

## **Integrated exposure-based therapy for PTSD and substance use among adolescents and emerging adults: Findings from a randomised controlled trial**

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**Introduction:** *For up to 50% of adolescents experiencing posttraumatic stress disorder (PTSD), the course of their illness is further complicated by co-occurring substance use. Despite this, evidence-based integrated treatment options for young people with this comorbidity remain sparse. We conducted a randomised controlled trial examining the efficacy of an exposure-based therapy for co-occurring PTSD and substance use among young people called COPE-A.*

**Method:** *Fifty-five participants aged 13-25 years were randomised to receive up to 16 sessions of either i) COPE-A or ii) supportive counselling (control). Blind interviews were conducted at baseline, 4- and 12-months.*

**Results:** *Participants demonstrated a severe clinical profile at study entry with 91% meeting criteria for a severe substance use disorder (SUD). Mean age of first use was 12 years and the most common substances of concern were cannabis (49%) and alcohol (47%). Most (96%) had experienced multiple traumas (median=6). Those randomised to receive COPE-A demonstrated significantly greater reductions in PTSD symptom severity compared to the control group between baseline and 4-months leading to a significant between-group difference at 4-months. Reductions observed among the COPE-A group were maintained through to 12-month follow-up. Although PTSD symptom severity was higher in the control group at 4-months relative to COPE-A, the control group continued to demonstrate reductions between 4- and 12-months such that no between-group differences were observed at 12-months.*

**Discussions:** *Integrated exposure-based psychological therapy shows promise in the treatment of co-occurring PTSD among young people with SUDs in producing faster clinical gains relative to supportive counselling.*

**Implications for Practice or Policy:** *Although further research is needed, practitioners may wish to consider the use of integrated exposure-based treatment for young clients with PTSD and SUD.*

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