



ISTSS 2017

OUR NEWSLETTER

Thank you to everyone who submitted contributions and nominations for the second issue of our bi-annual newsletter! We are delighted to be able to feature in this issue “spotlights” on two SIG members, a trauma/SUD professional and doctoral student. We also have included details on the upcoming ISTSS annual meeting and SIG meeting, original work by both of our featured SIG “spotlights,” and a summary of the featured trauma/SUD articles shared via the listserv over the past six months

We hope you find the newsletters helpful and interesting! We welcome feedback on how we can improve the newsletters to make them more useful to our SIG membership.

Sincerely,

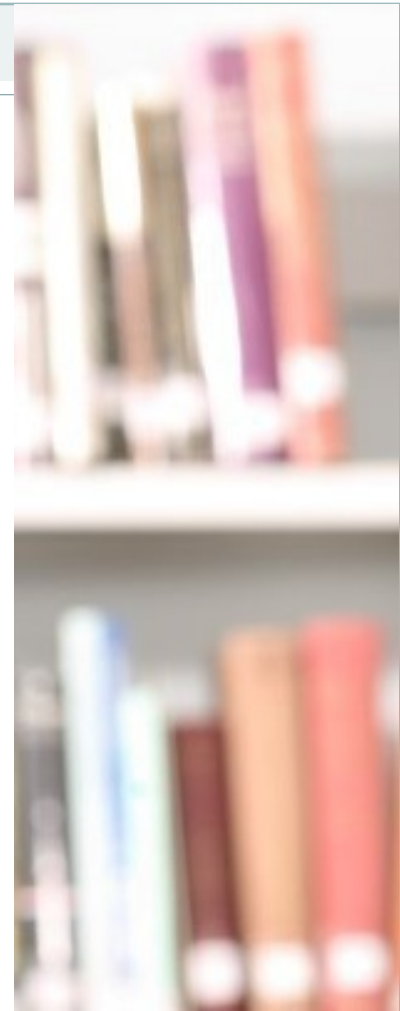
Anka A. Vujanovic & Marcel O. Bonn-Miller (SIG Chairs / Newsletter Editors)

Mallory J. E. Loflin (SIG Student Co-Chair / Newsletter Assistant Editor)

SIG: MISSION STATEMENT

The ISTSS Trauma and Substance Use Disorders (SUD) SIG was founded in 2010. The SIG offers an international multidisciplinary forum for discussion, networking, and collaboration about clinical and research practices relevant to traumatic stress and SUD. The overarching aims of the SIG include:

1. advocating for greater recognition, scholarly attention, and clinical knowledge regarding the highly prevalent and difficult-to-treat occurrence of SUD among trauma-exposed populations with and without PTSD.
2. fostering basic, clinical, translational, and implementation research efforts relevant to traumatic stress and SUD via discussion and collaboration among multidisciplinary members from various regions of the world.
3. advancing evidence-based clinical practices relevant to the assessment and treatment of (1) SUD among trauma-exposed populations; (2) concurrent PTSD and SUD; and (3) PTSD among substance using populations.
4. supporting dissemination and implementation efforts for relevant evidence-based treatments.
5. advancing prevention of SUD in the aftermath of trauma exposure, and prevention of PTSD among individuals with a history of SUD.



INSIDE THIS ISSUE

Annual Meeting	2
Endorsed Posters	2
Spotlight SIG Members	3
Highlighted Research	5-7
Nominations for Spotlights.....	5
Article Submissions	5

JOINING THE SIG

1. Log into the ISTSS website as a member
2. Under “For Members,” click on “Special Interest Groups”
3. Under “Get Involved, join a Sig,” click on the form link
4. Scroll through the Listservs/Communities tab
5. Choose #39—“Trauma and Substance Use Disorders”
6. Click “Save”



ISTSS 33RD ANNUAL CONFERENCE & SIG ANNUAL MEETING

Meeting Dates: November 9th-11th 2017

Location: Palmer House Hotel, Chicago, IL

We are looking forward to seeing everyone at the ISTSS 33rd Annual Meeting at the Palmer House Hotel in Chicago, IL, from November 9th-11th. For those of you who did not already submit abstracts for presentation at the meeting, ISTSS is soliciting late submissions for poster presentations until September 21st. Of course, we always love to see strong representation from our SIG members, so we encourage all members to consider submitting an abstract if they have not already done so. To submit your abstract for consideration, click [here](#).

Our annual SIG meeting will be held on Friday, November 10th from 12-1:30 in Salon 5/8. Please make every effort to attend! The meeting will offer a great chance to interact with fellow SIG members and learn about recent advances in trauma/SUD comorbidity. We are honored to feature a presentation by prominent trauma/SUD researcher and SIG member, Dr. Sonya Norman of the UC San Diego School of Medicine and San Diego VAMC.

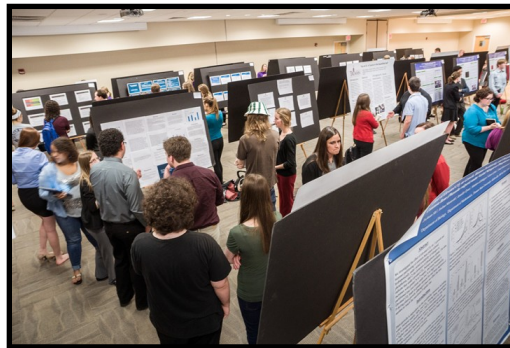
ENDORSED POSTERS

Each year our SIG endorses 2-3 accepted abstracts that feature novel research on trauma and SUD that have been accepted for presentation at the ISTSS Annual Meeting. This year the endorsed posters will be featured at the ISTSS Welcome Reception.

ISTSS 33RD ANNUAL MEETING—TRAUMA AND SUD SIG ENDORSED POSTERS

Aakvaag, H., Strom, I., Thoresen, S. (2017, November). *But Were You Drunk? Substance Use During Sexual Assault in Norway*. Poster to be conducted at the annual meeting of the International Society for Traumatic Stress Studies, Chicago, IL.

Meffert, B., Lai, J., Tobin, C., Cloitre, M., Woodward, S., & Heinz, A. (2017, November). *Interpersonal Violence Has Unique Associations with Neurocognitive Functioning: An Examination among Military Veterans with Alcohol Use Disorder and PTSD*. Poster to be conducted at the annual meeting of the International Society for Traumatic Stress Studies, Chicago, IL.



SPOTLIGHT— ORIGINAL WORK BY OUR SIG MEMBERS



Taking Steps To Address Clinical Fears: Treating Comorbid PTSD and Substance Use Disorders

By: Brittany C. Davis, Ph.D., James A. Haley VAMC

As a clinician, working with individuals who are struggling with comorbid Posttraumatic Stress Disorder (PTSD) and Substance Use Disorder (SUD) can be quite difficult. In addition to their diagnostic struggles, these clients are likely to experience a variety of psychosocial complexities that can lead to crises and treatment interference (e.g., medical and psychological comorbidities, homelessness and financial distress, limited social support; Back et al., 2000; Hoge et al., 2007; Ouimette, Goodwin, and Brown, 2006). It has also been suggested that PTSD/SUD individuals experience strong cravings to use, have high rates of relapse, and can have poorer treatment outcomes (Brown et al., 1999; Coffey et al, 2002; Driessen et al., 2008).

With so many factors to consider, deciding the best trauma-related intervention for this population can be complex. A series of thoughts may go through one's mind when deciding whether or not to engage in an active trauma-focused treatment: How can I best treat this client's presenting problems? Are they stable enough to engage in trauma-focused treatment? Should I treat their substance use first? Do individuals really need to wait to until they reach 30 days of sobriety? 60 days? 90 days? Questions produce more questions, but at some point a decision must be made.

Traditionally, it was thought that individuals required stabilization and sobriety prior to receiving an active trauma-focused intervention (e.g., Prolonged Exposure (PE), Cognitive Processing Therapy (CPT)). Treatment was delivered in a sequential model, in which their substance use was treated first, followed by coping skills based interventions (e.g., Seeking Safety), then if deemed stable would be referred for trauma-focused treatment.

Due to the high probability of relapse and psychosocial crisis, the clinician employing the sequential model may never believe that the individual would be stable enough to engage in a trauma-focused intervention and therefore active trauma-focused treatment would not be the recommendation. This model has is not based upon research, but rather a clinical culture of fears surrounding increased substance use and limited efficacy regarding how an individual might handle treatment.

In comparison to the sequential model, integrating both PTSD/SUD treatment or concurrently treating these disorders has yielded promising results in both residential and outpatient settings. There is a growing body of literature that encourages clinicians to utilize a concurrent treatment model (Simpson, Lehavot, and Petrakis, 2017; Roberts, Roberts, Jones, and Bisson, 2015). In fact, the concurrent model is the preferred and clinically recommended model at this time (VA/DoD Management of Post-Traumatic Stress Working Group, 2017).

SPOTLIGHT MEMBERS

Brittany C. Davis, Ph.D.



Dr. Brittany Davis, Ph.D. is currently a staff psychologist within the PTSD Clinic at the James A. Haley Veteran's Hospital. She received her doctorate in Clinical Psychology from Alliant International University San Diego, completed her predoctoral internship in the UCSD/VA San Diego Psychology Internship Program, and completed two years of postdoctoral research and clinical training through the VA San Diego specializing in comorbid PTSD and substance use disorders (SUD). Dr. Davis has remained under the clinical, research, and professional mentorship of Dr. Sonya Norman.

Clinically, Dr. Davis has utilized cognitive-behavioral therapy (CBT) evidence-based practices, with flexibility and creativity, to assist with the concurrent treatment of PTSD and SUD with active duty service members, first responders, and veterans within inpatient, residential, and outpatient settings. Dr. Davis has remained active in research and is interested in program development, evaluation, and the implementation of evidence-based principles with a PTSD/SUD population. She currently serves as a co-investigator on several randomized controlled trials (RCT) for Veterans with co-occurring PTSD and alcohol use disorders; and a RCT focusing on trauma-related guilt with current conflict Veterans (PI: Sonya Norman).

With these conflicting models, is there truly a right way to treat this population? The simple answer is... it depends. What works for one patient might not always work for another patient. The hope is that the clinical decision making for each case will be approached on an individual basis, utilizing evidence rather than emotion (e.g., fears). When you do decide to work with this population, remember to be flexible (e.g., work with what you have, modify when needed), utilize your support system (e.g., consult, reach out to other providers), and remember that lapses are a part of the process of recovery.

Posttraumatic Stress and Alcohol Use among Firefighters

By: Lia J. Smith, B.A., & Anka A. Vujanovic, Ph.D., University of Houston

Firefighting is one of the most dangerous and stressful occupations in the world. Fire departments across the U.S. are beginning to recognize the unique needs of firefighters; and clinical research is emerging to underscore the unique strengths and vulnerabilities of this population (e.g., Alexander & Klein, 2012; Jones, 2017; Prati & Pietrantonio, 2010). In addition to high rates of stress and exposure to potentially traumatic events resulting from fire suppression and emergency medical service calls, firefighters often endure disturbed sleep and long hours. These factors place firefighters at significant risk for developing mental health issues (Beaton & Murphy, 1993; Lavee & Ben-Ari, 2007; Regehr, Hill, & Glancy, 2000), such as posttraumatic stress disorder (PTSD) and alcohol use disorder (AUD). In fact, rates of trauma exposure and PTSD among firefighters are as high as 91.5% and 22.2%, respectively (Corneil, Beaton, Murphy, Johnson, & Pike, 1999; Meyer et al., 2012). Furthermore, approximately 50% of firefighters report excessive alcohol use (Haddock, Day, Poston, Jahnke, & Jitnarin, 2015), and it is estimated that up to 47% have met criteria for lifetime AUD (North et al., 2002). These rates of trauma exposure, PTSD, excessive alcohol use, and lifetime AUD among firefighters are significantly higher than the corresponding rates in the general population (Centers for Disease Control, 2015; Grant et al., 2015; Kessler, Petukhova, Sampson, Zaslavsky, & Wittchen, 2012; Pietrzak, Goldstein, Southwick, & Grant, 2011).

The highly prevalent co-occurrence of PTSD and AUD has been well-established across various populations (Fuehrlein et al., 2016; Grant et al., 2015; Kessler, Chiu, Demler, & Walters, 2005; McCauley, Killeen, Gros, Brady, & Back, 2012; Milliken, Auchterlonie, & Hoge, 2007), and emerging work suggests that PTSD/AUD comorbidity is a rising concern within firefighter populations, as well (e.g., Arbona, Fan, & Noor, 2016; Arbona & Schwartz, 2016; Harvey et al., 2016; Paulus, Vujanovic, Schuhmann, Smith, & Tran, 2017). The comorbidity of PTSD/AUD is difficult-to-treat, complex, and associated with a variety of negative health outcomes (e.g., McCauley et al., 2012; Mills, Teesson, Ross, & Peters, 2006; Schafer & Najavits, 2007). However, this comorbidity poses an especially unique clinical issue for firefighters, who are chronically exposed to potential risk and maintenance factors for PTSD and/or AUD, such as chronic stress, trauma exposure, and disturbed sleep (Beaton & Murphy, 1993; Lavee & Ben-Ari, 2007; Regehr, Dimitropoulos, Bright, George, & Henderson, 2005). Thus, it is important to better understand the factors contributing to alcohol misuse and/or PTSD symptomatology among firefighters, and to identify viable points for intervention and prevention.

For example, better understanding motivations for alcohol use among this unique population may inform evidence-based intervention efforts, but there are only two studies to date that have explicitly examined motivations for alcohol use in firefighters. The first study (N = 1,481) suggests that firefighters are more likely to

SPOTLIGHT MEMBERS

Lia J. Smith, B.A.



Lia Smith is a second-year clinical psychology doctoral student, working with Dr. Anka Vujanovic at the University of Houston. Prior to graduate school, Lia worked for three years as a clinician with low-resource populations in a primary care clinic in Chicago and as a research assistant in the Clinical Addictions Research Laboratory at the University of Chicago. Under the mentorship of Dr. Vujanovic, she is pursuing her interest in biopsychosocial factors with significant potential to impact treatment outcomes for individuals with co-occurring posttraumatic stress and substance use disorders. As a member of the Trauma and Stress Studies Center at the University of Houston, Lia has immersed herself in exploring relations between trauma and substance use disorders in firefighters, inner-city substance users, and psychiatric inpatients. She is currently working on her Master's Thesis, entitled *Posttraumatic Stress, Alcohol Use, and Alcohol Use Motives in Firefighters: The Role of Sleep Disturbance*, with plans to defend her project in the Fall of 2017.

ARTICLE SUBMISSIONS

The Trauma and Substance Use Disorders SIG welcomes submissions to the bi-annual newsletter. The purpose of the newsletter is to communicate SIG-related news and disseminate information regarding research, clinical practice, and training in trauma and substance use. Article submissions can include commentaries on research, clinical practice, or training. Submissions from students are welcome! Sample topics include research participant recruitment and retention, optimal training in PTSD/SUD comorbidity, book reviews, clinical dialogues, student issues, and dissemination and implementation discourse.

Questions regarding article submissions should be addressed to the SIG Chairs. Articles should be submitted via e-mail to:

Dr. Anka Vujanovic
(aavujano@central.uh.edu)

&

Dr. Marcel Bonn-Miller
(mbonn@mail.med.upenn.edu)

Articles should be no longer than approximately 3 double-spaced pages. Brief articles are preferred!

NOMINATIONS FOR SPOTLIGHTS

The Trauma and Substance Use Disorders SIG welcomes nominations for students, researchers, and clinicians to be "spotlighted" in an upcoming newsletter. Self-nominations are accepted! Nominations should include a brief, one paragraph nominating statement and CV of the nominee.

Nomination materials should be addressed to the SIG Chairs via email:

Dr. Anka Vujanovic
(aavujano@central.uh.edu)

&

Dr. Marcel Bonn-Miller
(mbonn@mail.med.upenn.edu)

endorse using alcohol to cope with distress in situations of low within-unit social support (Bacharach, Bamberger, & Doveh, 2008). The second study of 181 firefighters, who responded to the 1995 Oklahoma City bombing, found that alcohol use was one of the most frequently reported coping strategies for managing upsetting and negative emotions after the bombing. Firefighters may be using alcohol to cope with the various and unique stressors that they encounter, but the alcohol use motives among firefighters with significant PTSD symptomatology are largely unexplored empirically.

Relatedly, it is important to begin to disentangle the complex, interrelated psychological (e.g., emotion regulation) and behavioral (e.g., sleep disturbance) processes that may be related to PTSD and AUD in this vulnerable population. As one example, emotion regulatory difficulties in the aftermath of stress and trauma may predispose firefighters to use alcohol to cope with (i.e., avoid) negative mood states, which in turn, might predispose them to AUD and/or PTSD (North et al., 2002). As another example, sleep disturbance may exacerbate the impact of traumatic and stressful experiences (e.g., Haslam & Mallon, 2003; Witteveen et al., 2010; Yun, Ahn, Jeong, Joo, & Choi, 2015) or lead to increased alcohol use (Taylor, Lichstein, & Durrence, 2003; Wong, Brower, Fitzgerald, & Zucker, 2004), escalating risk for PTSD and/or AUD (e.g., Gehrman et al., 2013; Germain, 2013; Hasler, Martin, Wood, Rosario, & Clark, 2014; Mellman, David, Kulick-Bell, Hebding, & Nolan, 1995; Pace-Schott, Germain, & Milad, 2015; Stewart, Pihl, Conrod, & Dongier, 1998). Finally, the role of mental health stigma among firefighters (Erich, 2014, November; Henderson, Van Hasselt, LeDuc, & Couwels, 2016; National Volunteer Fire Council Report, 2012) is relevant and important to address, as alleviating stigma relevant to psychological struggles in the fire service is necessary in order to promote health and wellness in this population.

Overall, the aforementioned domains offer only a few of a multitude of ideas for future research directions. Indeed, firefighters have been historically overlooked in both scientific and clinical practice realms. Clinical science has great potential to meaningfully inform evidence-based intervention and prevention efforts for firefighters struggling with PTSD and/or AUD. Firefighters represent an understudied, uniquely vulnerable population by virtue of their experiences in providing services and sacrifices for the health and well-being of our communities. Advancing science and practice relevant to firefighters' mental health is indicated given the distinctive challenges of their profession.

HIGHLIGHTED RESEARCH

The below-listed articles were disseminated to members via the ISTSS SIG listserv - monthly research updates since our last newsletter.

Abdallah, C. G., Wrocklage, K. M., Averill, C. L., Akiki, T., Schweinsburg, B., Roy, A., ... & Scott, J. C. (2017). Anterior hippocampal dysconnectivity in posttraumatic stress disorder: a dimensional and multimodal approach. *Translational psychiatry*, 7(2), e1045. Epub ahead of print. <http://dx.doi.org/10.1038/tp.2017.12>

Bachrach, R. L., & Read, J. P. (2017). Peer alcohol behavior moderates within-level associations between posttraumatic stress disorder symptoms and alcohol use in college students. *Psychology of addictive behaviors*. Epub ahead of print. <https://doi.org/10.1037/adb0000285>

Bountress, K., Danielson, C. K., Williamson, V., Vladmirov, V., Gelernter, J., Ruggiero, K., & Amstadter, A. (2017). Genetic and psychosocial predictors of alcohol use trajectories among disaster-exposed adolescents. *The American Journal on Addictions*. Epub ahead of print. <https://doi.org/10.1111/ajad.12575>

Brief, D. J., Solhan, M., Rybin, D., Enggasser, J. L., Rubin, A., Roy, M., ... & Rosenbloom, D. (2017). Web-based alcohol intervention for veterans: PTSD, combat exposure, and alcohol outcomes. *Psychological trauma: theory, research, practice, and policy*. Epub ahead of print. <https://doi.org/10.1037/tra0000281>

Cronce, J. M., Bedard - Gilligan, M. A., Zimmerman, L., Hodge, K. A., & Kaysen, D. (2017). Alcohol and binge eating as mediators between posttraumatic stress disorder symptom severity and body mass index. *Obesity*. Epub ahead of print. <http://dx.doi.org/10.1002/oby.21809>

DiLillo, D., & Hoffman, L. (2017). Victim Alcohol Intoxication During a Sexual Assault: Relations With Subsequent PTSD Symptoms. *Violence and Victims*. Epub ahead of print. <http://dx.doi.org/10.1891/0886-6708.VV-D-16-00045>

Dworkin, E. R., Wanklyn, S., Stasiewicz, P. R., & Coffey, S. F. (2017). PTSD symptom presentation among people with alcohol and drug use disorders: Comparisons by substance of abuse. *Addictive Behaviors*. Epub ahead of print. <https://doi.org/10.1016/j.addbeh.2017.08.019>

Erwin, M. C., Charak, R., Durham, T. A., Armour, C., Lv, X., Southwick, S. M., ... & Pietrzak, R. H. (2017). The 7-factor Hybrid Model of DSM-5 PTSD Symptoms and Alcohol Consumption and Consequences in a National Sample of Trauma-Exposed Veterans. *Journal of Anxiety Disorders*. Epub ahead of print. <https://doi.org/10.1016/j.janxdis.2017.08.001>

Flanagan, J. C., Fischer, M. S., Badour, C. L., Ornan, G., Killeen, T. K., & Back, S. E. (2017). The Role of Relationship Adjustment in an Integrated Individual Treatment for PTSD and Substance Use Disorders Among Veterans: An Exploratory Study. *Journal of Dual Diagnosis*. Epub ahead of print. <http://dx.doi.org/10.1080/15504263.2017.1312039>

Gros, D. F., Lancaster, C. L., Horner, M. D., Szafranski, D. D., & Back, S. E. (2017). The Influence of Traumatic Brain Injury on Treatment Outcomes of Concurrent Treatment for PTSD and Substance Use Disorders Using Prolonged Exposure (COPE) in Veterans. *Comprehensive Psychiatry*. Epub ahead of print. <https://doi.org/10.1016/j.comppsych.2017.07.004>

Hill, M. N., Campolongo, P., Yehuda, R., & Patel, S. (2017). Integrating Endocannabinoid Signaling and Cannabinoids into the Biology and Treatment of Posttraumatic Stress Disorder. *Neuropsychopharmacology: Official publication of the American College of Neuropsychopharmacology*. Epub ahead of print. <https://doi.org/10.1038/npp.2017.162>

Holzhauser, C. G., & Gamble, S. A. (2017). Depressive Symptoms Mediate the Relationship Between Changes in Emotion Regulation During Treatment and Abstinence Among Women With Alcohol Use Disorders. *Psychology of addictive behaviors: journal of the Society of Psychologists in Addictive Behaviors*. Epub ahead of print. <http://dx.doi.org/10.1037/adb0000274>

Hruska, B., Pacella, M. L., George, R. L., & Delahanty, D. L. (2017). The association between daily PTSD symptom severity and alcohol-related outcomes in recent traumatic injury victims. *Psychology of addictive behaviors*. Epub ahead of print. <http://dx.doi.org/10.1037/adb0000262>

Lee, J. Y., Brook, J. S., Finch, S. J., & Brook, D. W. (2017). Trajectories of Cannabis Use Beginning in Adolescence Associated with Symptoms of Post Traumatic Stress Disorder in the Mid Thirties. *Substance Abuse*. Epub ahead of print. <https://doi.org/10.1080/08897077.2017.1363121>

Lind, M. J., Baylor, A., Overstreet, C. M., Hawn, S. E., Rybarczyk, B. D., Kendler, K. S., ... & Amstadter, A. B. (2017). Relationships between potentially traumatic events, sleep disturbances, and symptoms of PTSD and alcohol use disorder in a young adult sample. *Sleep Medicine*. Epub ahead of print. <http://dx.doi.org/10.1016/j.sleep.2017.02.024>

Liverant, G. I., Amick, M. M., Black, S. K., Esterman, M., Wisco, B. E., Gibian, M. C., ... & McGlinchey, R. E. (2017). Associations Among Posttraumatic Stress Disorder Symptoms, Substance Use, and Affective Attentional Processing in OEF/OIF/OND Veterans. *The Journal of Nervous and Mental Disease*. Epub ahead of print. <https://doi.org/10.1097/NMD.0000000000000702>

Lowe, S. R., Sampson, L., Young, M. N., & Galea, S. (2017). Alcohol and nonmedical prescription drug use to cope with posttraumatic stress disorder symptoms: an analysis of hurricane sandy survivors. *Substance Use & Misuse*, Epub ahead of print. <http://dx.doi.org/10.1080/10826084.2017.1280832>

Lusk, J. D., Sadeh, N., Wolf, E. J., & Miller, M. W. (2017). Reckless Self - Destructive Behavior and PTSD in Veterans: The Mediating Role of New Adverse Events. *Journal of Traumatic Stress*. Epub ahead of print. <http://dx.doi.org/10.1002/jts.22182>

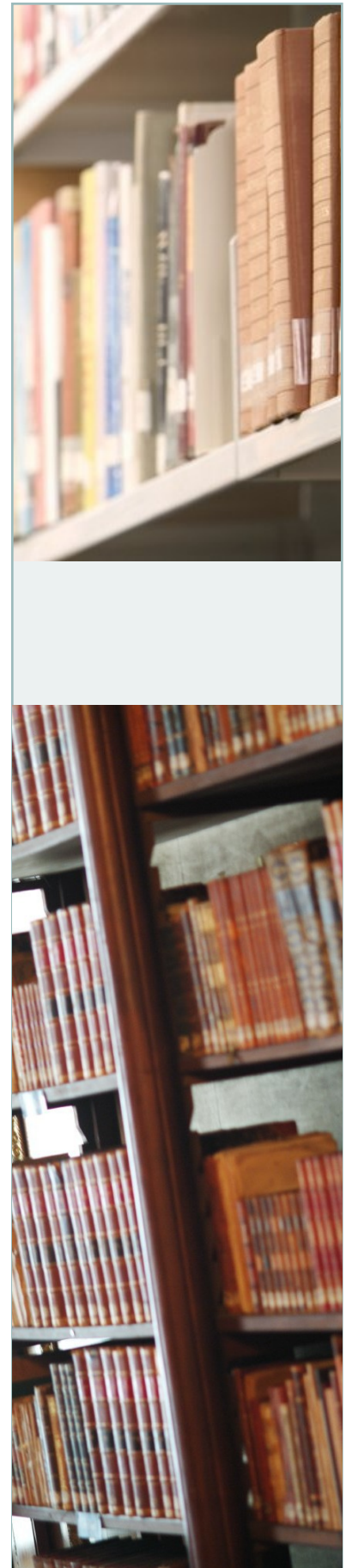
Neupane, S. P., Bramness, J. G., & Lien, L. (2017). Comorbid post-traumatic stress disorder in alcohol use disorder: relationships to demography, drinking and neuroimmune profile. *BMC Psychiatry*, 17(1), 312. Epub ahead of print. <https://doi.org/10.1186/s12888-017-1479-8>

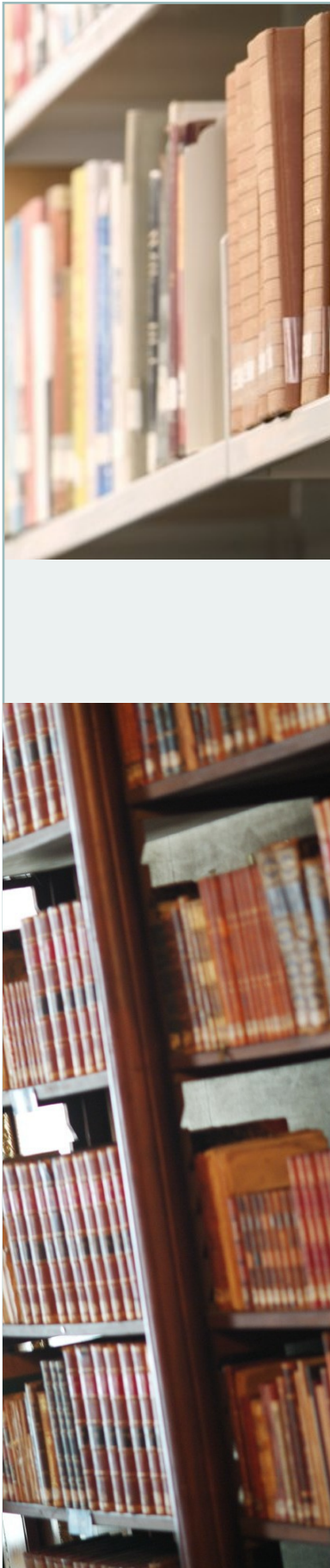
O'Shea, L., Watkins, E., & Farrand, P. (2017). Psychological interventions for the treatment of depression, anxiety, alcohol misuse or anger in armed forces veterans and their families: systematic review and meta-analysis protocol. *Systematic Reviews*, 6(1), 112. <https://doi.org/10.1186/s13643-017-0513-8>

Overstreet, C., Stratton, K. J., Berenz, E., Sheerin, C., Hawn, S., Roberson-Nay, R., & Amstadter, A. (2017). Resilience to Interpersonal Trauma and Decreased Risk for Psychopathology in an Epidemiologic Sample. *Journal of Psychopathology and Behavioral Assessment*. Epub ahead of print. <http://dx.doi.org/10.1007/s10862-017-9601-2>

Pinto, R. J., Morgado, D., Reis, S., Monteiro, R., Levendosky, A., & Jongenelen, I. (2017). When social support is not enough: trauma and PTSD symptoms in a risk-sample of adolescents. *Child Abuse & Neglect*, 72, 110-119. Epub ahead of print. <https://doi.org/10.1016/j.chiabu.2017.07.017>

Possemato, K., Maisto, S. A., Wade, M., Barrie, K., Johnson, E. M., & Ouimette, P. C. (2017). Natural Course of Co-Occurring PTSD and Alcohol Use Disorder Among Recent Combat Veterans. *Journal of Traumatic Stress*. Epub ahead of print. <https://doi.org/10.1002/jts.22192>





HIGHLIGHTED RESEARCH

Ray, J. M., Pyne, J. M., & Gevirtz, R. N. (2017). Alcohol Use Disorder Moderates the Effect of Age on Heart Rate Variability in Veterans With Posttraumatic Stress Disorder. *The Journal of Nervous and Mental Disease*. Epub ahead of print. <https://doi.org/10.1097/NMD.0000000000000718>

Ruglass, L. M., Lopez-Castro, T., Papini, S., Killeen, T., Back, S. E., & Hien, D. A. (2017). Concurrent treatment with prolonged exposure for co-occurring full or subthreshold posttraumatic stress disorder and substance use disorders: A randomized clinical trial. *Psychotherapy and Psychosomatics*, 86(3), 150-161. <https://doi.org/10.1159/000462977>

Ruglass, L. M., Shevorykin, A., Brezing, C., Hu, M. C., & Hien, D. A. (2017). Demographic and clinical characteristics of treatment seeking women with full and subthreshold PTSD and concurrent cannabis and cocaine use disorders. *Journal of Substance Abuse Treatment*. Epub ahead of print. <https://doi.org/10.1016/j.jsat.2017.06.007>

Schacht, R. L., Brooner, R. K., King, V. L., Kidorf, M. S., & Peirce, J. M. (2017). Incentivizing Attendance to Prolonged Exposure for PTSD With Opioid Use Disorder Patients: A Randomized Controlled Trial. *Journal of Consulting and Clinical Psychology*. <http://dx.doi.org/10.1037/ccp0000208>

Shiner, B., Leonard Westgate, C., Bernardy, N. C., Schnurr, P. P., & Watts, B. V. (2017). Trends in Opioid Use Disorder Diagnoses and Medication Treatment among Veterans with Posttraumatic Stress Disorder. *Journal of Dual Diagnosis*. Epub ahead of print. <http://dx.doi.org/10.1080/15504263.2017.1325033>

Steenkamp, M. M., Blessing, E. M., Galatzer - Levy, I. R., Hollahan, L. C., & Anderson, W. T. (2017). Marijuana and other cannabinoids as a treatment for posttraumatic stress disorder: A literature review. *Depression and Anxiety*. Epub ahead of print. <http://dx.doi.org/10.1002/da.22596>

Tomaka, J., Magoc, D., Morales - Monks, S. M., & Reyes, A. C. (2017). Posttraumatic Stress Symptoms and Alcohol - Related Outcomes Among Municipal Firefighters. *Journal of Traumatic Stress*. Epub ahead of print. <https://doi.org/10.1002/jts.22203>

Tull, M. T., Berghoff, C. R., Wheelless, L. E., Cohen, R. T., & Gratz, K. L. (2017). PTSD Symptom Severity and Emotion Regulation Strategy Use during Trauma Cue Exposure among Patients with Substance Use Disorders: Associations with Negative Affect, Craving, and Cortisol Reactivity. *Behavior Therapy*. Epub ahead of print. <https://doi.org/10.1016/j.beth.2017.05.005>

Turna, J., Patterson, B., & Ameringen, M. (2017). Is cannabis treatment for anxiety, mood, and related disorders ready for prime time?. *Depression and Anxiety*. Epub ahead of print. <https://doi.org/10.1002/da.22664>

Weathers, F. W., Bovin, M. J., Lee, D. J., Sloan, D. M., Schnurr, P. P., Kaloupek, D. G., ... & Marx, B. P. (2017). The Clinician-Administered PTSD Scale for DSM-5 (CAPS-5): Development and Initial Psychometric Evaluation in Military Veterans. *Psychological Assessment*. Epub ahead of print. <https://doi.org/10.1037/pas0000486>

Wojciechowski, T. W. (2017). PTSD and PTSD-Linked Victimization Sensitivity as Risk Factors for Alcohol Use among Juvenile Offenders: A Group-Based Trajectory Modeling Approach. *Deviant Behavior*. Epub ahead of print. <http://dx.doi.org/10.1080/01639625.2017.1336041>