



ISTSS 2019

OUR NEWSLETTER

Thank you to everyone who submitted contributions and nominations for Volume 3, Issue 2 of our bi-annual newsletter! We are delighted to be able to feature “spotlights” on our upcoming honorary speaker, original work contributed by a SIG member, and SIG members. We have also 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.

We hope to see everyone at the upcoming 35th annual meeting in Boston!

Sincerely,

Anne N. Banducci and Nicole H. Weiss (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.



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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

Meghan McDevitt-Murphy, Ph.D.ISTSS 35th ANNUAL MEETING & SIG ANNUAL MEETING

Meeting Dates: November 14th-16th 2019

Location: Boston Marriott Copley Place, Boston, MA

We are looking forward to seeing everyone at the ISTSS 35th Annual Meeting at Boston Marriott Copley Place in Boston, MA from November 14th-16th. Our annual SIG meeting will be held on Thursday, November 14th from 1:30-2:30pm in Salon A/B, 4th Floor. 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. Meghan McDevitt-Murphy from the University of Memphis.

ISTSS 35th ANNUAL MEETING – SIG INVITED SPEAKER

Meeting Date and Time: Thursday, November 14th from 1:30-2:30pm

Location: Boston Marriott Copley Place, Salon A/B, 4th Floor

During our SIG meeting this year, we are honored to feature a presentation by Dr. Meghan McDevitt-Murphy. Dr. McDevitt-Murphy, PhD, is a Professor of Psychology at the University of Memphis, where she also presently serves as the Director of the Clinical Psychology PhD program. She is also the Director of the Trauma and Coping Research Group and has conducted research on trauma survivors. Much of her recent work has focused on military veterans, with projects aimed at understanding the relations between PTSD and substance use in this population and developing tailored interventions. Dr. McDevitt-Murphy has published over 60 peer reviewed journal articles, and she been the Principal Investigator on grants from NIH and DoD. She recently completed a project funded by the Consortium to Alleviate PTSD that focused on characterizing PTSD from the theoretical perspective of behavioral economics.

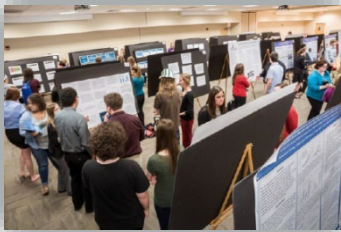
Dr. McDevitt-Murphy was trained primarily as a PTSD researcher, having completed her PhD under Dr. Frank Weathers at Auburn University. During her graduate training and internship, she also obtained clinical and research experience with substance use disorders and then began to focus on the comorbidity of these conditions. She was awarded a K23 grant from NIAAA in 2007, which focused on co-occurring PTSD and alcohol misuse in veterans of the wars in Iraq and Afghanistan. With that grant, she developed and tested a brief intervention that was primarily aimed at reducing hazardous drinking among veterans, which also showed efficacy for reducing PTSD symptoms.

Although accepting that “self-medication” is at least a partial explanation for the high rates of problematic substance use among individuals with PTSD, Dr. McDevitt-Murphy became curious about the fact that self-medication does not seem to be a complete explanation. Having developed some familiarity with behavioral economics work in the substance use disorder field, she became interested in how that framework might have utility for PTSD. Behavioral economics reflects a marriage of operant psychology and microeconomics and uses concepts from both of these fields. Research applying behavioral economics to substance use has resulted in the development of metrics reflecting the reinforcing value of substances (an individual difference variable that varies across people) that explain unique variance in outcomes.

She has begun to explore the application of behavioral economics to PTSD and comorbid PTSD-substance use disorder. Her research suggests that PTSD is associated with increased reinforcing value of substance use, partly attributable to the fact that among individuals with PTSD there is often a paucity of substance-free reinforcement. In her upcoming presentation to the PTSD-SUD SIG at ISTSS, she looks forward to discussing some of her recent findings. The talk will include findings from a recently completed study of combat veterans, where she used ecological momentary assessment (EMA) to obtain detailed self-reports of activity engagement in order to develop metrics consistent with behavioral economic theory.

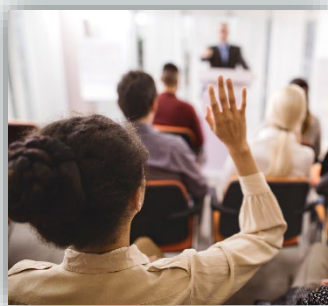
SIG ENDORSED POSTERS

Each year our SIG endorses 2-3 accepted poster 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.



SIG ENDORSED SYMPOSIA

Each year our SIG endorses 2-3 accepted symposia abstracts that feature novel research on trauma and SUD that have been accepted for presentation at the ISTSS annual meeting. This year the endorsed symposia will be featured during the ISTSS final program.



ISTSS 35TH ANNUAL MEETING – TRAUMA AND SUD SIG ENDOSED POSTERS

Date and Time: Friday, November 15, 5:45 p.m.–7:00 p.m.
Location: Gloucester, 3rd Floor

Eshelman, L., Cochran, H., Smith, E., Porter, K., Rauch, S., Sexton, M. (2019, November). *PTSD Treatment Trajectories Among Veterans with Military Sexual Trauma and Comorbid Substance Use Disorders*. Poster to be presented at the 35th annual meeting of the International Society for Traumatic Stress Studies, Boston, MA.

Reyes, M., Weiss, N., Swan, S., Sullivan, T. (2019, November). *The Role of Acculturation in the Relation Between Intimate Partner Violence and Substance Misuse*. Poster to be presented at the 35th annual meeting of the International Society for Traumatic Stress Studies, Boston, MA.

ISTSS 35TH ANNUAL MEETING – TRAUMA AND SUD SIG ENDOSED SYMPOSIA

Symposium: Treatment of Posttraumatic Stress Disorder and Comorbid Substance Use

Chair: Straud, Casey, PsyD

Discussant: Resick, Patricia, PhD, ABPP

Date and Time: Saturday, November 16, 11:15 a.m. – 12:30 p.m

Location: Salon C/D

Symposium: Seeking Clarity in the Face of an Epidemic: Dissecting Associations among Trauma, PTSD, and Opioid Use

Chair: Badour, Christal, PhD

Discussant: Back, Sudie, PhD

Date and Time: Friday, November 15, 11:15 a.m. – 12:30 p.m.

Location: Salon H/I



ORIGINAL WORK BY OUR SIG MEMBERS



Expanding the Reach of Treatment for Comorbid PTSD/SUD Using Technology: A Synopsis of Dworkin, Lehavot, Simpson, & Kaysen (2019)

By: Emily Dworkin, PhD

Dr. Dworkin is an Acting Assistant Professor at the University of Washington School of Medicine's Center for the Study of Health and Risk Behaviors. She received her Ph.D. in clinical-community psychology from the University of Illinois at Urbana-Champaign and completed her predoctoral internship in clinical psychology at the University of Mississippi Medical Center/VA Medical Center Consortium.

Despite high rates of comorbidity between PTSD and substance use disorders (SUD), most people with PTSD/SUD do not receive effective treatment. Technology has great potential to overcome these barriers and increase treatment access and engagement for PTSD/SUD. As we reviewed in our recent book chapter (Dworkin, Lehavot, Simpson, & Kaysen, 2019), there are three key ways to incorporate technology into the treatment of PTSD/SUD.

Standard treatment can be delivered remotely via telephone, video conferencing, or text messaging. Although studies of remotely-delivered treatment for PTSD or SUD indicate it can be delivered with efficacy (Sloan, Gallagher, Feinstein, Lee, & Pruneau, 2011), there is limited research examining telehealth treatment for comorbid PTSD/SUD. Important clinical considerations associated with remote treatment delivery include ensuring patient safety, addressing connection security, being aware of geographic limitations related to clinician licensure, and navigating logistical challenges arising via partnering with a remote site or orienting patients to technology without on-site support.

Technology can also be used as a supplement to standard face-to-face treatments. This can include using technology to track symptoms, enhance skill practice both in (e.g., ecological momentary intervention) and out (e.g., virtual reality) of session, improve compliance and retention, and prevent substance or symptom relapse. Evidence suggests that supplementing PTSD or SUD treatments with technology is feasible and well-tolerated, and can be efficacious (e.g., Battaglia, Benson, Cook, & Prochazka, 2013), although few technological supplements have been developed for comorbid PTSD/SUD. Clinical considerations for technological supplements include ensuring patient privacy and connection security, as well as moderating patient expectations of provider availability outside of standard business hours.

Last, technology can be used to deliver self-help and guided self-help interventions. Two interventions—*VetChange* (Brief et al., 2013) and *Thinking Forward* (Acosta et al., 2017)—have been associated with significant reductions in SUD, but not PTSD, symptoms in comorbid populations. One intervention, *Bounce Back Now*, was associated with reductions in PTSD but not SUD symptoms (Ruggiero et al., 2015), and another, *STR2IVE*, showed within-group reductions in both PTSD and SUD in a pilot trial (King et al., 2012). Notably, across interventions, satisfaction was typically high, although adherence varied. In terms of clinical considerations, the lack of clinician involvement could decrease adaptability, raise safety concerns, and present challenges for continued patient engagement.

In conclusion, technology-based interventions for PTSD/SUD have important implications for reach and access. Even if these interventions for PTSD/SUD do not have equivalent effects to in-person care, they may still have a substantial impact at the population level. Because very few such interventions for PTSD/SUD have been developed or rigorously tested, future research will be needed to address this important clinical need.

References

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SPOTLIGHT MEMBERS

Brooke A. Bartlett, M.A.



Brooke Bartlett is a 4th year student in the Clinical Psychology Doctoral Program at The University of Houston. She received a B.A. in psychology from the University of California, Irvine in 2011, a M.A. in psychology from Boston University in 2013, and a M.A. in clinical psychology from the University of Houston in 2018. From 2013-2016, Brooke worked with Dr. Karen Mitchell as a Psychology Research Technician in the National Center for PTSD - Women's Health Sciences Division, VA Boston Healthcare System and Boston University School of Medicine exploring multiple research questions surrounding etiology and risk factors for eating disorders and PTSD among veterans and active duty military members.

Her current research interests focus on the etiology and treatment of trauma-related pathology (e.g., PTSD, suicidality, substance use), with a focus on risk and resilience factors (e.g., distress tolerance, emotion regulation), particularly among first responder and veteran populations. Brooke recently applied to predoctoral internship sites in clinical psychology and looks forward to this next chapter in her graduate career.

for OEF/OIF veterans with problem drinking and PTSD symptoms: A randomized clinical trial. *Journal of Consulting and Clinical Psychology*, 81(5), 890–900. doi: 10.1037/a0033697

Dworkin, E. R., Lehavot, K., Simpson, T., & Kaysen, D. (2019). New directions in PTSD and substance use treatment: Leveraging technology to expand reach. In A. Vujanovic & S. Back (Eds.), *Posttraumatic stress and substance use disorders: A comprehensive clinical handbook*. New York, NY: Routledge.

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Ruggiero, K. J., Price, M., Adams, Z., Stauffacher, K., McCauley, J., Danielson, C. K., ... Resnick, H. S. (2015). Web intervention for adolescents affected by disaster: Population-based randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 54(9), 709–717. doi: 10.1016/j.jaac.2015.07.001



ATTENTION SIG MEMBERS

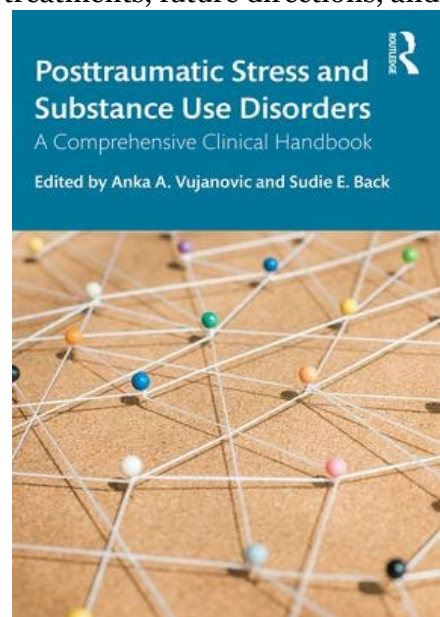
We are excited to announce a brand-new book focused exclusively on PTSD-SUD was recently published! Many of our SIG members contributed to this text, which was edited by to Drs. Anka Vujanovic and Sudie Back.

Posttraumatic Stress and Substance Use Disorders summarizes the state of the field from a biopsychosocial perspective, addressing key domains of interest to clinicians, students, instructors, and researchers.

This book is a valuable resource and reference guide for multidisciplinary practitioners and scientists interested in the evidence-based assessment and treatment of posttraumatic stress and substance use disorders.

Chapters written by leaders in the field cover the latest research on assessment, diagnosis, evidence-based treatments, future directions, and much more.

Find copies of *Posttraumatic Stress and Substance Use Disorders: A Comprehensive Clinical Handbook* online at Routledge or Amazon.



SIG MEMBER SPOTLIGHT

An interview with SIG member, Dr. Hanie Edalati.

Q: You were recently granted a Postdoctoral fellowship from the Canadian Institutes of Health Research (CIHR/IRSC) to conduct the Well-Venture Project. What are the aims of this project?

The Well-Venture project aims to investigate the mechanisms that link the experience of complex trauma (the experience of multiple and/or chronic childhood trauma) to adolescent substance use problems and to adapt an evidence-based personality-targeted drug and alcohol prevention program (i.e. Preventure Program) for reducing the risk of substance use in adolescents in Youth Protection Services. Through this project, we aim to reduce the gap in both research and practice related to the assessment, prevention, and treatment of elevated substance use risks among adolescents involved in Youth Protection Services. My postdoctoral advisors for conducting this project are Dr. Patricia Conrod, Professor of Psychiatry at University of Montreal, and Dr. Delphine Collin-Vézina, Associate Professor in the McGill School of Social Work.

The Preventure program is a selective substance use prevention program, designed by Dr. Patricia Conrod, targeting four personality risk factors for problematic substance use: hopelessness, anxiety sensitivity, impulsivity, and sensation seeking. Findings from five randomized trials with the community samples of adolescents have indicated that this program is successful in reducing the rates of illicit drug use and binge drinking by approximately 50% in high-risk adolescents with the effects lasting for up to 3 years.

To adapt the Preventure Program for needs of adolescents in Youth Protection Services, we took several steps including: holding a working group meeting to discuss required changes to the content of the Preventure Program and its manuals, as well as details of a pilot trial to examine the feasibility and proof-of-concept of implementing this program in adolescents recruited from Youth Protection Services. The working group included research scientists in the fields of adolescent mental health, childhood trauma, and substance use prevention and the coordinator of the residential and rehabilitation program of Batshaw Youth and Family Centres. Batshaw Centres provide psychosocial, rehabilitation, and social integration services, and services related to child placement and adoption to English-speaking youth from all regions of Quebec. The pre-intervention assessment of 62 adolescents (52% female; Mean age = 16.07, SD = 1.18) is completed. Six clinical staff from Batshaw Centres were trained to deliver the program and are currently supervised to implement the program to high-risk youth in their units and group home. The pilot study will be completed in summer 2020 after 3- and 6-month post-intervention assessment follow-ups.

This project also includes an initiative in which I work with Dr. Christopher Mushquash, Canada Research Chair in Indigenous Mental Health and Addiction at Lakehead University. I have trained healthcare providers from an Indigenous community in Thunder Bay, ON (Dilico Anishinabek Family) to implement the Preventure Program with Indigenous youth in care. I have scheduled a dissemination and planning meeting for April 2020 to discuss the preliminary results and experiences of these projects. I hope findings from these projects provide a better understanding of the mental health of maltreated and vulnerable youth and improve intervention programs for youth living in vulnerable context.

This project is funded through my Postdoctoral Fellowship from the Canadian Institutes of Health Research (CIHR/IRSC) and Dr. Conrod' Research Chair in Social and Community Pediatrics, Fondation Julien/Marcelle et Jean Coutu.

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

One of the great challenges in this area of work is to engage organizations such as Youth Protection Services and their staff in participating in new research and intervention programs. Such service providers are often overwhelmed with several intervention programs and activities, which significantly reduces their resources and capacity to get engaged in conducting new research and/or interventions. It took us 6 months and three separate meetings with Batshaw assistant to the director, coordinator of the residential and rehabilitation program, and unit managers to present the program and research study and discuss the promises and potential benefits of these interventions for adolescents in Youth Protection Services.

Another great challenge conducting research with these populations is high rates of drop-out from longitudinal studies. For example, although a 3- and 6-month post-intervention assessments have been scheduled for the Well-Venture study, we do not expect many youths retain in the 6-month follow-up due to reasons such as placement in foster care,

SPOTLIGHT MEMBERS

Hanie Edalati, PhD



Dr. Hanie Edalati is a Postdoctoral Researcher with Dr. Patricia Conrod at the Centre de recherche du CHU Sainte-Justine, department of psychiatry, Université de Montréal. She is the recipient of CIHR/IRSC and CHU Sainte-Justine Foundation Postdoctoral Fellowships and the Young Investigator Fellowship from the Fonds Maria et Georgina Daoussis for studying child and adolescent mental health.

aging out of the system, or completing their probation or rehabilitation. We will make every effort to assess all adolescents retained in the centers for post-intervention follow-ups. We are also applying for grants to run another round of assessment and intervention sessions with adolescents admitted to the centers in fall 2020 to increase our sample size.

Another challenge was to create a plan for assessment and intervention sessions that fits the already full schedule of 8 different units and group homes across the city of Montreal and also works for the research team. To reach that goal, we scheduled most of the assessment and intervention sessions to be held around 6:30 pm after dinner when youth were back from school and finished their daily activities. We also did our best to put groups of youth together for assessment sessions to reduce the burden on staff of units and group homes.

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

I am particularly proud that my research has had a direct impact on lives of many vulnerable youth and adults. My activities around educating and training educators and counsellors working directly with community samples of high-risk youth, adolescents receiving services from Youth Protection Services, and Indigenous youth in care has been leading to thousands of high-risk youth receiving targeted interventions for substance use vulnerability. The Well-Venture project, in particular, will make significant contributions to advancing knowledge of and enhancing clinical practice for adolescents exposed to maltreatment and trauma.

Another example is my doctoral dissertation, which significantly contributed to the well-being of victimized patients with substance use disorders. As a doctoral student at University of British Columbia, I studied several mediating variables in the relationship between childhood adversity and substance use disorders in adolescents, undergraduate students, and adult patients recruited from a residential center for treatment of substance use disorders. Findings in adult patients with substance use disorders indicated that exposure to childhood maltreatment was associated with higher levels of several adverse outcomes including current level of perceived stress. This association was significant for all types of childhood maltreatment, including emotional and physical neglect, and emotional, physical and sexual abuse, and remained significant after controlling for demographic factors, diagnoses of psychiatric disorders, and lengths of stay in the treatment center. These findings suggested that available treatment programs might not be sufficient or adequate to address the needs of patients with histories of childhood maltreatment. After completion of this study and reporting primary results, the residential center, from which the study participants were recruited, introduced a mandatory trauma-informed training for all clinical staff working with patients.

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

During the first half of my doctoral program, I received a two-year PhD fellowship from the Intersections of Mental Health Perspectives in Addictions Research Training (IMPART), funded by the Canadian Institute for Health Research (CIHR). This fellowship and multidisciplinary research training program significantly increased my knowledge about the complexities of addiction. The training program included completing ten online courses covering core concepts of addiction research and its translation to health care and policy with a focus on intersections of women, gender, violence, trauma, and mental health. It also included participation and presentation in online monthly seminars focused on addictions research, practice and policy. Through these online seminars and annual meetings, I developed several collaborations with trainees, scientists, and experts across Canada, which continue until today.

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

There are several questions that I am interested to explore within both community and clinical populations. Most research on the relationship between childhood trauma and psychopathology examines substance use and mental health problems among community samples using self-report measures that indicate presence or absence of childhood trauma experiences. One of the questions that I am interested to answer is how important characteristics of the childhood trauma, such as severity, co-occurrence of multiple types, chronicity, and age of occurrence influence long-term substance use and mental health outcomes. I am also interested to examine the specific mechanisms that link the experience of childhood trauma and substance use and related problems in youth living in vulnerable context and marginalized groups of youth, such as adolescents in Youth Protection Services and homeless youth; what are the specific mediating and moderating factors that influence this relationship? How factors such as gender and sex differences, ethnicity, culture, and poverty affect development and mental health of these groups of youth? Another line of research that I am very interested in is to compare resilient individuals exposed to childhood trauma and adversity with victimized ones who developed substance use problems for possible protective factors. A better understanding of factors underlying resilience to substance misuse and addiction will largely benefit the intervention efforts.

With regard to improving mental health services for victimized individuals at risk of substance misuse and addiction, I would like to explore ways to effectively integrate trauma-focused approach into substance use prevention and intervention programs in order to have a dual impact on trauma history and substance use and mental health outcomes, taking into account the intersections of trauma, sex and gender, and cultural differences. I believe there is an urgent need to develop evidence-based and targeted substance use interventions, which are trauma-informed, developmentally appropriate, and attentive to attitudes of the targeted group.

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. Anne Banducci
(Anne.Banducci@va.gov)
&
Dr. Nicole Weiss
(nicole_weiss@uri.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 news- letter. 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:

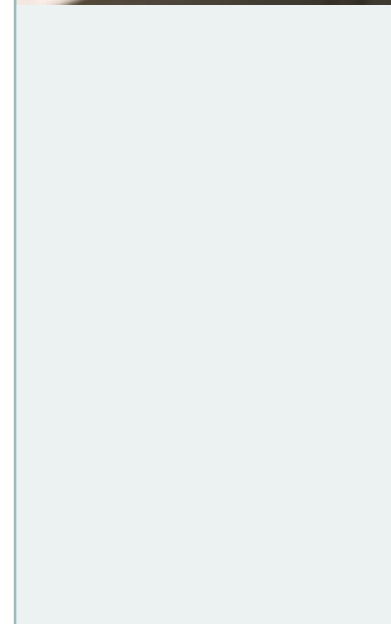
Dr. Anne Banducci
(Anne.Banducci@va.gov)
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Dr. Nicole Weiss
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HIGHLIGHTED RESEARCH

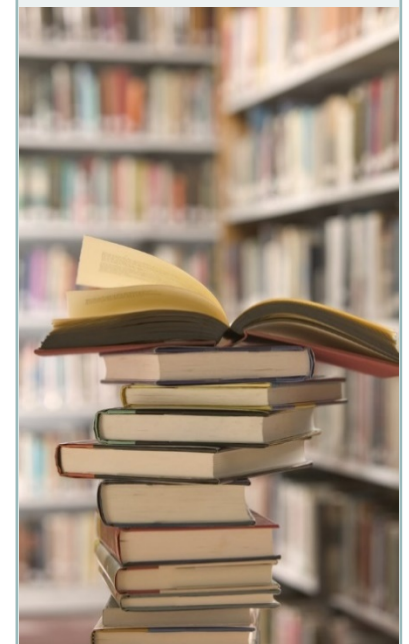
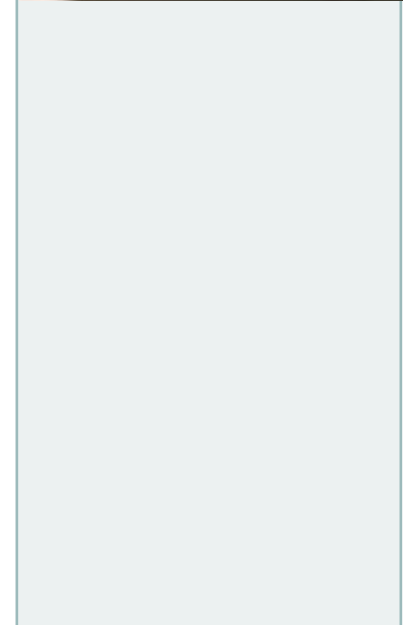
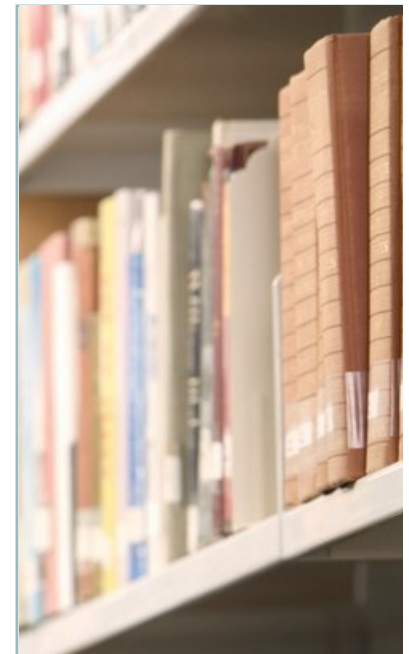
The below-listed articles were disseminated to members via the ISTSS research updates since our last newsletter.

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