ABSTRACT

AN EXAMINATION OF THERAPEUTIC ALLIANCE DURING PROLONGED
EXPOSURE IN THE TREATMENT OF A COMORBID PTSD AND SUD
POPULATION

By

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Prolonged exposure has emerged as a highly effective method of treating PTSD

(Foa, Hembree, & Rothbaum, 2007; Ruzek et al., 2014), yet for some individuals it has

proven to be aversive to the point of being contraindicated (Morris, 2015). As a

treatment, prolonged exposure can be a challenging procedure to implement given the

high levels of avoidance, fear, and resistance that often accompany a diagnosis of PTSD

(Arntz, Tiesema, & Kindt, 2007; Hoffart et al., 2013; McLaughlin et al., 2014). When it

is used to treat individuals who carry an additional diagnosis of SUD, further

complications may arise with respect to avoidance and tolerating the temporarily aversive

nature of the treatment. To date, few studies have considered how the use of prolonged

exposure in treating PTSD may impact the strength of the therapeutic alliance, and

therefore additionally impact treatment outcomes. No studies have examined how

prolonged exposure may be related to therapeutic alliance among comorbid substance use

with PTSD. As a secondary analysis, this dissertation drew upon data from a randomized

clinical trial conducted by Hien and colleagues assessing the relative efficacy of two

active treatment conditions for individuals with substance dependence who additionally

meet criteria for DSM-IV PTSD. This study explored the predictive capacity of early

therapeutic alliance on treatment outcomes, changes in therapeutic alliance over the

course of treatment and on the intra-session level when imaginal exposures were

introduced, and the moderating impact of baseline PTSD and SUD severity on alliance as a predictor of treatment outcomes. **Results:** Multiple linear regression identified no relationship between early therapeutic alliance and treatment outcomes across measures of both PTSD and SUD. Parametric and non-parametric analyses demonstrated a significant change in the strength of therapeutic alliance from the middle phase of treatment to the end phase of treatment. Paired samples t-tests and Wilcoxon signed-rank tests identified a significant strengthening of alliance following the introduction of imaginal exposure in both the middle and end phases of treatment. Correlational analyses demonstrated that changes in alliance did not correlate with concurrent self-reported symptom changes, and regression analyses revealed how baseline symptomatology did not moderate the impact of early alliance on treatment outcomes. Altogether, this study offers a valuable contribution to the literature exploring the relationship between therapeutic alliance and prolonged exposure in the comorbid PTSD and SUD population, offering findings suggesting that rather than harming the alliance, prolonged exposure techniques strengthen the alliance instead.