Trauma and Substance Use Disorders
Special Interest Group (SIG)
Bi-Annual Newsletter
Volume 2, Issue 2

ISTSS 2018

OUR NEWSLETTER

Thank you to everyone who submitted contributions and nominations for Volume 2, Issue 2 of our bi-annual newsletter! We are delighted to be able to feature in this issue "spotlights" on our upcoming honorary speaker, our new SIG co-chair, and our former SIG student co-chair. We also have included details on the upcoming ISTSS annual meeting 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 & Anne N. Banducci (SIG Chairs / Newsletter Editors)

Lia J. Smith (SIG Student Co-Chair / Newsletter Assistant Editor)

SIG: MISSION STATEMENT

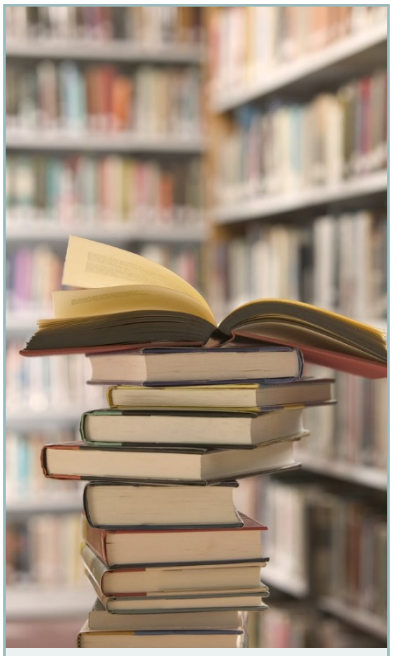
The ISTSS Trauma and Substance Use Disorders (SUD) SIG was founded in 2010. The SIG offers an international multidisciplinary forum for discussion, networking, and collaboration about clinical and research practices relevant to traumatic stress and SUD. The overarching aims of the SIG include:

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

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"



SIG FEATURED SPEAKER

Katherine Mills, PhD

ISTSS 34th ANNUAL CONFERENCE & SIG ANNUAL MEETING

Meeting Dates: November 8th-10th 2018

Location: Washington Marriott Wardman Park, Washington, DC

We are looking forward to seeing everyone at the ISTSS 34th Annual Meeting at Washington Marriott Wardman Park in Washington, DC from November 8th-10th. **Our annual SIG meeting will be held on Friday, November 9th from 1:30-2:45pm in Roosevelt 5 (Exhibition Level).** 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. Katherine Mills from the University of New South Wales in Sydney, Australia.

ISTSS 34th ANNUAL MEETING—SIG INVITED SPEAKER

SIG Meeting Date and Time: November 9th 2018, 1:30-2:45pm

Location: Washington Marriott Wardman Park, Roosevelt 5 (Exhibition Level)

During our SIG meeting this year, we are honored to feature a presentation by Dr. Katherine Mills. Dr. Mills is an Associate Professor and Director of Treatment Research at the NHMRC Centre of Research Excellence in Mental Health and Substance Use, Sydney, Australia. Her research focuses on the epidemiology and treatment of co-occurring mental health and substance use disorders, in particular, post-traumatic stress disorder. Her award-winning program of research aims to: i) develop and evaluate innovative treatment responses; ii) improve our understanding of the relationship between mental and substance use disorders; and iii) improve the dissemination and translation of research into practice. She has published widely in the area and has been an investigator on numerous grants. She has received a number of awards for excellence in science and research, and in recognition of the impact of her work on the community.

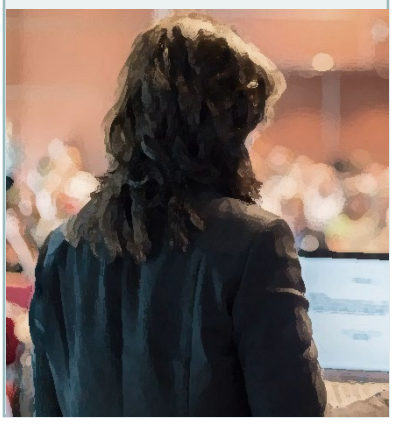
Dr. Mills has led a number of clinical trials examining integrated psychological treatments for PTSD and substance use disorders in a range of populations. In collaboration with researchers in Australia, the US and Sweden, her team are currently conducting a world-first randomized controlled trial examining the efficacy of an integrated exposure-based therapy for traumatic stress and substance use among adolescents aged 12-18 years. The therapy, called COPE-A, is an adaption of the adult COPE program, that has been modified based on best practices approaches to the treatment of these conditions among adolescents. It is hoped that by intervening earlier in the trajectory of these disorders, closer to when they first have their onset, the chronic psychological, neurological and physical health problems associated with this comorbidity may be prevented. A/Prof Mills will discuss this program of work and future directions.

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.

ENDORSED SYMPOSIA

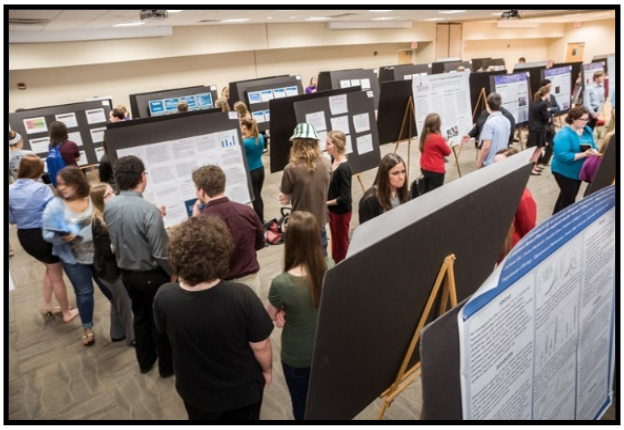
Each year our SIG endorses 3 accepted abstracts that feature novel research on trauma and SUD that have been accepted for presentation at the ISTSS Annual Meeting. This year the SIG endorsed presentations will be identified in the final program.



ISTSS 34th ANNUAL MEETING—TRAUMA AND SUD SIG ENDORSED POSTERS

Jennings, A., Wardle, M., & Vujanovic, A.A. (2018, November). *Using client language to explore mechanisms of change in cognitive behavioral therapy for comorbid substance use and post-traumatic stress*. Poster to be presented at the annual meeting of the International Society for Traumatic Stress Studies, Washington, DC.

Puryear, M., Hussain, Y., Dandridge, C., & Cavanaugh, C. (2018, November). *Associations between adverse childhood experiences, intimate partner violence, posttraumatic stress disorder, and discrimination with alcohol use disorder among diverse women.* Poster to be presented at the annual meeting of the International Society for Traumatic Stress Studies, Washington, DC.



ISTSS 34th ANNUAL MEETING—TRAUMA AND SUD SIG ENDORSED SYMPOSIA

Self-medication and Beyond: Towards a More Complete Understanding of Trauma and Alcohol Misuse in Under-represented, Community, and National Samples

Chair (**Luciano, Matthew, MS**)
Discussant (Mills, Katherine, PhD)

New Directions in the Treatment of Comorbid PTSD and Substance Use Disorders
Chair (**Kaysen, Debra, PhD, ABPP**)

Shifting Standards of Clinical Practice and Policy Regarding Treatment of Co-occurring PTSD and Substance Use Problems in Teens and Adults: Implications from NIDA-Funded Clinical Trials

Chair (**Kmett Danielson, Carla, PhD**)
Discussant (Aklin, Will, PhD)

SIG MEMBER SPOTLIGHT

An interview with former SIG student co-chair, Dr. Mallory Loflin.

Q: What led you to begin considering cannabis as an adjunctive treatment for PTSD, rather than conceptualizing cannabis use as problematic among those with PTSD?

I think I'm a little odd because I came into PTSD treatment research because of my background in cannabis, rather than the other way around. There'd been some really interesting preclinical work showing that (at least in animals) endocannabinoid modulation impacts all kinds of processes central to mood and anxiety regulation. There's been some really cool experimental work showing that low doses of THC and higher doses of CBD both appear to increase extinction learning in the face of anxiolytic effects. Since traditional anxiolytics, like benzodiazepines, typically interfere in extinction learning and PTSD recovery, this seemed really promising.

Q: What have been the greatest challenges in this area of work?

Ha! Though I'm sure it's no surprise, the biggest challenge right now is just navigating all the levels of agency approvals that are needed to get a trial with a schedule 1 drug off the ground. Some days it feels a bit like herding cats.

Q: Describe one of the accomplishments that you are most proud of within this area of research.

Definitely it's my CDA award. The CDA is funding a phase 2 clinical trial comparing cannabidiol (CBD) to placebo in conjunction with Prolonged Exposure therapy in veterans with PTSD. Besides getting to launch a project that feels very long overdue (it will be the first cannabinoid trial funded by VA), it's also been a big personal accomplishment just proving to myself that I can get a project this large off the ground.

Q: What were your most formative learning experiences with perhaps the greatest impact on your career path?

I don't know that it's been any big singular experience. Honestly, the biggest impact on my development has been having really good mentorship. I've somehow managed to find smart, skilled people, who believe in me; that's been huge.

Q: What questions do you hope to tackle in the future?

So much of that depends on where this field goes. Right now, I'm mainly focused on testing the efficacy of cannabinoids as treatment for mental health conditions where we see a lot of preclinical evidence for therapeutic effects, like PTSD, TBI, anxiety, substance use, and even depression. I'm focused primarily on CBD and THC because they're the cannabinoids present in the highest concentrations in what most folks are using at home for self-medication. But I don't think that's where the field of cannabis science is going.

As drug development in this arena starts to really take off, I think we're going to see cannabinoid preparations become more and more synthesized and refined, and R&D focused more on selective pro-drugs rather than the cannabinoids themselves. I mean the big game changer in the field was CBD because it has selective effects on cannabinoid receptors but isn't intoxicating. Cannabinoid medications won't be cannabis, and they probably won't be getting anyone high.

But the reason I started studying cannabis to begin with was because I found its intoxicating properties really fascinating. Cannabis is a plant that simultaneously can be someone's medicine, someone's recreation, or someone's form of enlightenment, and in general I'm really fascinated by intoxication as a therapeutic medium. That might sound out there, but anyone who's been following the drug development efforts with MDMA and psilocybin might not be too shocked. So, I'm not sure whether my work is going to evolve along with the field's movement toward more traditional drug development, or if I'll be testing what that movement might be missing. I'm just going to see where this current line of work takes me.

SPOTLIGHT MEMBERS

Mallory Loflin, PhD

Dr. Loflin earned her B.A. in Psychology from the University of Washington and her Ph.D. in Clinical Psychology from the University at Albany, State University of New York (SUNY). While in graduate school, Dr. Loflin worked under the mentorship of Mitch Earleywine, Ph.D. She completed her pre-doctoral clinical internship at the UCSD/San Diego VA consortium under the supervision of Abigail Angkaw, Ph.D. and Ryan Trim, Ph.D.

Dr. Loflin's current research interests surround the potential clinical application of cannabinoids for the treatment of mental health conditions. She is particularly focused on testing the therapeutic value of medicinal cannabis as an adjunctive to treatment for trauma-related disorders, such as PTSD.

Dr. Loflin is currently a postdoctoral research fellow in the VA Center of Excellence for Stress and Mental Health. For the past two years, she served as the student co-chair of our SIG. We are grateful for her service and wish her all the best in her future endeavors!

SIG CLINICAL CORNER

An original article written by SIG co-chair, Dr. Anne Banducci.

Developing Models of Care for Use within Outpatient Settings

As has been noted in prior iterations of this newsletter (e.g., Dr. Brittney Davis' commentary in the spring 2018 issue), integrated, rather than sequential treatment for PTSD-SUD has been encouraged within both outpatient and residential settings (Simpson, Lehavot, and Petrakis, 2017; Roberts, Roberts, Jones, and Bisson, 2015). Furthermore, the most updated VA/DoD guidelines specifically recommend the provision of PE and CPT to individuals with SUD (VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress Disorder – Clinician Summary, Version 3.0, 2017). However, providers' personal perceptions as to whether these treatments should be provided to their clients remains divided. For example, providers both within residential PTSD treatment programs (e.g., Cook, Dinnen, Simiola, Thompson, & Schnurr, 2014) and outpatient treatment programs in VA (Osei-Bonsu et al., 2016) disagree as to whether they believe PE or CPT are appropriate for patients with concurrent SUDs.

VA/DoD Guidelines

Recommendation	Strength[1]	Category[2]
Treatment of PTSD with Co-occurring Conditions		
We recommend that the presence of co-occurring disorder(s) not prevent patients from receiving other VA/DoD guideline-recommended treatments for PTSD.	Strong For	Reviewed, New-added
We recommend VA/DoD guideline-recommended treatments for PTSD in the presence of co-occurring substance use disorder (SUD).	Strong For	Reviewed, New-replaced
Psychotherapy		
For patients with PTSD, we recommend individual, manualized trauma-focused psychotherapies that have a primary component of exposure and/or cognitive restructuring to include Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), specific cognitive behavioral therapies for PTSD, Brief Eclectic Psychotherapy (BEP), Narrative Exposure Therapy (NET), and written narrative exposure.	Strong For	Reviewed, New-replaced
We suggest the following individual, manualized non-trauma-focused therapies for patients diagnosed with PTSD: Stress Inoculation Training (SIT), Present-Centered Therapy (PCT), and Interpersonal Psychotherapy (IPT).	Weak For	Reviewed, New-replaced
There is insufficient evidence to recommend for or against psychotherapies that are not specified in other recommendations, such as Dialectical Behavior Therapy (DBT), Skills Training in Affect and Interpersonal Regulation (STAIR), Acceptance and Commitment Therapy (ACT), Seeking Safety, and supportive counseling.	N/A	Reviewed, New-replaced

1 The grade of each recommendation is presented as part of a continuum, including: 1) Strong for (or "We recommend offering this option …"), 2) Weak for (or "We suggest offering this option …"), 3) No recommendation for or against (or "There is insufficient evidence…"), 4) Weak against (or "We suggest not offering this option …"), or 5) Strong against (or "We recommend against offering this option …").

2 If the recommendation was included in the evidence review, it was labeled as "review" and determined to be either : 1) New, added (new recommendation following the review of the evidence), 2) New, replaced (recommendation from previous CPG carried over to updated CPG that has been changed following review of the evidence), 3) Not changed (recommendation from previous CPG carried over to updated CPG that where the evidence has been reviewed but the recommendation has not changed), 4) Amended (recommendation from previous CPG carried over to updated CPG that where the evidence has been reviewed and a minor amendment has been made), or 5) Deleted (recommendation from previous CPG that has been removed based on the review of the evidence). These criteria come from the NICE guideline manual (2012) and Garcia et al (2014).

SPOTLIGHT MEMBERS

Anne Banducci, PhD

Dr. Anne N. Banducci is a staff psychologist/military sexual trauma care coordinator at the VA Boston Healthcare System and assistant professor of psychiatry at the Boston University School of Medicine. Dr. Banducci received her Ph.D. in clinical psychology at the University of Maryland, College Park; completed her predoctoral internship at the Mississippi Consortium (G.V. (Sonny) Montgomery VAMC/ University of Mississippi Medical Center); and participated in an Advanced Fellowship in Mental Health Research & Treatment at the National Center for PTSD at the Palo Alto VA/Stanford University. During graduate school, Dr. Banducci conducted research and therapy within a residential drug treatment program, with a focus on treating co-occurring depression and nicotine dependence. Within that context, Dr. Banducci noticed that the majority of the patients had experienced trauma and that many psychopathology and behavioral problems observed were tied to this trauma. Following this experience, she prioritized learning evidence-based psychotherapies for co-occurring PTSD-SUD and had the opportunity to be intensively trained in PE (under Dr. Scott Coffey) and CPT. During fellowship, she worked with Dr. Sue Mirch, who leads an evidence-based outpatient drug treatment program at the VAMC in San Jose, CA. This program emphasized motivational interviewing, which empowered veterans, even when experiencing multiple lapses, without feeling shame for their perceived failures. Dr. Banducci has had the opportunity to use these experiences to redevelop clinical programming at the Causeway St. community-based outpatient clinic at the Boston VA. This redevelopment has emphasized creative solutions for treating co-occurring substance use and trauma-related disorders, within an outpatient context.

How the VA/DoD recommendations are implemented may vary across settings. For instance, within residential PTSD and substance use treatment settings, abstinence is generally required and lapses can result in early discharge from treatment. There are pros and cons to this. A clear advantage is that it can be easier to rapidly implement PE or CPT amongst individuals in early sobriety, when residential program constraints help to maintain abstinence and provide a supportive environment for trauma-focused therapy. Furthermore, retention of patients in these therapies may be increased by being within a residential context, as compared to an outpatient setting. An excellent example of implementing PE within the residential drug treatment context, with high retention rates (i.e., ~60% completion), has been demonstrated by the work by Coffey and colleagues (2016). However, if individuals do lapse to substance use, they are often required to leave these residential treatment settings, which may cause all treatment to be discontinued. In contrast, outpatient settings may allow clients to apply the skills that they are learning in substance use treatment within their day-to-day environments and allow for patients to remain in treatment, even when having frequent lapses to substance use, or difficulties maintaining reduced levels of consumption (e.g., harm reduction and moderated drinking approaches). However, treatment retention can be challenging within these settings when lapses to substance use occur, which can lead to patients frequently missing therapy sessions. This can be especially concerning given that trauma-focused therapies have superior outcomes when sessions are conducted at least once weekly (Gutner, Sluvak, Sloan, Resick, 2016). Importantly, dropout rates from trauma-focused exposure therapies among individuals with PTSD-SUD range from 35-62% (Belleau et al., 2017) and missed sessions will result in less symptom reduction. Thus, a more important question within outpatient settings may be less about whether patients are ready or willing to do trauma-focused work and more about whether they are able to set a plan in place to ensure regular treatment attendance, both for their PTSD and SUD. This could include setting a contingency with a patient to receive EBPs for their substance use disorder (e.g., motivational interviewing group, CBT for SUD group) and medication assisted treatment (e.g., methadone, suboxone, naltrexone, acamprosate) initially, with the plan of initiating a trauma-focused psychotherapy with those patients who effectively engage in substance use treatment during an initial phase. The goal need not be total abstinence; rather, preliminary goals can take the form of engagement and commitment to change in substance use, which can be encouraged through motivational interviewing, and a plan to not engage in substance use prior to attending therapy sessions and while completing homework assignments. Overall, this approach may provide a middle ground, depending on the nature and severity of the patient's substance use disorder.

Increased creativity is necessary in our approach with clients suffering from PTSD-SUD, particularly among high-risk patients, such as those who are homeless or frequently seeking inpatient SUD detox. Further research is necessary within this area in order to determine how to provide the best care for co-occurring PTSD-SUD among individuals in early sobriety within the outpatient context.

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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. Anne Banducci
(Anne.Banducci@va.gov)

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. Anne Banducci
(Anne.Banducci@va.gov)

HIGHLIGHTED RESEARCH

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

Aase, D.M., Gorka, S.M., Greenstein, J.E., Proescher, E., Crane, N.A., Everett, L.K., Hassan, I., Osborn, A., Schroth, C., Kennedy-Krage, A., Phan, K.L. (2018). Cognitive reappraisal moderates the relationship between PTSD symptoms and alcohol use over time in post-9/11 U.S. military veterans. *Drug and Alcohol Dependence, 191*, 159-164. doi: 10.1016/j.drugalcdep.2018.06.032.

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HIGHLIGHTED RESEARCH

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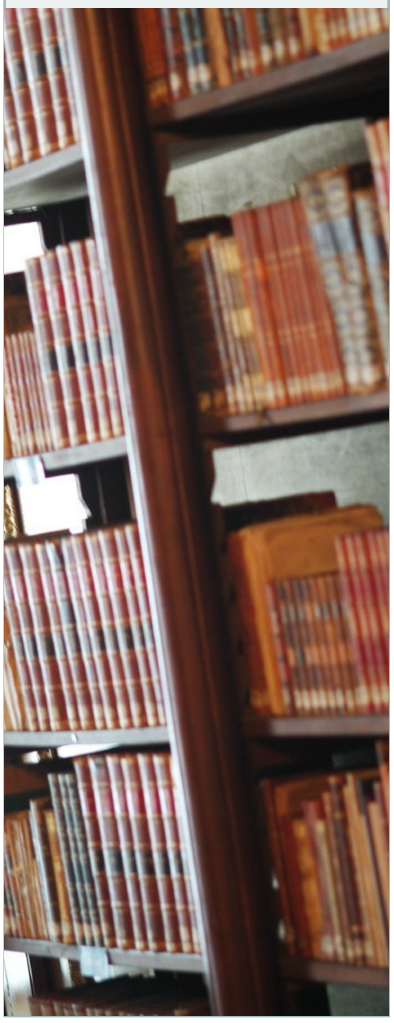

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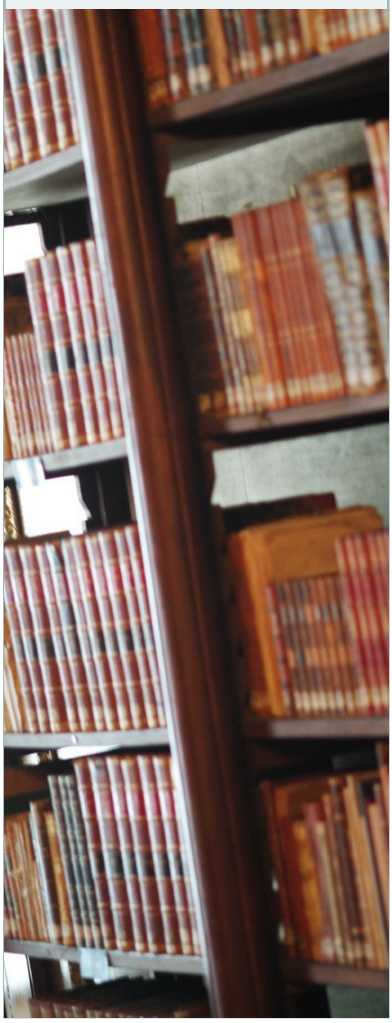

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