

Appendix A: Veteran Interview Guide

1. Can you tell me about your PTSD/anxiety? When did you start experiencing symptoms? Tell me about your journey into treatment. At what point did you contact treatment? When were you diagnosed? What substances have you used/currently use? How long have you been using [insert substances used by Veteran]? What kinds of problems have you experienced as a result of substance use? Do you feel that your use of X, Y and Z relates to your PTSD or anxiety? (if yes) How is your use of X, Y, Z related to your PTSD or anxiety? (if no) In what ways do you feel your use of X, Y and Z is not related to your PTSD or anxiety?
2. How did you make the decision to treat your PTSD/Anxiety or substance use?
3. What treatments did you try? What were your experiences with these treatments like? Did you know that you had to stop using X, Y, Z (from above) in order to do PTSD treatment? (if yes) Who told you this? How did they talk about it? How did you feel when you found out that you had to stop using X, Y and Z in order to do PTSD/Anxiety treatment?
4. Based on your experiences, how can Veterans recover from PTSD and substance use? Do you feel that someone needs to be “clean” from alcohol and/or drugs before starting PTSD treatment?
5. Individual therapy, group therapy, and the use of medications are all treatment options from PTSD and substance use. Which of these types of treatment do you prefer? What are some reasons you prefer _____ over _____?
6. What do you think the VA could do to make getting help for both PTSD and substance use easier for Veterans?
7. What has gotten in the way of you getting help for both your PTSD and substance use?
8. What do you think about the option of receiving treatment for PTSD and substance use at the same time?
9. Would you prefer to address one condition over the other at first? What are some of your reasons?
 - a) How would you feel about two simultaneous in person appointments, one addressing PTSD, one addressing substances?
 - b) How would you feel about one in person treatment that addresses both PTSD and substances each session?
10. Our team is working on methods of improving access to treatment for patients with (PTSD or anxiety) and substance use. One potential method would be a combined therapy that address ptsd/anxiety and substance use together in the same session.
 - a) What would be helpful about such a program?
 - b) What are your concerns about such a program?
 - c) other ideas about what could help?

Appendix B: Provider Interview Guide

“We are interested in learning more about better serving Veterans who experience post-traumatic stress disorder and have had difficulties with substance use. We are especially interested in your experiences providing treatment to this population, and your thoughts on what is and is not working to successfully treat such Veterans.”

Providers experiences:

1. What types of psychotherapies are you trained to deliver to Veterans with PTSD/Anxiety?
[if unclear, use list as prompts]

| | | |
|---|-----------------------------|--|
| Prolonged Exposure | CBT for PTSD | CBT for panic disorder |
| Cognitive Processing Therapy | Stress Inoculation Training | CBT for GAD |
| Eye Movement Desensitization and Reprocessing | Psychodynamic psychotherapy | Transdiagnostic (unified protocol, other |
| COPE | ACT | Panic control treatment |
| Seeking Safety | CBT for SAD | |

2. What, if any, training have you received for delivering EBP’s for substance use? How comfortable are you delivering these treatments? (probe for specific examples)
3. Can you tell me about your experiences treating patients with co-occurring PTSD/SUD? (probe for specific examples)
What influences your decisions about the types of treatment to provide to patients with co-occurring PTSD/SUD?
4. What factors related to substance-use cause you to rule out the use of evidence-based psychotherapies for PTSD (i.e., PT/CPT/EMDR)?
5. What patient characteristics make you more comfortable providing treatment for PTSD/SUD? What characteristics make you less comfortable?
6. What makes a patient with co-occurring PTSD/SUD “ready” for PTSD treatment and for exposure therapy for anxiety?
7. What are your thoughts about Veterans abstaining from substances as a requirement for PTSD/anxiety treatment?
8. What psychotherapies do you consider most appropriate for patients with PTSD/SUD?
9. What do you think would help Veterans with substance use complete evidence-based treatment for PTSD? What do you think would help them complete evidence-based treatment for SUD?
10. What, if any, experience have you had with integrated psychotherapy protocols [such as

COPE or Seeking Safety]? What do you like about the approaches? What don't you like about such approaches? What makes them effective? How might they help providers? In what ways do you feel these integrated protocols are not effective?

11. What, if an, experience have you had with transdiagnostic therapies for anxiety/emotional disorders (such as the Unified protocol). What do you like about the approaches? What don't you like about such approaches? What makes them effective? How might they help providers? In what ways do you feel these integrated protocols are not effective? How would they fit within your current clinic scope? How willing would you be to be trained in such approaches

12. To what extent is treating substance use a part of your scope within your clinic? Anxiety?

Needs/Preferences:

1. What barriers are there currently to providing optimal care for patients with PTSD or Anx/SUD? Probe: Administrative barriers? Logistical barriers (e.g. clinic space), patient/provider-level barriers.

2. What do you think would improve treatment for co-occurring PTSD/SUD?

- a) What resources for clinicians would be helpful?
- b) What system/clinic/VA level changes would be helpful?
- b) What resources for patients would be helpful?

3. Our team is currently working on methods to improve the treatment of anxiety disorders and SUD. One involves a psychotherapy package that combines transdiagnostic CBT for Anxiety and CBT for substance use to be delivered by a therapist in an integrated fashion.

- a) what do you think about such a program? Helpful elements? Concerns?
- b) what do you think would make such a program most usable?

[If Program Director]

1. For patients with co-occurring PTSD or ANX/SUD, what characteristics do you consider before accepting that patient into a specialty clinic? What are your typical exclusion criteria for patients with co-occurring PTSD or ANX/SUD?

2. What administrative barriers have you encountered providing care to patients with co-occurring disorders? What administrative procedures are helpful for facilitating treatment of co-occurring disorders?