

GOING BEYOND SUD TO EXPAND THERAPEUTIC POSSIBILITIES

WHERE INTEGRATION MEETS INNOVATION
IN TREATING SUD AND PTSD

Addiction treatment centers are generally aware of the link between trauma and substance use. But only a handful of programs draw directly from the scientific literature to guide and monitor specific interventions. By leveraging advanced assessment tools and utilizing evidence-based practice, one treatment center is poised to offer a clinically rigorous, fully integrated therapeutic approach that can serve as a model for the addiction treatment community.

The Underside of Substance Use Disorder: Co-Occurring Mental Health Issues

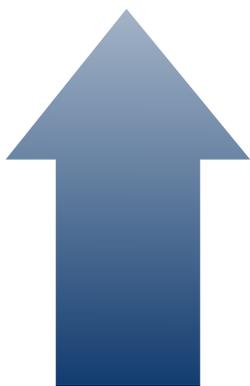
When it comes to treating substance use disorder (SUD), drug or alcohol addiction may not reflect the full scope of a patient’s illness. That’s because, in many cases, those struggling with addiction have underlying, co-occurring mental health issues that can complicate treatment and create an additional, escalating burden for patients, caregivers, and clinicians.

One of the most prevalent co-occurring mental health conditions is post-traumatic stress disorder (PTSD), defined as a disabling psychiatric disorder that develops after exposure to a severe traumatic event. According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, it can involve exposure to actual or threatened death, serious injury, or sexual violence. While the majority of people have experienced some type of trauma during their lifetimes, those with PTSD have elevated rates of comorbid disorders, especially SUDs.¹⁻³

The medical literature clearly highlights the interrelationship between these concurrent disorders. According to an Australian epidemiological study, approximately one third of those with current PTSD also had an SUD.⁴ Relatedly, nearly half of the individuals seeking treatment for SUD met the criteria for PTSD, an estimate that is more than 5 times greater than the US lifetime prevalence rate.^{5,6}

Despite these findings, there is evidence that PTSD receives insufficient attention in SUD treatment. For example, a systematically conducted screening with a validated questionnaire is not performed in more than 80% of SUD patients.^{7,8} To address this unmet need, addiction treatment centers—such as the recently opened Wellbridge Addiction Treatment and Research Center, based in Calverton, New York—are adopting clinically sophisticated, structured screening tools that effectively identify patients with comorbid conditions and target their symptoms.

The Serious Health Consequences of Comorbid SUD and PTSD



Negative Patient Outcomes Associated With SUD and Co-Occurring PTSD⁹⁻¹¹

- Higher incidence of comorbid health disorders and medical problems
- More functional impairments across multiple domains
- Increased rates of hospitalization
- Higher rates of underemployment/homelessness

The co-occurrence of SUD and PTSD has significant clinical implications: individuals who present with both disorders generally have worse outcomes, as highlighted in the diagram above.⁹⁻¹¹ For two thirds of those diagnosed with both SUD and PTSD, SUD symptoms developed concurrently with a traumatic event, indicating that the majority of these people were likely self-medicating their PTSD symptoms.¹² Importantly, this research offers a clinical rationale for the development of individualized, scientifically validated treatment plans that address both addiction and PTSD.

“The co-occurrence of SUD and PTSD has significant clinical implications...”

Advancing the Treatment of SUD and PTSD Through an Integrated Outlook

While considerable research now points to the strong correlation between SUD and PTSD, the historical approach to the treatment of these comorbidities looked quite different. SUD and PTSD were previously treated separately, overseen by different clinicians who even administered treatment within different treatment settings. However, it has now been established that a delay in managing either disorder can lead to poorer outcomes, underscoring the necessity to treat both disorders simultaneously.³ Taken together, these critical insights form the core of an evolved, unified treatment paradigm—one that accurately defines the unique therapeutic approach and research initiatives of Wellbridge.

At this newly opened, leading-edge SUD treatment center, the identification and treatment of PTSD as a co-occurring mental health issue is integrated into the process from the very beginning. The result? A more robust, accessible framework for the optimal resolution of co-occurring mental health issues. **It's this kind of framework that can help achieve major therapeutic milestones:**



The Wellbridge Advantage: Where Science Is the Difference

Fostering unprecedented interaction between researchers, clinicians, patients, and families, the Wellbridge Center for Addiction Science brings findings from the latest SUD and PTSD scientific literature directly to the inpatient, residential setting. In addition to medical, pharmacologic, and other interventions, Wellbridge is currently in the process of implementing the empirically supported cognitive-behavioral psychotherapy program known as *Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE)*, which is quickly becoming the new benchmark in the treatment of co-occurring disorders. *COPE* is designed to help patients emotionally process trauma through prolonged, graded exposure to traumatic events, reducing their anxiety and diminishing the risk of relapse.¹³ With its safe, open, and collaborative environment, Wellbridge offers the ideal setting that puts these integral therapeutic goals within reach, enabling patients to make measured, substantive strides toward recovery.

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COPE represents just one aspect of an extensive treatment framework. Wellbridge is designing and implementing a research assessment battery that systematically characterizes traumatic experiences and their impact on patients' lives. This offers a more precise baseline from which researchers and clinicians can better gauge the outcomes of behavioral interventions. And this also paves the way for novel initiatives such as neuroimaging and genomics—areas that can yield more rapid, effective PTSD interventions driven by patient-specific data.

What does this mean for patients with co-occurring disorders? By synthesizing the treatment of SUD and co-occurring PTSD with a high degree of fidelity, Wellbridge is poised to deliver innovative, standard-setting addiction treatment informed by the best available science. **Ultimately, this translates into a source of compassion and data-driven knowledge that can help restore patients' well-being. Further, it holds the promise of a sustainable recovery.**

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Wellbridge is a new addiction treatment center for people 18+ years of age who suffer from SUD and co-occurring conditions. Wellbridge is pioneering a model for addiction care in which clinical practice and research converge to innovate new evidence-based approaches for treatment.

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