

Pilot feasibility trial of Cognitive Processing Therapy for young people with comorbid Posttraumatic Stress and Substance Use Disorders in residential substance use treatment

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Introduction / Issues:

Substance Use (SUD) and Post-traumatic Stress Disorders (PTSD) are highly comorbid and frequently observed throughout residential Alcohol and Other Drug (AOD) services. Cognitive Processing Therapy (CPT) is considered a 'gold-standard' treatment for PTSD. However, its effectiveness among people with SUDs is largely unknown, particularly among young people receiving residential treatment. We aimed to determine the feasibility and outcomes of CPT for young people (aged 18-35) with SUD/PTSD in the residential AOD treatment setting.

Method / Approach:

This was a single-armed, phase 1, uncontrolled pilot feasibility and outcomes trial. The original 12-session CPT protocol was modified into 10 bi-weekly sessions to fit into the residential treatment structure. We also included a novel 'pre-CPT' motivational interviewing and psychoeducation session.

Results:

Twenty-nine of 73 eligible clients commenced CPT. Nine completed the full 10-session protocol. Participants demonstrated clinically meaningful reductions in PTSD, depression, and anxiety symptoms at 1-month post-baseline, which were largely maintained at 12-months with moderate to large effect sizes ($p < .001$; $d = 0.51 - 0.9$). There were also significant reductions in use of alcohol ($p < .05$, $d = 0.57$) and cannabis ($p < .001$, $d = 0.79$) from baseline to 12-months and amphetamines from baseline to three months ($p < .05$, $d = 0.36$).

Discussions and Conclusions:

Our findings support the feasibility of implementing CPT for young people with SUD/PTSD. This study is limited by the high drop-out rate and small sample size. It was also not possible to determine whether the outcomes were due to CPT or the standard residential treatment program. Novel aspects of implementing CPT, amendments to the original CPT structure, and clinical implications are discussed.

Implications for Practice or Policy:

This study is the first implementation of CPT in the residential AOD setting for young people with SUD/PTSD. Findings add novel, preliminary evidence-based practice recommendations of CPT as an adjunct to residential treatment.

Disclosure of Interest Statement: *None*