Abstract

Post-traumatic stress disorder (PTSD) is a common mental health condition among military veterans, and research indicates that lifetime prevalence rates of PTSD among military veterans are higher than that of the general population (SAMHSA, 2007). The treatment of PTSD is often complicated by issues of comorbidity, such as substance use disorders, and treatment outcomes are poorer when comorbid issues are present. In addition to exacerbating each other, PTSD and substance use disorder have a functional relationship (Kehle-Forbes et al., 2016), as PTSD symptoms contribute to urges and cravings. Given concerns about difficulty reducing or abstaining from substances during trauma-focused therapy, interventions for treating comorbid PTSD and substance use are often approached sequentially rather than concurrently, despite promising data supporting integrated treatment. The U.S. VA/DOD clinical guidelines will be used to discuss recommendations for initial evaluation, assessment and psychosocial treatments for PTSD, while highlighting the benefits of using integrated models of care for comorbid PTSD and substance use. The benefit and utility of integrated mental health staff in primary care settings will also be discussed as a resource for initial evaluation, triage, and enhancing motivation towards engaging in integrated treatment.

Keywords: Posttraumatic stress disorder, Trauma, Mental health

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