



## Coping among military veterans with PTSD in substance use disorder treatment



Matthew Tyler Boden, Ph.D. <sup>a,\*</sup>, Rachel Kimerling, Ph.D. <sup>a,b</sup>, Madhur Kulkarni, Ph.D. <sup>c</sup>,  
Marcel O. Bonn-Miller, Ph.D. <sup>a,b,d,e</sup>, Christopher Weaver, Ph.D. <sup>c,f</sup>, Jodie Trafton, Ph.D. <sup>a</sup>

<sup>a</sup> Center for Innovation to Implementation, VA Palo Alto Health Care System, Menlo Park, CA, 94025, USA

<sup>b</sup> National Center for PTSD, VA Palo Alto Health Care System, Menlo Park, CA, 94025, USA

<sup>c</sup> VA Palo Alto Health Care System, Menlo Park, CA, 94025, USA

<sup>d</sup> Department of Psychiatry, University of Pennsylvania, Philadelphia, PA, 19104, USA

<sup>e</sup> Center of Excellence in Substance Abuse Treatment and Education, Philadelphia VAMC, Philadelphia, PA, 19104, USA

<sup>f</sup> Palo Alto University, Palo Alto, CA, 94304, USA

### ARTICLE INFO

#### Article history:

Received 30 August 2013

Received in revised form 4 March 2014

Accepted 24 March 2014

#### Keywords:

Substance use disorder

Substance abuse

Posttraumatic stress disorder

Coping

Seeking safety

Dual diagnosis

### ABSTRACT

We longitudinally investigated coping among male military veterans ( $n = 98$ ) with posttraumatic stress disorder (PTSD) symptomatology and a co-occurring substance use disorder (SUD) who participated in a randomized controlled trial of seeking safety (SS). Participants were randomized to SS or intensive treatment-as-usual (TAU) for SUD. Coping (active, avoidant, emotional discharge), and PTSD and SUD symptomatology were measured prior to and at the end of treatment, and at 6- and 12-month follow-ups. Among the total sample, we found that: (a) avoidant and emotional discharge, but not active, coping tended to be positively associated with PTSD and SUD symptomatology at baseline; (b) active coping increased and avoidant and emotional discharge coping decreased during the 12-month time-period; and (c) avoidant and emotional discharge, but not active, coping longitudinally covaried with PTSD and SUD symptomatology. Results suggest the utility of targeting maladaptive coping in treatments for individuals with co-occurring PTSD and SUD.

Published by Elsevier Inc.

### 1. Introduction

Posttraumatic stress disorder (PTSD) has been shown to be particularly harmful to the biopsychosocial health of patients with substance use disorders (SUD; Ouimette, Brown, & Najavits, 1998; Ouimette, Moos, & Brown, 2002). Research demonstrates that comorbid PTSD symptoms directly worsen SUD symptoms and make recovery less likely (Clark, Masson, Delucchi, Hall, & Sees, 2001; Ouimette et al., 2002; Saladin et al., 2003). Individuals diagnosed with co-occurring PTSD and SUD continue to experience high levels of symptoms and related dysfunction following treatments for PTSD, SUD and combined PTSD-SUD (e.g., Ouimette et al., 1998). In other words, SUD symptoms are particularly difficult to treat among individuals with comorbid PTSD (Hein et al., 2010; Najavits, 2013). Therefore, examining factors that contribute to treatment gains among individuals with comorbid PTSD-SUD can inform the refinement of existing treatments and development of new interventions to more effectively target these factors, and thus improve the clinical and cost effectiveness of treatments for comorbid PTSD-SUD (Kazdin, 2007). In this study, we examine coping strategies, which are directly

targeted as a potential mechanism for improving PTSD-SUD outcomes in most existing treatments, among male military veterans with co-occurring PTSD symptomatology and an SUD receiving specialized treatment for SUD.

The frequency with which individuals with PTSD or SUD use specific strategies to cope with symptoms of their mental disorders and related consequences is a key factor that influences the maintenance of those disorders (Feeny & Foa, 2005; Moos, 2007). We expect avoidance coping to be especially influential for maintenance of PTSD and SUD. Avoidance coping is a strategy in which the person orients their thoughts, emotions and behaviors away from unpleasant experience (e.g., denying the existence or consequences of a particular problem, choosing not to confront or solve the problem or to engage cues of the problem; Litman, 2006; Roth & Cohen, 1986). Many studies have found that patients with PTSD tend to manage the enormous psychological demands of their trauma(s) by using avoidant strategies that paradoxically increase their symptoms (e.g., Badour, Blonigen, Boden, Feldner, & Bonn-Miller, 2012; Gutner, Rizvi, Monson, & Resick, 2006; Krause, Kaltman, Goodman, & Dutton, 2008; Pineles et al., 2011). Avoidance coping is also associated with SUD (e.g., Hasking & Oei, 2004; Vernig & Orsillo, 2009), as numerous studies have shown that a primary motive for using drugs and alcohol is the alleviation and avoidance of unpleasant experiences and emotional states (e.g., Cooper, Frone, Russell, & Mudar, 1995; Cooper, Russell, Skinner, Frone, & Mudar, 1992). Logically, the likelihood that

\* Corresponding author at: Center for Innovation to Implementation, VA Palo Alto Health Care System, Menlo Park Division (152), 795 Willow Road, Menlo Park, CA 94025. Tel.: +1 650 493 5000x27529; fax: +1 650 617 2690.

E-mail address: Matthew.Boden@va.gov (M. Tyler Boden).

alcohol/drugs are used (and thus increase the risk of developing psychological and physical dependence) will increase the more that alcohol/drugs help to alleviate/avoid unpleasant experiences, thoughts, and emotions.

The use of avoidance coping potentially helps to explain the high co-occurrence of PTSD and SUD. For individuals with PTSD, alcohol and/or drugs may be used as an avoidant strategy aimed at the alleviation of symptoms and related consequences (Baker, Piper, McCarthy, Majeskie, & Fiore, 2004; Khantzian, 1985; Ullman, Relyea, Peter-Hagene, & Vasquez, 2013). Furthermore, individuals with PTSD may lack the resources and skills to cope through other means. The use of substances for this purpose may increase the risk of developing an SUD. Maintenance of the SUD may occur in part because individuals with PTSD are particularly fearful of, and emotionally reactive to, the type of experiences that occur during alcohol/drug use reduction and discontinuation (e.g., PTSD-like withdrawal symptoms such as sleep disturbances, anxiety, and irritability; e.g., Boden, Babson, Vujanovic, Short, & Bonn-Miller, 2013). At least one study has supported the link between PTSD, alcohol/drugs, and avoidant coping, by demonstrating that posttraumatic stress symptoms were more strongly associated with avoidance coping among motor vehicle accident survivors with versus without an alcohol use disorder history (Hruska, Fallon, Spoonster, Sledjeski, & Delanty, 2011). Few studies have examined associations between avoidance coping and symptoms among individuals dually-diagnosed with PTSD and SUD.

In contrast to avoidance coping, some active coping strategies may be adaptive for individuals with PTSD and/or SUD (Boden, Bonn-Miller, Vujanovic, & Drescher, 2012; Ilgen, Wilbourne, Moos, & Moos, 2008). Active coping strategies are oriented toward unpleasant experiences and associated thoughts and emotions, and include specific strategies such as positive reappraisal (e.g., positively reframing a problem and its consequences) and problem solving (e.g., planning for future occurrences of a problem; Litman, 2006; Roth & Cohen, 1986). Emotional discharge coping (e.g., venting of unpleasant emotions), on the other hand, is an active coping strategy that has generally been found to be maladaptive, including among individuals with PTSD and SUD (e.g., Hasking & Oei, 2007; Olatunji, Ciesielski, & Tolin, 2010; Ouimette, Ahrens, Moos, & Finney, 1997). Thus, in this study, we investigate emotional discharge coping separately from active coping.

Evidence-based treatments for PTSD and SUD (see Institute of Medicine report, 2007) include cognitive and/or emotional strategies designed to reduce avoidance coping (e.g., in vivo exposure) and to increase the use of active coping strategies, such as positive reappraisal and problem solving (Hamblen, Schnurr, Rosenberg, & Eftekhari, 2009). In fact, coping is a primary target and hypothesized mechanism of change (Kazdin, 2007) of the most prominent integrative therapy for co-occurring PTSD and SUD, seeking safety (SS; Najavits, 2002). SS is a present-focused therapy that is designed to help clients explore links between trauma/PTSD and substance use without having clients delving into specific details regarding their trauma history or experience of PTSD. SS provides clients with psychoeducation and teaches them to use adaptive coping skills to manage the symptoms of their disorders and associated consequences and the demands of recovery from these disorders.

Several studies have demonstrated the positive effects of active coping and the negative effects of avoidance coping on PTSD- and SUD-related outcomes among patients receiving treatment for PTSD or SUD (e.g., Badour et al., 2012; Boden, Bonn-Miller et al., 2012; Chung, Langenbucher, Labouvie, Pandina, & Moos, 2001). For example, Badour et al. (2012) found that, among a large sample of military veterans receiving residential treatment for PTSD, greater avoidance coping prior to treatment predicted increased PTSD symptoms at treatment discharge, and increased PTSD symptoms at treatment discharge predicted increased avoidance coping 4-months after treatment discharge. At least two studies have specifically

examined PTSD-SUD patients receiving treatment for PTSD or SUD (Ouimette, Finney, & Moos, 1999; Ouimette et al., 1997). For example, Ouimette et al. (1998) found that statistically adjusting for the use of avoidance and active coping partially reduced the association between PTSD and substance use among patients with PTSD-SUD receiving cognitive-behavioral or 12-step-oriented treatment for SUD. In other words, PTSD and substance use were associated to a greater degree among patients in this sample who used more avoidance coping and less active coping.

Several studies have also examined coping among patients in an integrated treatment for co-occurring PTSD and SUD (Boden, Kimerling, et al., 2012; Gatz et al., 2007; Lynch, Heath, Matthews, & Cepeda, 2012; Najavits, Weiss, Shaw, & Muenz, 1998). Najavits et al. (1998) found that, among 17 women with comorbid PTSD and SUD receiving SS, coping related to “willingness to work hard” significantly increased over the course of treatment. However, significant changes in none of the other 13 coping strategies or higher level factors that could potentially be assessed (e.g., expressing feelings; problem avoidance) using the measure included in this study were reported, and it is unclear whether subscales comprising active or avoidance coping, or the higher order factors themselves were examined. Gatz et al. (2007) examined coping skills specifically targeted in SS (e.g., distraction) among 402 women with an SUD and a history of violent/traumatic experiences receiving outpatient SUD treatment that did or did not include SS groups. Women receiving SS significantly increased in SS-related coping skills relative to those not receiving SS. Increases in coping skills were associated with improved drug, but not alcohol use outcomes in the total sample. However, the association between changes in coping skills and improved drug use outcomes did not vary by treatment condition. Similar to the study by Najavits et al. (1998), findings regarding active and avoidance coping were not reported. Among 114 incarcerated women, Lynch et al. (2012) found that adaptive coping, which included measures of positive reframing and planning, significantly increased and maladaptive coping, which included measures of disengagement and denial, significantly decreased among women receiving SS relative to those serving as a waitlist control. Boden, Kimerling, et al. (2012) found that active coping significantly increased during the 6-months following treatment initiation among 98 male military veterans receiving SS relative to those receiving an intensive treatment-as-usual. However, similar to the study by Gatz et al. (2007), these increases were not associated with corresponding decreases in drug use over time. Boden, Kimerling, et al. (2012) did not examine any other type of coping, or the association of coping with PTSD and alcohol use outcomes. In summary, the literature examining coping among patients receiving SS is limited in terms of the types of coping examined, especially in relation to PTSD and SUD outcomes. However, this literature demonstrates that the frequency of use of a few types of coping changes in adaptive ways during SS, but these changes are generally not associated with changes in PTSD and SUD outcomes.

The current study was intended to add to existing literature by examining coping among male military veterans receiving SUD treatment for an alcohol or drug use disorder and diagnosed with comorbid PTSD symptomatology who were randomly assigned to receive SS or an intensive treatment-as-usual (TAU) for SUD. This randomized controlled trial included an adequate sample size and had excellent follow-up rates (see Boden, Kimerling, et al., 2012; Weaver, Boden, Kimerling, & Trafton, 2014). Military veterans are an ideal sample within which to examine these relations as veterans with SUD treated in the U.S. Veterans Health Administration (VA) have high rates of comorbid PTSD and SUD, with approximately 30% of patients with SUD diagnosed with co-occurring PTSD (Ouimette et al., 2002). Expanding upon the only study that has examined associations between avoidance coping among individuals with co-occurring PTSD and SUD symptomatology (Hruska et al., 2011), we hypothesized that greater PTSD symptom severity and alcohol and drug use would be

متن کامل مقاله

دریافت فوری ←

**ISI**Articles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات