Negative Cognitions as a Moderator in the Relationship Between PTSD and Substance Use in a Psychiatrically Hospitalized Adolescent Sample

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This study examined the potential moderating effect of cognitions relevant to exposure to trauma (i.e., negative view of self, world, and future) in the association between PTSD diagnosis and substance use among a psychiatric inpatient sample of adolescents. Findings were that PTSD diagnosis was not significantly associated with substance-use diagnoses, but was associated with substance-use symptoms, accounting for 2.9% and 9.6% of the variance in alcohol and marijuana symptoms, respectively. The association between PTSD diagnosis and substance use symptoms, however, was moderated by negative cognitions, with PTSD and high negative cognitions (but not low negative cognitions) being significantly positively associated with substance use symptoms. The relevant cognitions differed for alcohol symptoms and marijuana symptoms. Children and adolescents who experience trauma and PTSD may benefit from early interventions that focus on cognitive processes as one potential moderator in the development of posttrauma substance use.

A Pilot Study of a Randomized Controlled Trial of Yoga as an Intervention for PTSD Symptoms in Women

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We conducted a pilot study of a randomized controlled trial comparing a 12-session Kripalu-based yoga intervention with an assessment control group. Participants included women with current full or subthreshold PTSD symptoms. During the intervention, yoga participants showed decreases in reexperiencing and hyperarousal symptoms. The assessment control group, however, showed decreases in reexperiencing and anxiety symptoms as well, which may be a result of the positive effect of self-monitoring on PTSD and associated symptoms. Between-groups effect sizes were small to moderate. Although more research is needed, yoga may be an effective adjunctive treatment for PTSD. Participants responded positively to the intervention, suggesting that it was tolerable for this sample. Findings underscore the need for future research investigating mechanisms by which yoga may impact mental health symptoms, gender comparisons, and the long-term effects of yoga practice.

Unique PTSD Clusters Predict Intention to Seek Mental Health Care and Subsequent Utilization in US Veterans with PTSD Symptoms

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This study examined PTSD cluster severities of avoidance, reexperiencing, dysphoria, and hyperarousal as predictors of intention to seek mental health care and prospective treatment utilization. US veterans with at least subthreshold PTSD completed a PTSD symptom measure and indicated whether they intended to seek mental health care. Prospective Department of Veterans Affairs mental health care utilization was extracted from the medical record. At the bivariate level, each cluster was positively associated with a positive intention to seek mental health care and prospective treatment utilization. In multivariate models, however, dysphoria severity was uniquely and positively correlated with intention to seek mental health care, whereas higher avoidance severity predicted lower treatment utilization, and higher reexperiencing severity predicted greater treatment utilization. It is critical to tailor interventions to target specific features of PTSD and to meet patients where they are.

**Attention Bias Variability and Symptoms of Posttraumatic Stress Disorder**

Brian M. Iacoviello, Gang Wu, Rany Abend, James W. Murrough, Adriana Feder, Eyal Fruchter, Yoav Levinstein, Ilan Wald, Christopher R. Bailey, Daniel S. Pine, Alexander Neumeister, Yair Bar-Haim, Dennis S. Charney

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This study reports two experiments investigating threat-related attention biases, mood and anxiety symptoms, and attention-bias variability following trauma. Experiment 1 included 3 groups in a cross-sectional design: (a) PTSD, (b) trauma-exposed without PTSD, and (c) healthy controls with no trauma or Axis I diagnoses. Greater attention-bias variability was found in the PTSD group compared to the other 2 groups inline image; attention-bias variability was significantly and positively correlated with PTSD symptoms. Experiment 2 evaluated combat-exposed and nonexposed soldiers before and during deployment. Attention-bias variability did not differentiate groups before deployment, but did differentiate groups during deployment inline image; increased variability was observed in groups with acute posttraumatic stress symptoms and acute depression symptoms only. Attention-bias variability could be a useful marker for attentional impairment related to threat cues associated with mood and anxiety symptoms after trauma exposure.

**Trauma Narratives: It’s What You Say, Not How You Say It.**

Jeff Jaeger, Katie M. Lindblom, Kelly Parker-Guilbert, Lori A. Zoellner

*Psychological Trauma: Theory, Research, Practice, and Policy*

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In a sample of female assault survivors, we examined the association between the structure and content of trauma narratives and PTSD and other trauma-related reactions (i.e., depression, anxiety, anger, dissociation, and guilt). When controlling for recounting style and recounting distress, narrative structure was not strongly associated with PTSD or other trauma-related reactions. In contrast, the content of the trauma narratives (more positive and negative emotion words, higher cognitive process, and less self-focus) was associated with lower symptomatology. Taken together, trauma narrative content rather than grammatical structure of the narrative may be more reflective of underlying emotional processing of the traumatic memory or lack thereof.
Evaluation of Real Life Heroes Treatment for Children with Complex PTSD.

Richard Kagan, James Henry, Margaret Richardson, Joanne Trinkle, Audrey LaFrenier

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The efficacy of Real Life Heroes (RLH) treatment was tested with children in child and family service programs, ranging from home-based family counseling to residential treatment. RLH is a sequential, attachment-centered treatment intervention for children with Complex PTSD that focuses on three primary components: affect regulation, emotionally supportive relationships, and life story integration to build resources and skills for resilience. Results included statistically significant decreases from baseline to 6 months in child behavior problems. Significant reductions were also found with repeated measures at 3-month assessments from baseline to 9 months. Children receiving RLH did not have placements or psychiatric hospitalizations, a positive, but not significant trend, compared with trauma-informed “treatment as usual” provided by RLH-trained practitioners in the same programs. The study supported the efficacy of implementing trauma and resiliency-focused treatment in a wide range of child welfare programs and the importance of providing sequential attachment-centered treatment for children with symptoms of Complex PTSD.

PTSD Symptom Patterns Following Traumatic and Non-Traumatic Events

Steven L. Lancaster, Stephen E. Melka, Benjamin F. Rodriguez, Andrew R. Bryant

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This study extends research examining PTSD symptoms following different types of potentially traumatic events. Specifically, the study examined and compared the symptom patterns observed in those who suffered a major accident, the unexpected death of a loved one, or sexual assault. Based on recent findings, this project also examines those who reported non-traumatic (but stressful) events, as well as comparing symptoms patterns across gender. Findings suggest different types of traumas may be associated with differences in severity and patterns of symptoms for women (but not for men), suggesting symptom patterns manifest differently in men and women. Results also call into question the assumption that traumatic events demonstrate different symptom patterns than other types of events.

Cognitive Behavioral Therapy for PTSD: The Role of Complex PTSD on Treatment Outcome

Michelle Lonergan

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Although the most compelling evidence for the treatment of PTSD is CBT, many patients experience residual functional impairment, or relapse, suggesting that this approach does not work for all cases of PTSD. The following provides a comprehensive summary of the evidence examining whether complex PTSD symptomatology is related to poorer treatment
outcome of CBT, reviews the literature on the treatment of CPTSD, and offers insights into current issues and future directions of the construct.

Is the Dissociative Adult Suggestible: A Test of the Trauma and Fantasy Models of Dissociation

Nicole S. Kluemper, Constance Dalenberg

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Psychologists have long assumed a connection between traumatic experience and psychological dissociation. This hypothesis is referred to as the Trauma Model of dissociation. In the last decade, a series of papers have been published that question this traditional causal link, proposing an alternative Fantasy Model of dissociation. In this research, the relationship among dissociation, suggestibility, and fantasy proneness were examined. Suggestibility was measured through the Gudjonsson Scale of Interrogative Suggestibility (GSS), as well as an autobiographically based version of this measure based on the events of September 11, 2001. Consistent with prior research and with the Trauma Model, dissociation correlated positively with trauma severity and fantasy proneness. Inconsistent with the Fantasy Model, dissociation did not correlate with the neutral form of the Gudjonsson, and correlated negatively with the trauma-focused form of this suggestibility measure. Although some participants did become quite emotional during the procedure, the risk/benefit ratio was perceived by almost all participants to be positive, with more reactive individuals evaluating the procedure more positively. The results consistently support the Trauma Model of dissociation and fail to support the Fantasy Model of dissociation.

Moving Beyond “Sticks and Stones”: Chronic Psychological Trauma Predicts Posttraumatic Stress Symptoms

Whitney K. Jeter, Laura A. Brannon

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To date, trauma research has focused on the impact of physical trauma on posttraumatic stress (PTS) symptoms. Sometimes psychological trauma is measured with instances of physical trauma; however, less is known about solely psychological trauma. The current study addresses this by examining psychological trauma and PTS symptoms using the Chronic Relational Trauma (CRT) Model. The CRT Model examines physical and possible concurrent psychological childhood, peer, and intimate partner trauma; however, psychological trauma alone has yet to be tested. Female undergraduates completed a series of questionnaires. Structural equation modeling indicated that childhood, peer, and intimate partner psychological trauma predict current PTS symptoms. Contributions of these findings are discussed.

Predicting Suicidal Ideations in Sexually Abused Female Adolescents: A 12-Month Prospective Study

Marie-Eve Brabant, Martine Hébert, François Chagnon
This study investigates the contribution of post-traumatic stress symptoms to the prediction of suicidality among female adolescent survivors of sexual abuse. A one-year prospective study of female survivors aged 12 to 18 years was conducted. A negative binomial regression analysis revealed that depressive symptoms as well as post-traumatic stress symptoms associated with the sexual trauma were significant predictors of suicidal ideations a year later. Post-traumatic stress symptoms remained a significant predictor of suicidal ideations even when controlling for depressive symptomatology and the presence of a past suicide attempt, thus emphasizing the relevance of post-traumatic stress symptoms in regard to suicidality in sexually abused youths. Results are discussed within the context of therapeutic modalities for survivors of a sexual trauma.

Chronicity of Posttraumatic Stress Disorder and Risk of Disability in Older Persons

Amy L. Byers, Kenneth E. Covinsky, Thomas C. Neylan, Kristine Yaffe

This study aimed to determine the association between PTSD and disability among older adults and investigate if association differs by chronicity of PTSD. Participants were individuals 55 years and older involved in the Collaborative Psychiatric Epidemiology Surveys, including three aggregated, nationally representative studies. Disability defined by 5 domains (out of role, self-care, mobility, cognition, and social) using the World Health Organization Disability Assessment Schedule. Of the older adults who had a history of PTSD defined by DSM-IV criteria, 1.8% had persistent PTSD into later life. Frequency of any disability was 79.7% for persistent PTSD, 69.6% for pre–late life, and 36.9% for no PTSD. In logistic regression analyses, adjusting for demographics, smoking, individual medical conditions, depression, generalized anxiety disorder, and substance use disorders, respondents with persistent PTSD were three times more likely to have any disability than were respondents with no PTSD. Global disability results were nonsignificant for pre–late life relative to no PTSD. Disability in older Americans is strongly associated with PTSD, particularly PTSD that persists into later life. These findings suggest that monitoring and treatment of PTSD are important over the long term.

A Group Therapy Approach to Treating Combat Posttraumatic Stress Disorder: Interpersonal Reconnection Through Letter Writing

Melinda J. Keenan, Vicki A. Lumley, Robert B. Schneider

Many who have served in a war zone carry deep emotional wounds that go beyond the typical symptom clusters of reexperiencing, avoidance/numbing, and hyperarousal that comprise a diagnosis of PTSD. Specifically, many combatants experience unresolved grief, guilt, and shame caused by losses and traumatic experiences suffered in war, called “moral injury” by some clinicians and researchers. We describe the aspects of human attachment that set the stage for grief, guilt, and shame, and outline the 3-phase group therapy model we have implemented in a clinical setting to foster the
reconnection of severed human bonds. Special attention is paid to killing and related phenomena that are unique to combat PTSD. The program phases include psychoeducation, trauma-focused therapy, and aftercare, which focuses on assisting the veterans in reconnecting with their families and communities. The use of letter writing as an intervention is illustrated through case examples, and clinical outcomes are anecdotally described.

**Moderate treadmill exercise rescues anxiety and depression-like behavior as well as memory impairment in a rat model of posttraumatic stress disorder**

Gaurav Patki, Lumeng Li, Farida Allam, Naimesh Solanki, An T. Dao, Karim Alkadhi, Samina Salim

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In the present study using the single-prolonged stress (SPS) rat model of PTSD (2 h restrain, 20 min forced swimming, 15 min rest, and 1–2 min diethyl ether exposure), we examined the beneficial effect of moderate treadmill exercise on SPS-induced behavioral deficits including anxiety and depression-like behaviors and memory impairment. Male Wistar rats were randomly assigned into four groups: control (sedentary), exercised, SPS (no exercise), or SPS-exercised. Rats were exercised on a rodent treadmill for 14 consecutive days. Rats in all groups were tested for anxiety-like behaviors using open field (OF), light–dark and elevated-plus maze tests. All rats were tested for short-term and long-term memory in the radial arm water maze test. Rats were then sacrificed, blood was collected (for corticosterone levels), and individual organs (spleen, adrenals, and thymus) harvested. Results suggest that moderate physical exercise ameliorates SPS-induced behavioral deficits in rats.

**Psychometric properties of the Post-traumatic Diagnostic Scale (PDS) in alcohol dependent patients**

Laura E. Winters, Anne Karow, Jens Reimer, Susanne Fricke, Olaf Kuhnigk, Ingo Schäfer

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No results are available for the Posttraumatic Diagnostic Scale (PDS), an established self-report measure for PTSD. We assessed patients with alcohol dependence according to DSM-IV two weeks after their admission to an inpatient detoxification unit. Participants were administered the PDS, the PTSD module of the Structured Clinical Interview for DSM-IV (SCID) as well as measures of depression and anxiety. Patients with other substance use disorders were excluded as were patients reporting no traumatic event. Internal consistencies were good to very good for the total scale and the subscales of the PDS. In our sample, the PDS had a high specificity but only moderate sensitivity. Diagnostic agreement with the SCID was 83%. The results of a ROC-analysis suggested that a PDS-score of 8 was the optimal cut-off to screen for PTSD. The highest diagnostic agreement between PDS and SCID was achieved using a cut-off score of 24. Our findings confirm previous results suggesting that the psychometric properties of self-report measures of PTSD in patients with SUD might differ from those in the general population. When the PDS is used in recently detoxified patients with alcohol dependence, it seems advisable to modify the cut-off score of this instrument to improve its sensitivity and diagnostic accuracy.
Remission from post-traumatic stress disorder in adults: A systematic review and meta-analysis of long term outcome studies

Nexhmedin Morina, Jelte M. Wicherts, Jakob Lobbrecht, Stefan Priebe

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We conducted the first systematic review and meta-analysis on spontaneous long-term remission rates, i. e., without specific treatment. Remission estimates were obtained from observational prospective studies of PTSD without specific treatment. Remission was defined as the actual percentage of PTSD cases at baseline who are non-cases after a minimum of ten months. Forty-two studies with a total of 81,642 participants were included. The mean observation period was 40 months. Across all studies, an average of 44.0% of individuals with PTSD at baseline were non-cases at follow-up. Remission varied between 8 and 89%. In studies with the baseline within the first five months following trauma the remission rate was 51.7% as compared to 36.9% in studies with the baseline later than five months following trauma. Publications on PTSD related to natural disaster reported the highest mean of remission rate, whereas those on PTSD related to physical disease reported the lowest mean of remission rate from PTSD. When publications on natural disaster were used as a reference group, the only type of traumatic events to differ from natural disaster was physical disease. No other measured predictors were associated with remission from PTSD. Long-term remission from PTSD without specific treatment varies widely and is higher in studies with the baseline within five months following trauma.

Posttraumatic Stress Disorder and Depressive Symptoms: Joined or Independent Sequelae of Trauma?

Sharon Dekel, Zahava Solomon, Danny Horesh, Tsachi Ein-Dor

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The nature of co-morbidity between PTSD and depression has been the subject of much controversy. This study addresses this issue by investigating associations between probable PTSD and depressive symptoms in a prospective, longitudinal sample of combat veterans. Symptoms of PTSD and depression were assessed at three points of time over a period of 17 years utilizing the PTSD Inventory and the SCL-90. Two groups of combat veterans, former prisoners of war (ex-POWs) and matched combatants (controls), were assessed. Data were analyzed using descriptive statistics, latent variable modeling, and confirmatory factor analysis. A series of χ² tests revealed that the prevalence proportions of depressive symptoms and probable PTSD were higher among ex-POWs compared to controls at all time points. The prevalence of depressive symptoms was higher than the prevalence of PTSD symptoms in both groups at each of the times. Latent Trajectories Modeling (LTM) indicated that while ex-POWs' PTSD symptom severity increased over time, the severity of symptoms remained stable among controls. Parallel Process Latent Growth Modeling (PLGM) revealed a positive bi-directional relationship whereby PTSD symptoms mediated the affect of captivity on depressive symptoms and depressive symptoms mediated the affect of captivity on PTSD symptoms over time. Utilizing Confirmatory Factor Analysis (CFA), a single factor model emerged for depressive and PTSD symptoms. The findings suggest that while depression and PTSD seem to be different long-term manifestations of traumatic stress, accounted for in part by the severity of the trauma, they both may be parts of a common general traumatic stress construct. Clinical and theoretical implications of these findings are discussed.
Neural correlates of cognitive and affective processing in maltreated youth with posttraumatic stress symptoms: Does gender matter?

Joseph C. Crozier, Lihong Wanga, Scott A. Huettel, Michael D. De Bellis

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We investigated the relationship of gender to cognitive and affective processing in maltreated youth with PTSD symptoms using functional magnetic resonance imaging. Maltreated and nonmaltreated participants performed an emotional oddball task that involved detection of targets with fear or scrambled face distractors. Results were moderated by gender. During the executive component of this task, left precuneus/posterior middle cingulate hypoactivation to fear versus calm or scrambled face targets were seen in maltreated versus control males and may represent dysfunction and less resilience in attentional networks. Maltreated males also showed decreased activation in the inferior frontal gyrus compared to control males. No differences were found in females. Posterior cingulate activations positively correlated with posttraumatic stress disorder symptoms. While viewing fear faces, maltreated females exhibited decreased activity in the dorsomedial prefrontal cortex and cerebellum I–VI, whereas maltreated males exhibited increased activity in the left hippocampus, fusiform cortex, right cerebellar crus I, and visual cortex compared to their same-gender controls. Gender by maltreatment effects were not attributable to demographic, clinical, or maltreatment parameters. Maltreated girls and boys exhibited distinct patterns of neural activations during executive and affective processing, a new finding in the maltreatment literature.

Associations between substance use, post-traumatic stress disorder and the perpetration of violence: A longitudinal investigation

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This study aimed to examine how changes in substance use and PTSD symptom severity are associated with the perpetration of violent crime over time among individuals with comorbid substance use disorder (SUD) and PTSD. Men and women who met criteria for SUD and PTSD were interviewed four times over a 9-month period. These interviews included measures of past-month violent crime perpetration, substance use and dependence, PTSD symptom severity, and depression and state anxiety symptoms. Generalised estimating equations (GEE) modelled associations between substance use, PTSD and violence. Increased substance use, more severe substance dependence and more severe PTSD symptomology were consistently associated with violent crime over time. Multivariate GEE analyses, however, revealed that the PTSD hyperarousal symptoms, specifically, were independently associated with violence over time. This longitudinal study found that PTSD hyperarousal symptoms were consistently associated with the perpetration of violent crime, further highlighting the potentiating role of PTSD hyperarousal in relation to violence among individuals with SUD. These findings indicate that interventions addressing hyperarousal symptoms have the potential to reduce the susceptibility for violence among individuals with this common comorbidity.