

March 2023

### **Instrumentation-related**

**Patton, S.C., Hinojosa, C.A., Lathan, E.C., Welsh, J.W., & Powers, A. (2023). Validating the primary care posttraumatic stress disorder screen for *DSM-5* (PC-PTSD-5) in a substance misusing, trauma-exposed, socioeconomically vulnerable population. *Addictive Behaviors, 139*, 107592. doi: 10.1016/j.addbeh.2022.107592.**

This study examined the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)'s performance in a largely minoritized, socioeconomically vulnerable, substance-misusing, non-treatment-seeking community population in the United States (N = 81). Diagnostic utility analyses found a cut-score of 5 on the PC-PTSD-5 demonstrated optimal specificity ( $\kappa[0] = 0.61$ ). This study provides preliminary support for using the PC-PTSD-5 as a brief screening tool for probable PTSD in substance misusing patient populations.

**Schultebraucks, K., Stevens, J.S., Michopoulos, V., Maples-Keller, J., Lyu, J., Smith, R.N., Rothbaum, B.O., Ressler, K.J., Galatzer-Levy, I.R., & Powers, A. (2023). Development and validation of a brief screener for posttraumatic stress disorder risk in emergency medical settings. *General Hospital Psychiatry, 81*, 46-50. doi: 10.1016/j.genhosppsych.2023.01.012.**

This prospective longitudinal cohort study developed and validated a brief version of the Immediate Stress Response Checklist (ISRC) to predict PTSD following acute trauma exposure in an emergency department (ED). The authors examined the development and validation of the instrument in a model development sample (N = 253) and an external validation sample (N = 93) and identified a reduced subset of five highly predictive features of the ISRC in the development sample (AUC = .80) that they validated in the external validation sample (AUC = .84). The resulting 5-item screener may help to improve the diagnostic process of PTSD in the acute care setting and help ED clinicians plan follow-up care when patients are still in contact with the healthcare system.

### **Clinical Implications**

**McLean, C.P., Cook, J., Riggs, D.S., Peterson, A.L., Young-McCaughan, S., Haddock, C.K., & Rosen, C.S. (2023). Policy recommendations for increasing the use of evidence-based psychotherapy for posttraumatic stress disorder in the military health system. *Military Medicine, usac429*. doi: 10.1093/milmed/usac429.**

This commentary outlines policy recommendations to increase the use of evidence-based psychotherapy (EBP) for PTSD in the Military Health System (MHS). The authors argue that increased use of EBPs will support military readiness by accelerating service members' return to duty, improving warfighter retention, and decreasing long-term healthcare costs. Recommendations included 1) making psychotherapy appointments available on a more frequent basis (i.e., weekly or more often); 2) improving triaging of potential patients; 3) incentivizing and supporting group therapy; 4) matching the modality and frequency of treatment to patients' needs; 5) utilizing behavioral health technicians as clinician extenders; 6) providing ongoing

support for the use of EBPs; and 7) matching patients to providers based on their treatment needs and preferences.

**Stoycos, S.A., Berzenski, S.R., Beck, J.G., Unger, W., Cappellano, J.M., Spofford, C.M., & Sloan, D.M. (2023). Predictors of treatment completion in group psychotherapy for male veterans with posttraumatic stress disorder. *Journal of Traumatic Stress*. doi: 10.1002/jts.22915.**

This study conducted the first comprehensive examination of predictors of treatment completion for PTSD group therapy. Male veterans with PTSD (N = 198) were randomly assigned to either group cognitive behavioral treatment (GBCT; n = 98) or group present-centered treatment (GPCT; n = 100). Treatment completion was defined as completion of 10 out of 14 sessions within 16 weeks. Using multilevel binomial logistic regression models, results indicated that participation in GPCT (rather than GBCT), older age, a higher income and level of educational attainment, more lifetime and current mental health diagnoses, and increased use of positive reappraisal as an emotion regulation (ER) strategy predicted treatment completion. In contrast, higher levels of depressive symptoms, cumulative trauma burden, and the use of positive refocusing as an ER strategy predicted treatment non-completion. Future work is needed to explore the generalizability of these predictors among women and in more diverse populations.

**Campbell, S.B. & Wallace, C.M.C. (2023). Development of a brief support and education intervention for loved ones of veterans with posttraumatic stress disorder. *Journal of Traumatic Stress*. doi: 10.1002/jts.22914.**

The current study describes the use of qualitative and quantitative research techniques to develop and disseminate “PTSD 101 for Family and Friends: A Support and Education Workshop”, a brief support and psychoeducation intervention for loved ones of veterans with PTSD. Workshop content includes scientifically sound descriptions of PTSD symptoms and implications for loved ones, ideas of self-care, suggestions for interpretations of and responses to symptoms based on the empirical literature, and information about evidence-based treatments for PTSD and ways the family members can support a veteran in treatment. Results indicated that study participants rated the intervention high on all relevant outcomes (e.g., quality, knowledge gained, sense of support). The intervention is currently being disseminated by the Family Services Section of the Veterans Health Administration Office of Mental Health and Suicide Prevention.

### **Diversity, Equity, and Inclusion**

**Mayorga, N.A., Shepherd, J.M., Matoska, C.T., Kabel, K.E., Vujanovic, A.A., Viana, A.G., & Zvolensky, M.J. (2023). Posttraumatic stress among trauma-exposed Hispanic/Latinx adults: relations to mental health. *Cognitive Behaviour Therapy*. 1-14, doi: 10.1080/16506073.2023.2176783.**

Current work aimed to evaluate associations between PTSD symptom severity and co-occurring anxiety, social anxiety, depression, and suicidal ideation among trauma exposed Latinx adults (N = 326). Global PTSD symptoms severity was significant and incrementally related to more severe co-occurring mental health symptoms, including anxious arousal, social anxiety,

depression, and suicidal ideation. Arousal and reactivity symptom severity was significantly associated with greater anxious arousal, social anxiety, and depression, but not suicidal ideation. Findings suggest that diagnostic and subclinical PTSD symptomatology may represent an important psychological construct in expressing co-occurring mental health problems among trauma exposed Latinx adults.

**Hirai, M., Dolma, S., Vernon, L.L., & Clum, G.A. (2023). Temporal associations between posttraumatic stress symptoms and depression in response to online expressive writing interventions in a Hispanic sample. *Behavioral Therapy*, 54(1), 170-181. Doi: 10.1016/j.beth.2022.08.001.**

This study examined temporal associations between targeting posttraumatic stress symptoms (PTSS) and the impact on both PTSS and comorbid depressive symptoms in response to two expressive writing (EW) interventions in a trauma exposed Hispanic sample (N = 70). A manifest autoregressive model with covariate and cross-lagged effects was conducted using data from baseline, 1-week, 1-month, and 3-month follow-ups. All but one first-order autoregressive path were statistically significant, with later PTSS and depression scores significantly predicted by those scores at preceding time points. The cross-lagged findings suggested that earlier PTSS levels influence later depression levels, but earlier depression does not influence later PTSS, demonstrating a unidirectional temporal association. Superior outcomes for emotion-focused writing relative to fact-focused writing were also found.

### **Biomarkers**

**Bailey, M., Meiser-Stedman, R., Hiller, R., Haag, K., Lobo, S., & Halligan, S.L., (2023). Child posttraumatic stress symptoms in an acute injury sample: patterns of association among child report parent report, and child heart rate parameters. *Journal of Traumatic Stress*. 1-13. doi: 10.1002/jts.22913.**

The authors conducted a cross-sectional item-level analysis of parent and child reports of child posttraumatic stress symptoms (PTSS) in a single-incident trauma sample (N = 132 parent-child dyads). Heart rate (HR) elevations and HR variability were examined in a subset of children (n = 70). The authors found poor-to-moderate parent-child agreement on child PTSS, with children reporting significantly more PTSS than parents. Parental PTSS positively predicted reports of child PTSS, even when controlling for child self-reported symptoms and the child's PTSD diagnostic status. Further, parental PTSS were predictive of a higher discrepancy between child and parent reports of children's symptoms. Child self-reported PTSS were associated with HR indices, particularly hyperarousal symptoms, whereas parent reports of child PTSS did not account for these variances. Findings suggest that children's self-reported PTSS could be a more accurate reflection of their posttraumatic physiological distress than parent reports.

**Beaudoin, F.L., An, X., Basu, A., Ji, Y., Liu, M., Kessler, R. C., et al... & McLean, S.A. (2023). Use of serial smartphone-based assessments to characterize diverse neuropsychiatric symptoms trajectories in a large trauma survivor cohort. *Translational Psychiatry*, 13(4). doi: 10.1038/s41398-022-02289-y.**

This study aimed to characterize Adverse Posttraumatic Neuropsychiatric Sequelae (APNS) symptom trajectories across 10 common symptom domains (e.g., pain, nightmares, depression) in more than 2000 individuals who presented to the emergency department (ED) after a motor vehicle collision (MVC). Latent growth curve/mixture modeling was used to establish homogenous trajectory classes for the 10 posttraumatic symptom trajectories. Associations were explored between each symptom trajectory and (1) participant characteristics (pre-MVC and peritraumatic); (2) traditional diagnostic outcomes; and (3) other symptom trajectories. Findings indicated that APNS across all 10 symptom domains were common in the first two months after trauma. Many risk factors and associations with high symptom burden trajectories were shared across domains. Both across and within traditional diagnostic boundaries, APNS trajectory intercepts and slopes were substantially correlated. Across all domains, symptom severity in the immediate aftermath of trauma (trajectory intercepts) had the greatest influence on the outcome. Results suggest that individuals diagnosed with a single traditional outcome should be screened for others, and the utility of multidimensional categorizations that characterize individuals across traditional diagnostic domains should be explored.