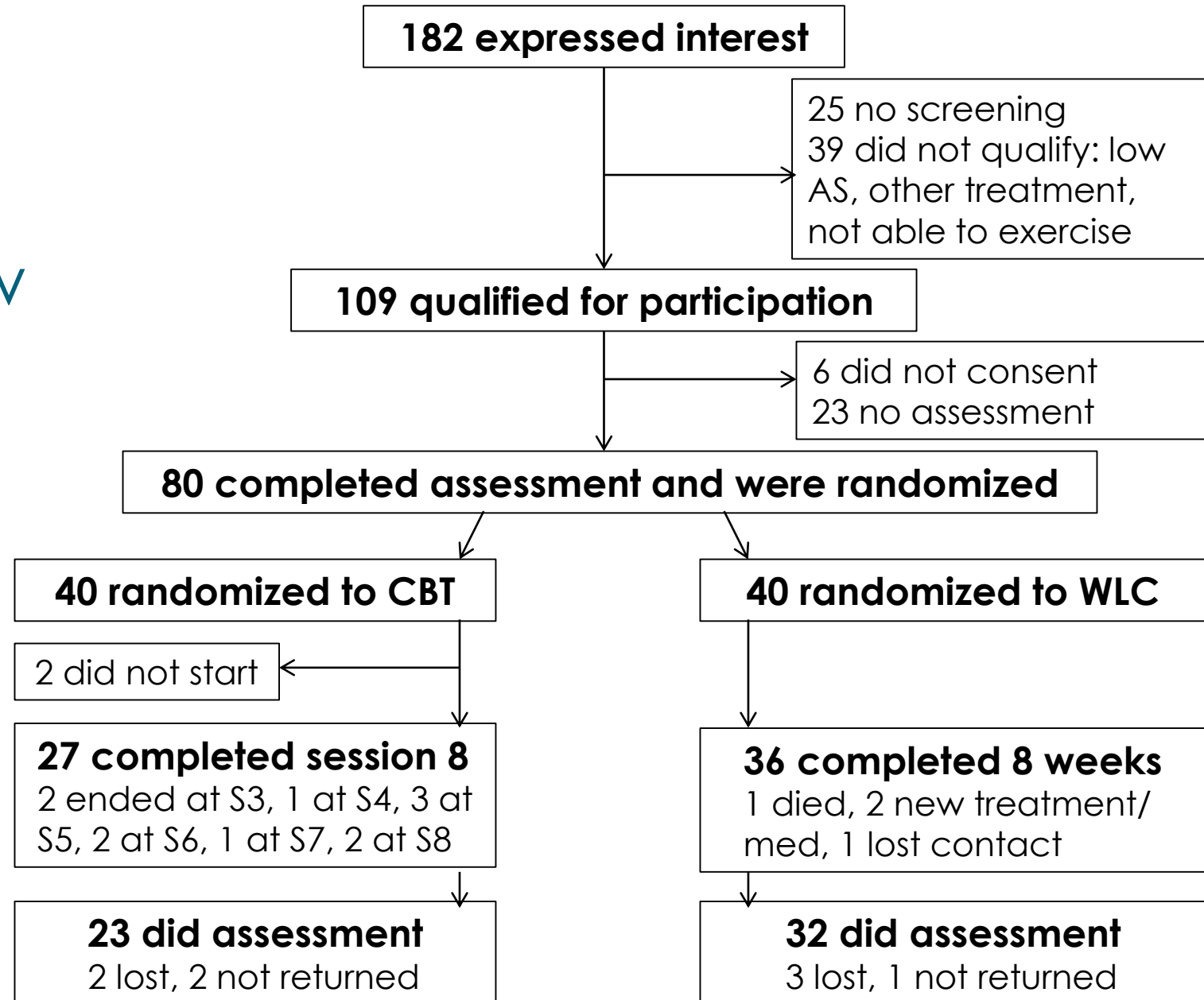
Increases risk of substance use treatment dropout<sup>6</sup> and/or relapse<sup>7</sup>

<sup>1</sup>Reiss & McNally, 1985; <sup>2</sup>Keogh et al., 2002; <sup>3</sup>Stewart et al., 1995; <sup>4</sup>Watt et al., 2006; <sup>5</sup>Schmidt et al., 2007; <sup>6</sup>Lejeuz et al., 2008; <sup>7</sup>Zvolensky et al., 2007

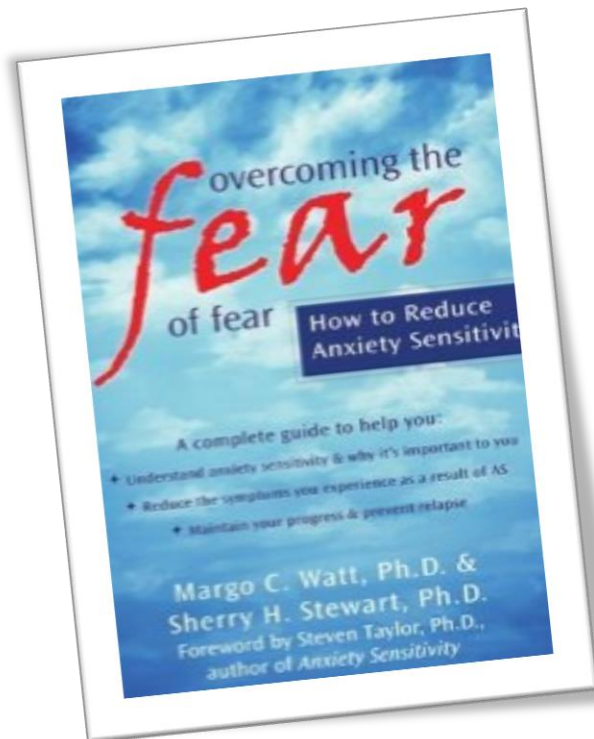
# Objectives

1. Test the efficacy of telephone-delivered CBT for high AS in reducing AS in a community sample of treatment-seeking adults with high AS
2. Explore the transdiagnostic implications of this treatment by examining changes in posttraumatic stress and substance use symptoms post-treatment

# Procedure and Participant Flow



## Treatment



Watt & Stewart, 2008

- Eight sessions:
  - 1 & 2: psychoeducation
  - 3 & 4: cognitive restructuring
  - 5 & 6: interoceptive exposure
  - 7: stress management
  - 8: relapse prevention
- One month continuation of exercise program
  - run/walk 3x/week for 10 mins each time

# Measures

- Anxiety sensitivity:
  - Anxiety Sensitivity Index – 3 (Taylor et al., 2007)
- PTS symptoms:
  - Modified PTSD Symptom Scale (Falsetti et al., 1993)
- Substance use:
  - Modified Drinking Motives Questionnaire – Revised (Grant et al., 2007)
  - Short Inventory of Problems – Recent (Miller et al., 1995)
- Quality of life:
  - Sheehan Disability Scale (Leon et al., 1992)
- Structured Clinical Interview for DSM-IV-TR (First et al., 2002)



M = 36 years

79% women

84% post-secondary ed.

76% Caucasian

## Participant Diagnoses

- n=13: no diagnosis
- n=34: comorbid Axis I disorder

| Diagnosis                     | Current | Partial Remission | Past History |
|-------------------------------|---------|-------------------|--------------|
| Social Phobia                 | 21      | 2                 | 1            |
| GAD                           | 20      | 0                 | 0            |
| Panic Disorder                | 14      | 4                 | 2            |
| Panic Disorder c/ Agoraphobia | 10      | 4                 | 2            |
| ADNOS                         | 7       | 0                 | 0            |
| Agoraphobia                   | 5       | 0                 | 0            |
| OCD                           | 4       | 0                 | 0            |
| PTSD                          | 4       | 2                 | 1            |
| Specific Phobia               | 3       | 1                 | 0            |
| MDD                           | 9       | 12                | 14           |
| Dysthymia                     | 4       | 0                 | 0            |
| Hypochondriasis               | 3       | 0                 | 0            |
| Pain Disorder                 | 1       | 0                 | 0            |
| Eating Disorder               | 1       | 3                 | 2            |
| Substance Use Disorder        | 3       | 2                 | 19           |



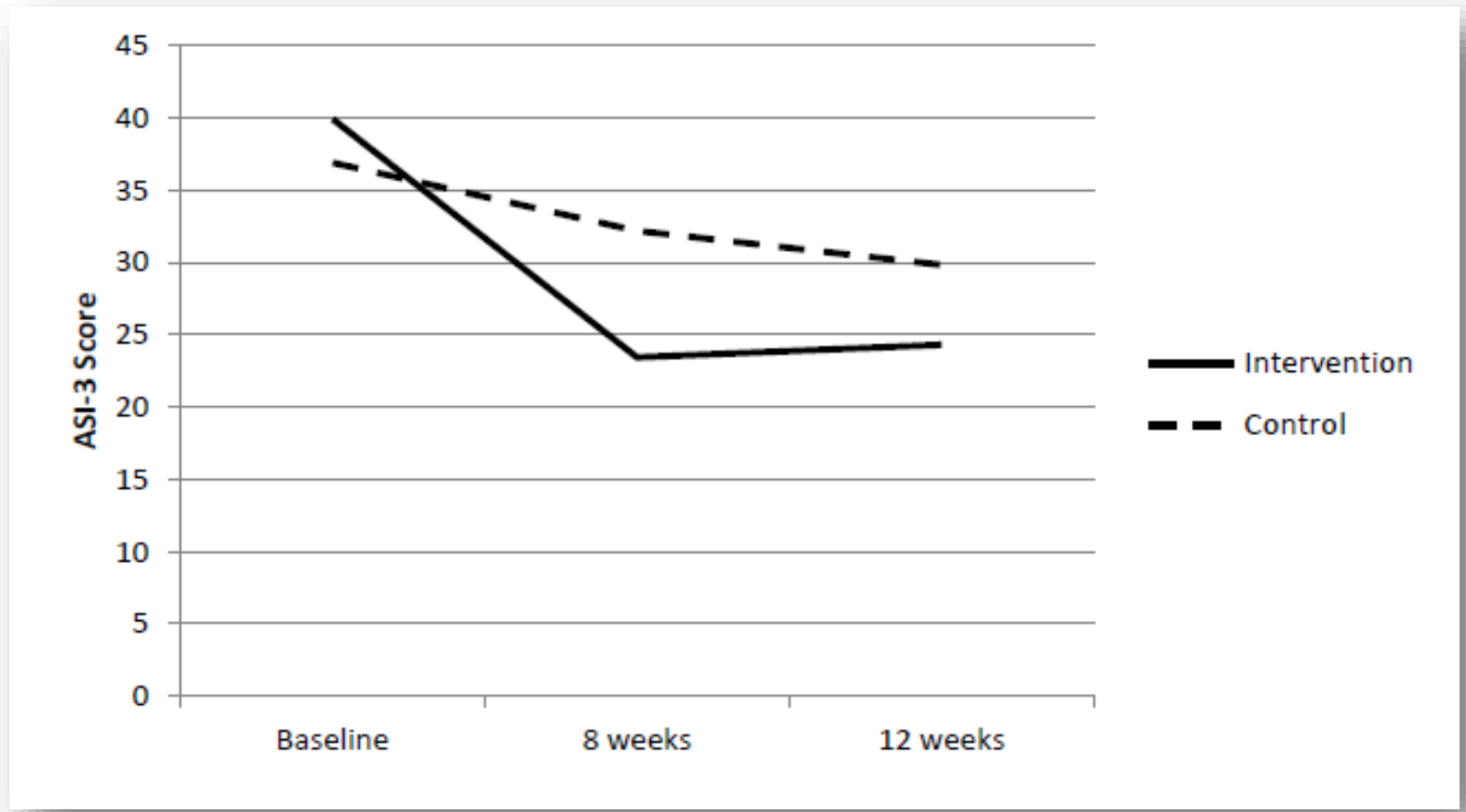
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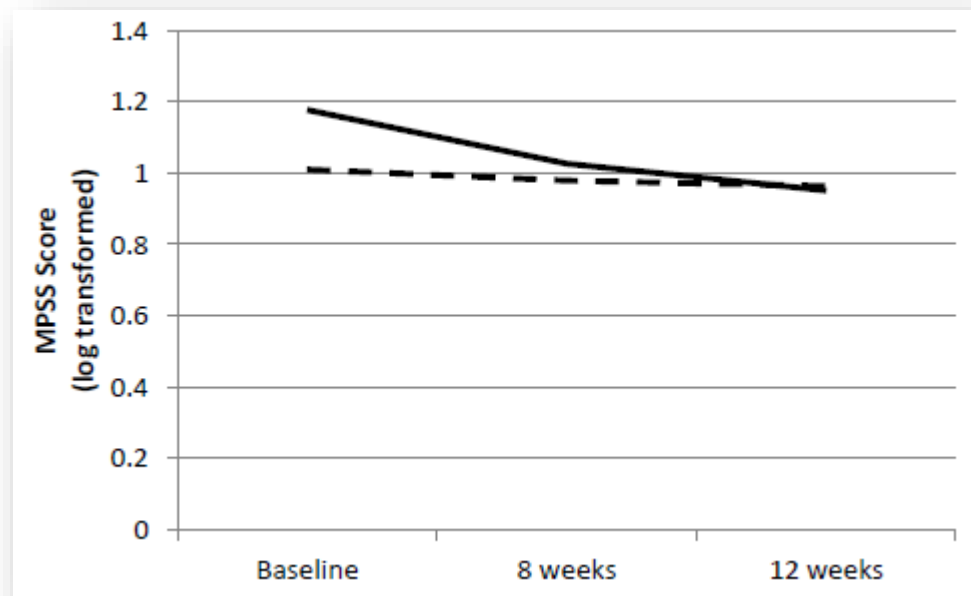
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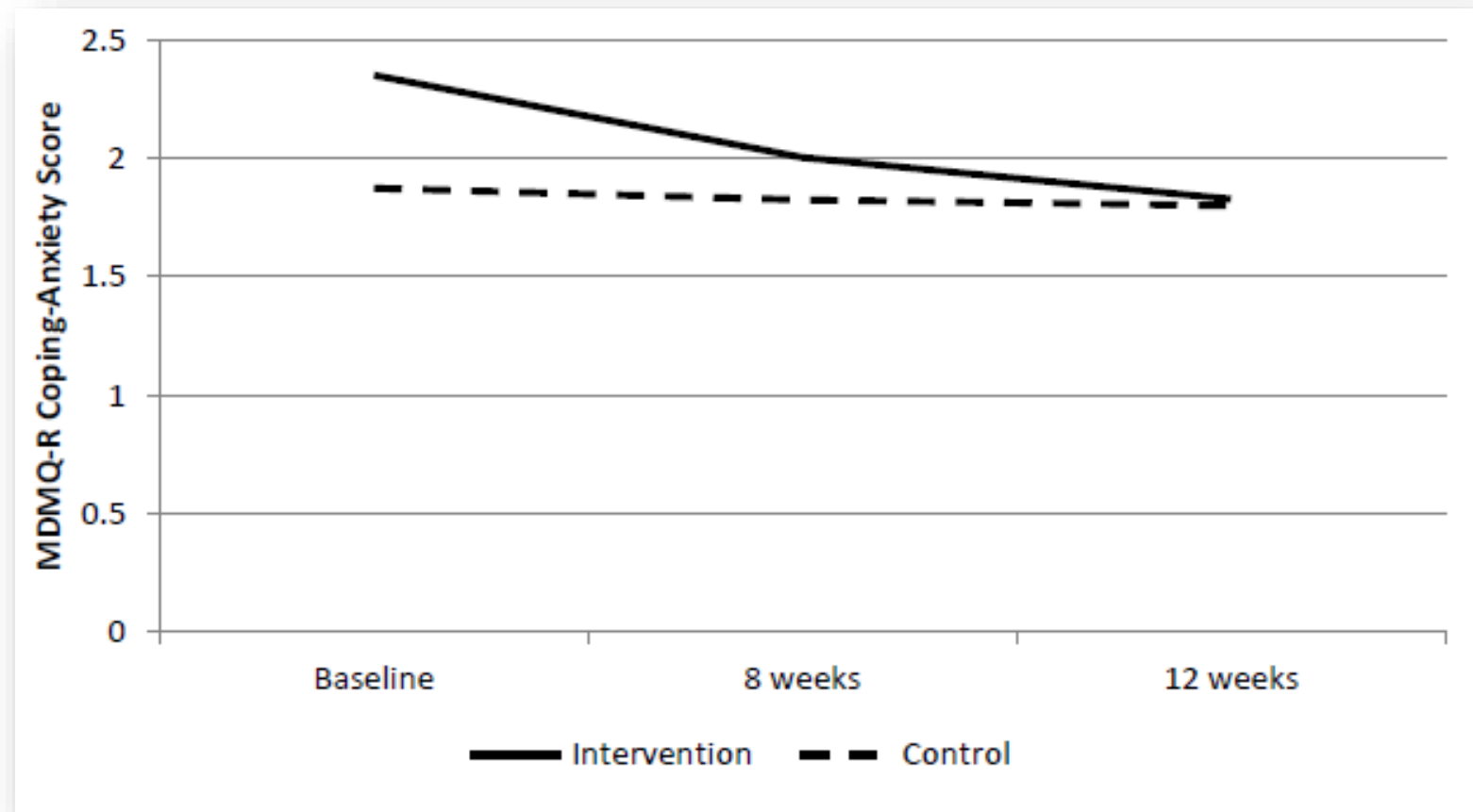
# Results: Anxiety Sensitivity



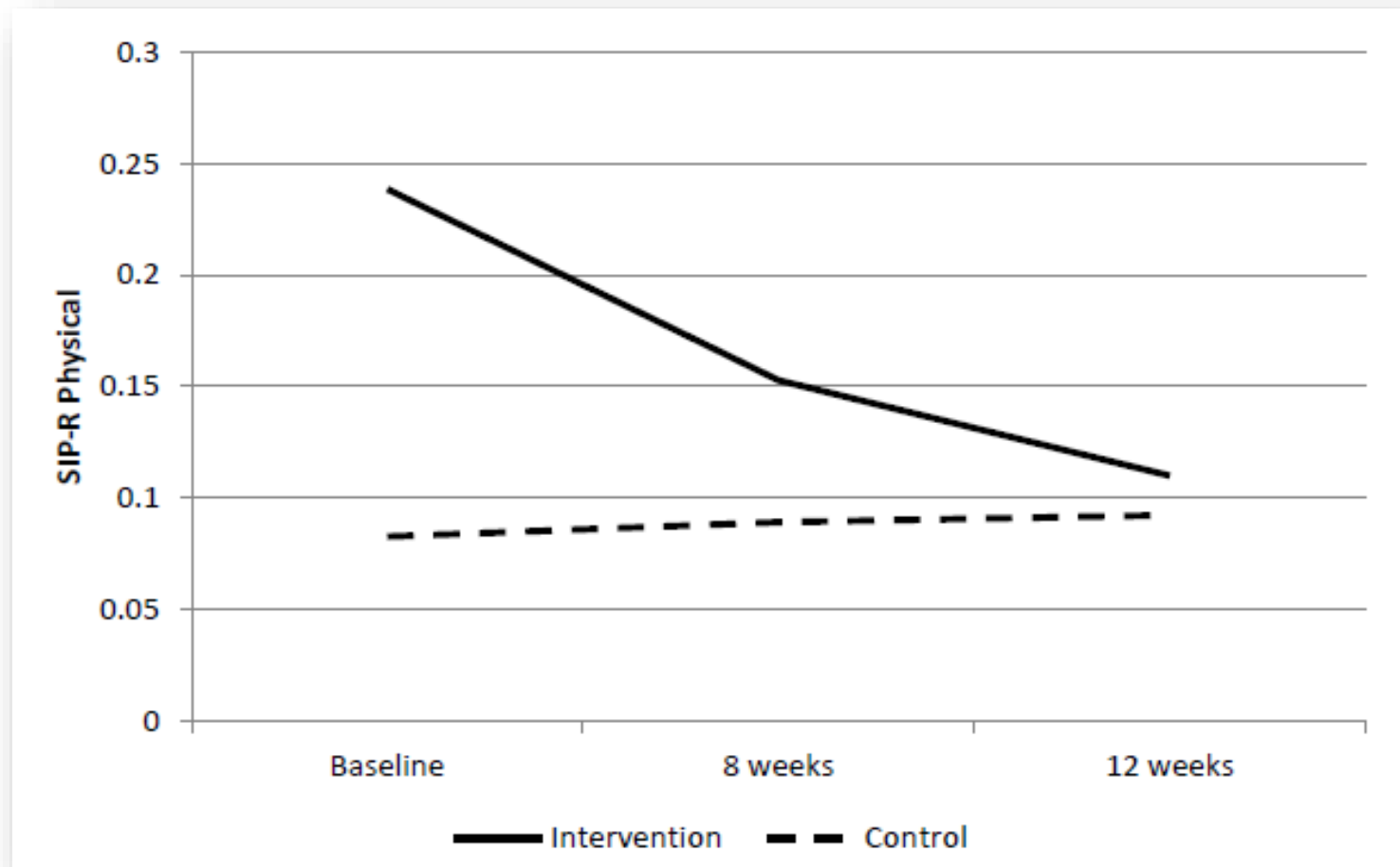
| Measure              | Group | Pre <i>M</i> ( <i>SD</i> ) | 8-week <i>M</i> ( <i>SD</i> ) | 12-week <i>M</i> ( <i>SD</i> ) |
|----------------------|-------|----------------------------|-------------------------------|--------------------------------|
| 4. MPSS <sup>a</sup> | WLC   | 27.20 (31.67)              | 27.03 (28.80)                 | 22.66 (28.32)                  |
|                      | CBT   | 38.42 (34.64)              | 21.00 (25.28)                 | 24.04 (31.19)                  |



Posttraumatic Stress  
Symptoms

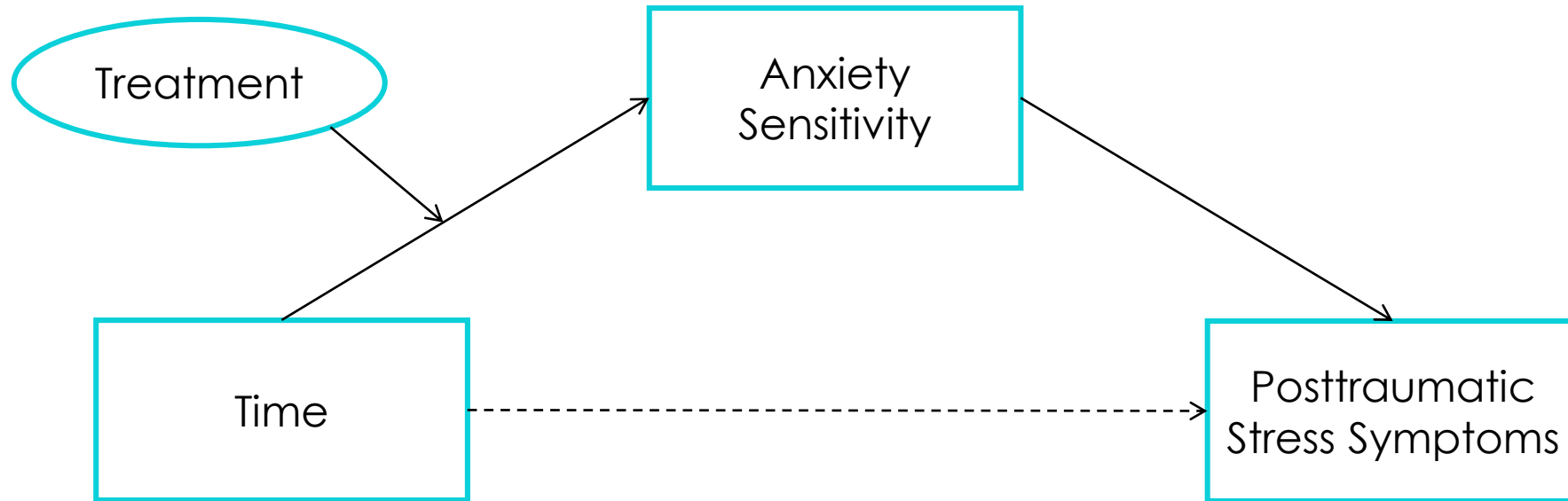


Results:  
Drinking Motives: Coping with Anxiety

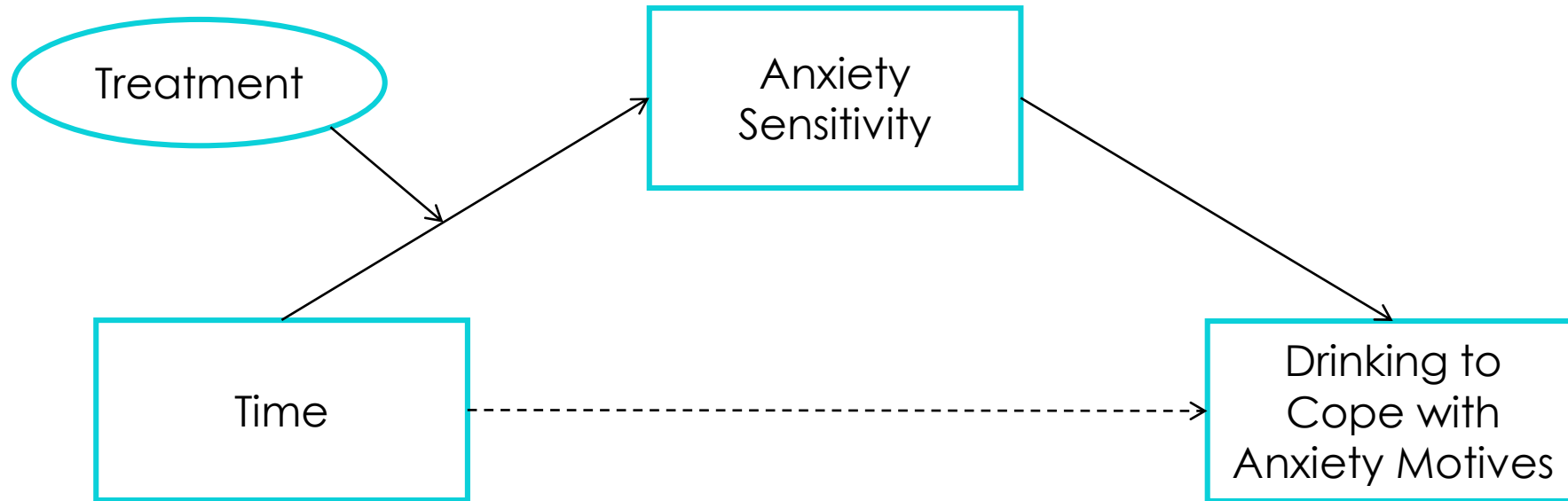


Results:  
Alcohol-Related Problems: Physical

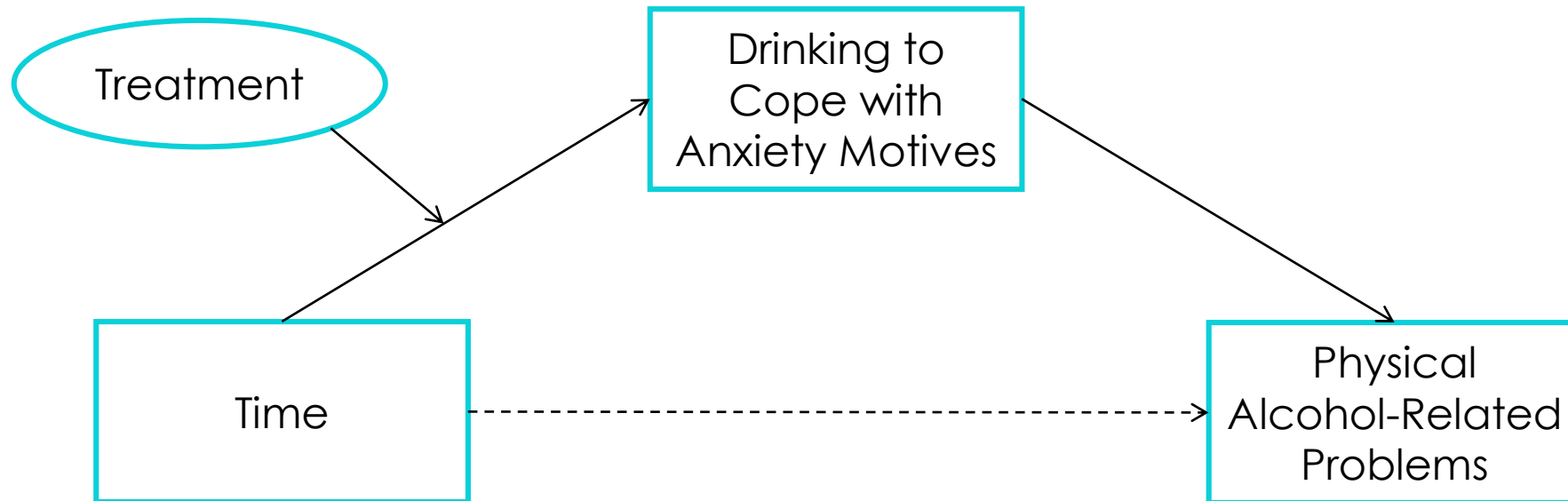
# Mediated Moderation



# Mediated Moderation

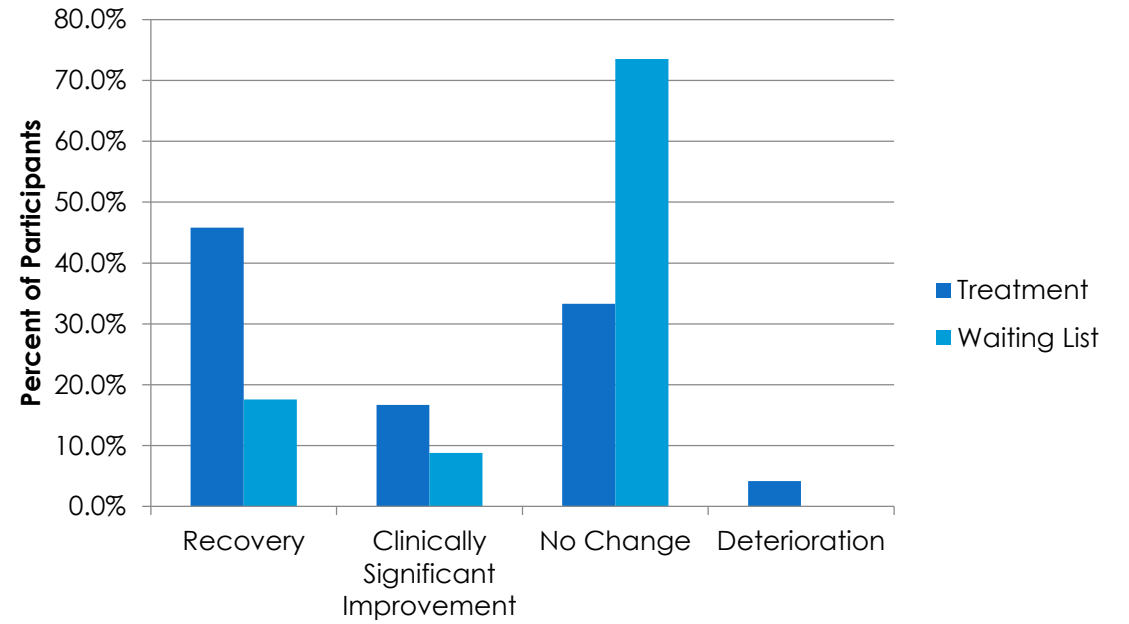


# Mediated Moderation: Exploratory



# Clinical Significance

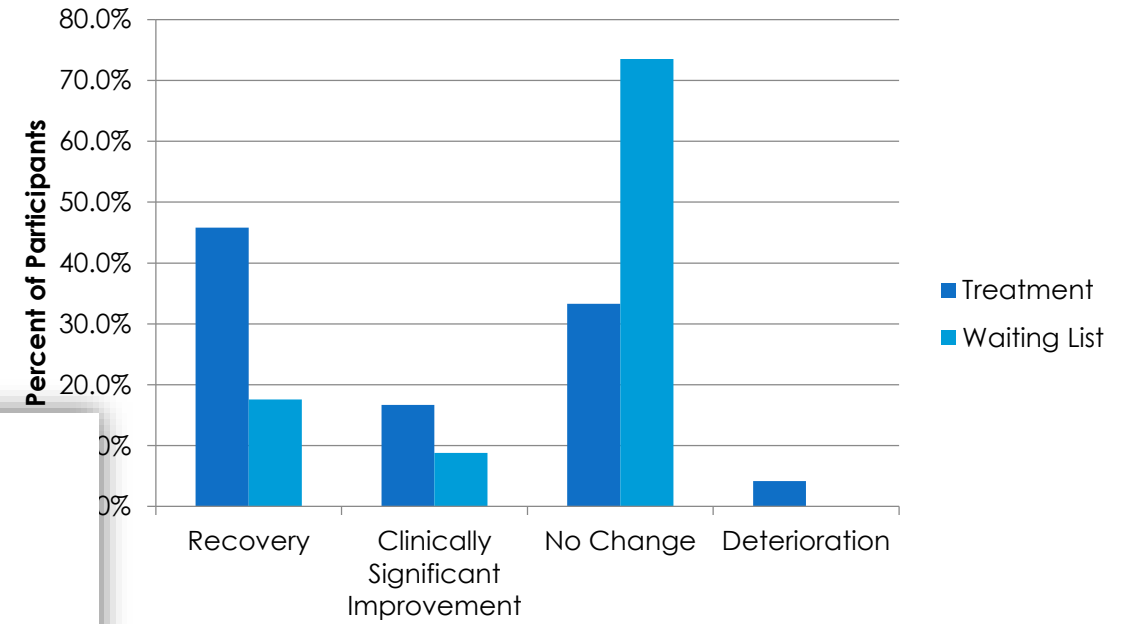
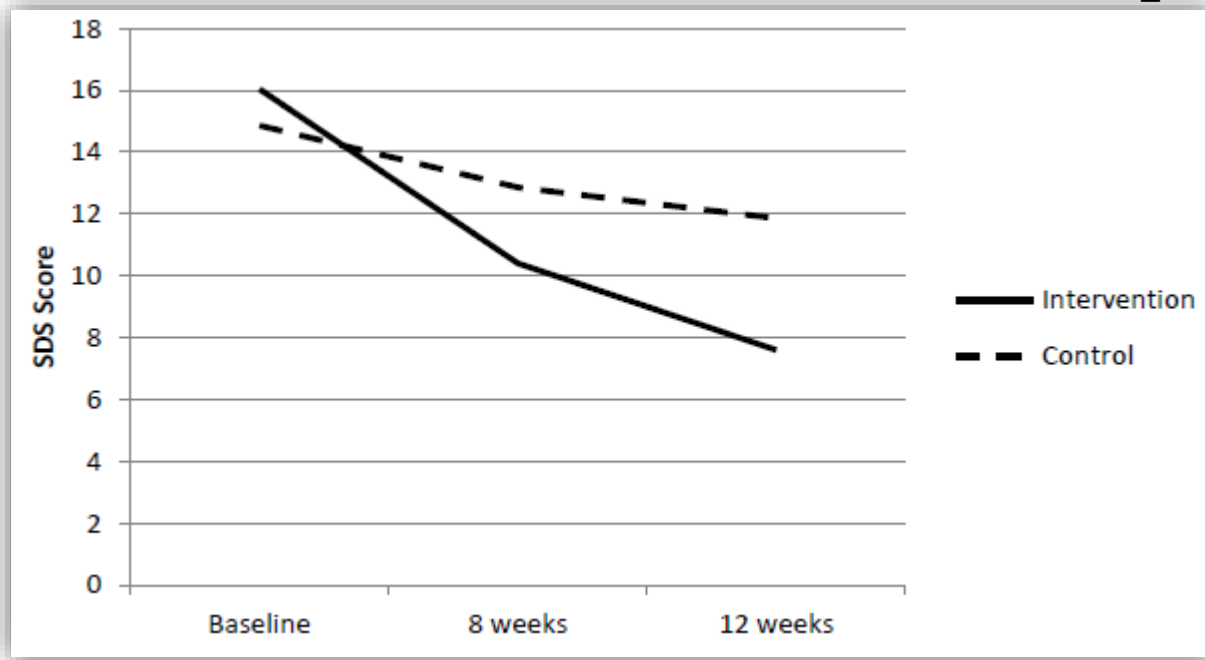
## 1. Reliable Change on ASI-3



# Clinical Significance

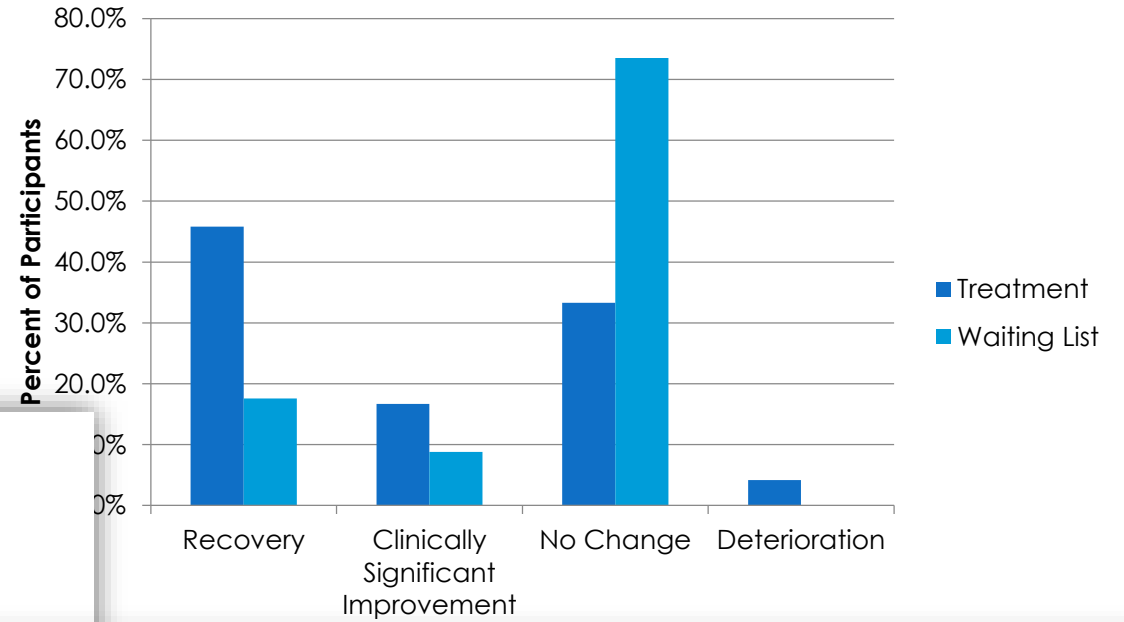
1. Reliable Change on ASI-3

2. Functional Disability

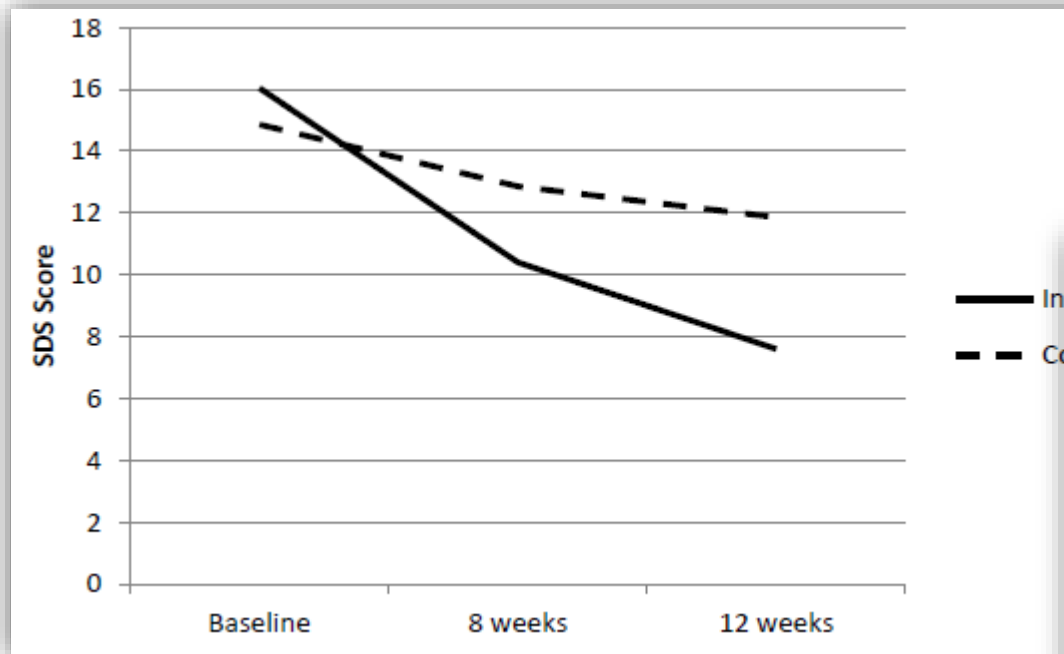


# Clinical Significance

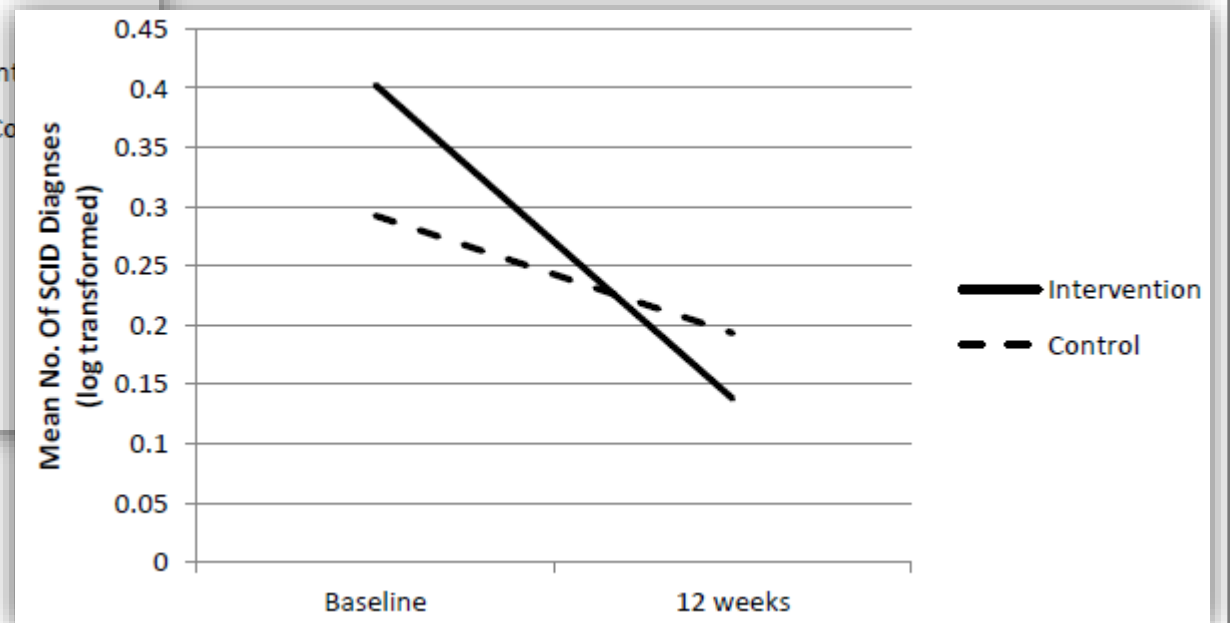
1. Reliable Change on ASI-3



2. Functional Disability



3. SCID-IV Diagnoses



## Summary & Interpretation of Findings

1. Intervention successfully reduced anxiety sensitivity (vs. WLC) with gains maintained at follow-up
2. Intervention reduced posttraumatic stress symptoms, coping with anxiety drinking motives, and physical alcohol-related problems = transdiagnostic implications
3. Role for anxiety sensitivity as a treatment mediator
4. Results maintained at follow-up

## Methodological Limitations & Future Directions

1. Sample selected for high AS rather than alcohol use or posttraumatic stress symptoms – testing in a clinical sample of traumatized drinkers is needed
2. SIP-R subscales had some skew and poor reliability
3. Link to absolute levels of drinking needs to be explored

Nevertheless, AS may be an appropriate intervention target in treating traumatized drinkers.

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A decorative border surrounds the central text. It consists of several rectangular blocks in shades of blue, teal, and grey, arranged in a grid-like pattern. The top-left corner has a dark blue block, a teal block, and a grey block. The top-right corner has a dark blue block. The bottom-left corner has a teal block and a grey block. The bottom-right corner has a teal block. The bottom edge has a grey block.

Thank You!