**Proposal for the development of expert recommendations for the treatment of PTSD with comorbid substance use disorder (SUD)**

**Task force membership:** Neil Roberts, Annett Lotzin, Ingo Schäfer

**Background:**

PTSD and substance use disorder (SUD) frequently co-occur and PTSD-SUD comorbidity presents many clinical challenges for treating clinicians. Individuals with PTSD-SUD present with a more severe clinical profile, tend to have poorer functioning and wellbeing, and inferior treatment outcomes. Clinicians view this comorbidity to be substantially more difficult to treat than either disorder alone. Most recent guidelines (e.g. American Psychological Association 2017; ISTSS 2018; NICE 2018) have not included scoping questions to address issues of comorbidity, and there are no widely accepted guidelines about how to manage and treat such individuals.

**Aims:**

The aim of this task force is to develop recommendations for clinicians treating this comorbidity using a two-stage process:

***Stage 1.*** Completion of a systematic review and meta-analysis with the aim of addressing the following scoping questions.

**Scoping questions**

1. For individuals with PTSD and comorbid substance use disorder, do psychological treatments when compared to treatment as usual for SUD disorder only, waiting list or no treatment, result in a clinically important reduction of PTSD and SUD symptoms, reduced presence of disorder, decreased drop-out or difference in reported adverse effects? Example comparisons:
    a. Are trauma focused treatments plus treatment as usual for SUD more effective than treatment as usual for SUD disorder only at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?
    b. Are present focused treatments (also known as coping based/ non-trauma

focused treatments) plus treatment as usual for SUD more effective than treatment as usual for SUD disorder only at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?

c. Are integrated cognitive restructuring-based interventions (without imaginal and in vivo exposure) for PTSD and SUD plus treatment as usual for SUD more effective than treatment as usual for SUD disorder only at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?
d. Is EMDR plus treatment as usual for SUD more effective than treatment as usual for SUD disorder only at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?

2. For individuals with PTSD and comorbid substance use disorder, do psychological treatments when compared to other psychological treatments, result in a clinically important reduction of PTSD and SUD symptoms, reduced presence, of disorder, decreased drop-out or difference in reported adverse effects? Example comparisons:
    a. Are trauma focused treatments more effective than present focused treatments at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?
    b. Are trauma focused treatments more effective than integrated cognitive restructuring-based interventions (without imaginal and in vivo exposure) at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?
    c. Are integrated cognitive restructuring-based interventions (without imaginal and in vivo exposure) more effective than present focused treatments at treating traumatic stress symptoms, substance misuse symptoms, or both in people with comorbid PTSD and SUD?

3. When compared to sequential treatments do integrated treatments result in a clinically important reduction of PTSD and SUD symptoms, reduced presence, of disorder, decreased drop-out or difference in reported adverse effects?

**Inclusion criteria**

- RCT or cluster randomised trial, including cross-over design
- Studies evaluating one or more psychological intervention aimed at treating PTSD and/ or SUD.
- Eligible comparator interventions: treatment as usual, SUD only, wait list or other psychological intervention comparison condition.
- *Participants meet formal diagnosis for PTSD using a structured clinical interview according to ICD or DSM, or subthreshold PTSD using predefined subthreshold criteria, which include re-experiencing symptoms. A minimum of 60% of participants are required to meet full PTSD diagnosis.
- *Participants meet formal diagnosis for SUD using a structured clinical interview.
- The study includes PTSD and/ or SUD outcomes using validated measures
- Studies published in English.
- No minimum sample size.
- No restriction based on age. Interventions for adults and children will be analysed and presented separately.
- Unpublished studies eligible.

* Studies will be eligible for inclusion if a subgroup of participants meet criteria for PTSD and/ or SUD, are randomly allocated across intervention, and subgroup data is made available to the task force.

**Exclusion criteria**

- Studies primarily aimed at evaluating PTSD and nicotine dependence.

**Outcomes**

- PTSD severity (giving primacy to clinician administer outcomes)
- SUD severity (giving primacy to clinician administer outcomes, followed by biological markers, followed by self-report measures)
- PTSD diagnosis
- SUD diagnosis
- Leaving treatment prematurely (as defined by study)

- Adverse effects

**Treatment recommendations** will be based on the strength and quality of the findings addressing the above questions through systematic review. Quality of findings will be evaluated through the GRADE approach.

***Stage 2.*** focuses on problems and dilemmas faced in clinical practice that are unlikely to be addressed through systematic review and where there is limited research evidence to make evidence-based recommendations. The procedure at this stage will be to collate good practice/ consensus point recommendations made in trusted methodologically rigorous treatment guidelines and expert guidance publications. Practice points will be reviewed by task force members prior to inclusion.

**Publication:**

A draft copy of guideline recommendations will be made available to ESTSS members for comment and feedback prior to publication of a finalised version.

**Please send any feedback about this proposal to Neil Roberts at** RobertsNP1@Cardiff.ac.uk **. The closing date for comments is 31st October.**